Woolton Grange Limited

Woolton Grange Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 13 and 21 July 2017. The first day of the inspection was unannounced.

Woolton Grange Care Home is a privately owned care home providing personal care for up to 43 people. The home is in a converted Victorian church building located in a residential area of Liverpool. At the time of our inspection 38 people were living at the home. This is the first inspection of Woolton Grange Care Home since being taken over by a new owner.

The home required and had a manager who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility in the Health and Social Care Act 2008 and associated regulations about how the service is run.

During our inspection we found a breach of regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because there were not sufficient numbers of staff available at the home to meet people's needs in a timely manner and the systems in place to assess, monitor and improve the quality and safety of the service were not always effective. You can see what action we told the provider to take at the back of the full version of the report.

The majority of people told us that they thought there was not enough staff at the home. Some people told us that this has had an impact on the care they received. During the morning we saw that staff at the home were overstretched, this put pressure on them being able to provide support in a timely manner.

People told us that they received their medication and it was on time. We saw that people's medication was usually administered and recorded in a safe manner but we found areas that required improvement. There were systems in place to check this. However they were not being used effectively and they had not identified concerns that we highlighted during our inspection.

There was an ongoing programme of improvements at the home, such as new boilers, flooring and improvements made to the grounds. Some people's rooms had been redecorated as part of the ongoing improvements. We also saw that adaptations had been made to the homes environment which may help people with dementia to locate their room and find their way around. A series of checks and audits were completed of the homes environment, including checks relating to fire safety, the environment of the home and equipment used.

We saw that staff received training and ongoing support to help ensure that they were effective in their roles. This included training in safeguarding vulnerable adults. New staff received induction training and initially shadowed a more experienced member of staff.

People's relatives told us they had confidence that people's medical needs were addressed promptly and

effectively; some people were able to give us examples of this. People also told us that they were well supported with their health and it was easy to see a doctor if needed. Visiting health professionals told us that their experience was that senior staff at the home made referrals "straight away" when people at the home needed additional support with any health needs.

People and their relatives were positive in their feedback about the quality and quantity of food provided at the home. Some comments from people were; "It's excellent", "It's lovely" and "It's quite good". We spoke with the chef at the home; they told us each person has a diet plan that identified their needs. We saw that the kitchen was clean and food was stored safely. In 2016 the home had been awarded the highest food hygiene rating of 5.

The people we spoke with were very positive about the manner in which staff cared for them. One person told us, "They are very good to me here." Another person said, "They make a fuss of you." We saw that staff treated people with kindness and in a dignified manner. For example when people were helped to move about safely; staff addressed people by name, asked permission before taking action and explained what they were about to do, giving people plenty of time to respond.

We saw that staff at the home respected people's privacy, knocking and seeking permission before entering their room and making sure that personal information was kept secure in a locked room accessed only by staff.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. If appropriate an application for a DoLS had been made to the local authority and any conditions on any DoLS that had been granted were met. As assessment of people's capacity to make particular decisions was made as part of the pre admission process into the home. People were supported to make as many decisions as they could and take as much control as possible over their care. Each person at the home had an individualised care plan; the care plans were person centred and gave importance to people's individual needs and preferences.

People living at the home, their relatives and staff told us that they had confidence in the registered manager. When we spoke with the registered manager it was clear that she had a good knowledge of and warm relationships with the people living at the home.

We saw that a series of checks and audits were completed at the home; many of these had proven to be effective. Other audits had not been effective at the home and the processes at the home had not always been followed to ensure that the registered manager and provider had appropriate information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not sufficient numbers of staff available at the home to meet people's needs in a timely manner.

The administration of medication was not consistently safe.

The environment of the home was safe. Safety checks and audits of the environment had been completed.

Staff had been trained in safeguarding vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff received training and ongoing support to enable them to be effective in their role.

People were supported with their healthcare needs promptly and effectively.

People were provided with sufficient food and drinks. People told us they enjoyed eating the food.

Adaptations had been made to the homes environment to help people who had dementia.

The home operated within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People told us they thought the staff were caring and they were positive about the staff who cared for them.

Staff were knowledgeable about people's needs and offered care in a way that reflected their individual styles and preferences.

People had been consulted with regard to their views. Also when receiving care people's permission was sought before staff took any action.

We saw that people's privacy was respected and personal information was kept secure.

Is the service responsive?

Good

The service was responsive.

People told us that staff knew them and understood their needs.

People's care plans were person centred and gave importance to people's individual needs and preferences. These had been regularly reviewed involving the person and if appropriate their family members.

There was a range of activities available at the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

Not all the checks and audits at the home had been effective. This meant that the registered manager and provider did not always have necessary information.

People's relatives and staff told us that there had been improvements made at the home. The provider told us of further improvements planned for the home.

People living at the home, their relatives and staff told us that they had confidence in the registered manager.

Care Quality Commission

Woolton Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 21 July 2017, the first day of the inspection was unannounced.

The inspection was conducted by an adult social care inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a pharmacist.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with nine people who live at the home and four people's relatives. We also spoke with the owner of the home, the registered manager, the deputy manager, three care staff, the activities co-ordinator and the person who took the lead of maintenance and training.

We also spoke with two visiting health professionals.

We looked at the care files of five people receiving support from the service, five staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also had a tour of the building and observed the delivery of care during the inspection.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Woolton Grange. Relatives told us that they had confidence in the staff to keep their family member safe.

The majority of people told us that they thought there was not enough staff at the home. One person told us, "There is no point in ringing the bell because they come and say they'll be back in a minute." Another person said, "There is never enough staff, we could do with more help". A third person told us, "I don't get breakfast until 10 or 11, then its lunch. There are too many patients to get up." A fourth person told us, "You know they are going to try, but there are lots of people to look after."

One visiting health professional told us, "No; there is not enough staff. At times when I need a second person I'd be waiting for staff [to help]". Another health professional told us of a time over a weekend when they saw two people waiting for assistance. They asked for staff to help from downstairs and they were told that there were staff upstairs already and they must be in a person's room or a toilet. They told us that their experience was that there was usually less staff available over the weekend.

We saw that during the morning there was not enough staff at the home. For example on the first day of our inspection we found it difficult to get an answer at the door, we had to ring the doorbell seven times over eight minutes, before staff were able to respond. Other people told us they have had the same experience. One person's relative told us, "It's not easy for my husband to get in; staff are busy with a patient or on a break". Health professionals also told us they had found access to the building difficult. They said, "We frequently had to wait to get in and at times had to leave. So we have been given a fob in a key safe outside so we can gain access."

We saw that at 10:45am breakfast was still being served. At 11am we saw that one person was sitting in an armchair with a cooked breakfast in front of them. They had made no attempt to eat the breakfast and staff took it away without enquiring if the person was having any difficulty or wanted an alternative. We were later told by staff that the person had not been well recently.

One person started by telling us that, "It's good here, they [staff] are marvellous." Then they added; "Only problem is going to the toilet. Getting people to take you. We have to wait for staff. I'm not critical of staff as individuals but I don't think there are enough of them. There can be a long wait for the toilet. When I need to go I need to go. It's difficult to wait."

We asked people if staff were able to on occasion take time to sit and chat. They told us; "Yes, if you're upset", "Briefly, sometimes I think it's us that's a nuisance to them" and "I'm afraid they don't. Too busy working. Too much to do…Not that I want it."

The provider organised a monthly sample of staff surveys. We looked at these and saw that there was a pattern of comments about staffing levels. One staff member had written, "When we are short staffed the quality of care drops due to staff trying to do their jobs and other people's jobs that are off." One staff

member told us, "Sometimes we can be a little understaffed. There is six staff in today, sometimes there is five, sometimes four."

In the morning whilst on a tour of the building we heard one person's call bell. We spoke with the person in their room and they told us that they wanted to get out of bed, They said, "I've been awake for hours". A staff member attended and reassured the person that as soon as another staff member is free they will be along to help them. Sometime later, after our tour of the building we saw that this person's call bell was activated again. We visited the person and found that they were again asking for assistance to get out of bed. By now they were becoming upset.

These situations indicated that there was not enough staff, particularly in the morning time to respond in a timely way to people's individual needs. We spoke with the registered manager about this. They told us that the staffing level is determined by the owner of the home using information from people's dependency assessments. We were also told that there had been an increase in the number of people at the home who needed support from two staff members; this was currently 12 people. We also discussed the impact of swapping staff between floors and the fragmented layout of the building.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because there were not sufficient numbers of staff available at the home to meet people's needs in a timely manner.

People's medication was administered by the deputy manager or another senior member of staff. We looked at the ordering, storage, administration and recording of a sample of people's medication. We also observed part of a medication round at the home. The staff member administering medication had a caring manner and briefly explained to people what the medication was and what it was for. People told us that they received their medication and that it was on time.

Medication was usually administered in a safe manner but we found areas of the administration that required improvement. Each person had a medication information sheet containing their photograph and also details of any allergies they had, homely remedies used, the details of any 'as and when required' medication (PRN) and a body chart showing where any creams need to be applied. This ensured that staff administering medication had sufficient information to do so safely.

We saw that there were at least 12 missed signatures for people's medication on the 10 July. The stocks of medication indicated that people had received their medication and it had not been recorded. We were told that the senior member of staff due to administer medication on that day was off sick, another senior member of staff administered people's medication and this put pressure on the staff team that morning. This is another indicator that staffing levels in the morning for this home were not adequate.

People's medication was appropriately stored in an air conditioned room or a refrigerator and the temperatures of these environments had been regularly checked and recorded. The home had a stock of homely remedies that some people chose to take. There was clear and up to date guidance in place for staff showing who was able to use a homely remedy safely if needed.

We looked at how the home managed controlled medication. Controlled drugs are those that are covered by the misuse of drugs legislation and are under stricter legal controls. We saw that controlled medication was stored in a separate locked cabinet and these had been appropriately documented. We checked the stocks of controlled drugs and all stocks were in date and correct.

The owner of the home told us and we saw that there was an ongoing programme of improvements at the home. Flooring had been replaced and the home was part way through a programme of replacing windows and the boilers that provided the home with hot water and heating. We received positive feedback about the upgrades that been made to the home's environment. One person's relative told us, "They have cleaned the place up; they have put down new floors…and he's had his room decorated." There was an ongoing programme of room decorating. Feedback forms contained comments such as, 'The home is looking so much better' and 'Improvements have been made to the communal areas.'

There were areas of the home's environment that still required improvement and all areas of the home were not clean. For example some surfaces such as certain window ledges were not clean and some corridors and staircases did not appear to have been hoovered or dusted regularly and some corners and surfaces were cluttered. In the conservatory the radiator covers were in poor repair. The décor in three bedrooms we looked in was looking very tired.

A series of checks on the safety of the environment had been organised and documented by the maintenance person. They had a maintenance manual check list outlining daily, weekly, monthly, quarterly and annual checks. We saw that the electrical circuits, appliances and gas services had been regularly checked by competent persons. Regular visits had been made by competent persons to maintain and service the stair lift and passenger lift. The hot and cold water systems had been checked to ensure they were safe. Equipment used by people to move safely was regularly checked and serviced along with the call bell system.

There were systems, plans and risk assessments in place to ensure that people were safe in the event of a fire. We spoke with the maintenance person who was knowledgeable about fire safety in care homes and knew of the lessons learnt from events around the country. They told us that they worked closely with the fire and rescue service that had been out and conducted an assessment of the building. We saw that the recommendations had been made during this and previous assessments and the recommended actions had been carried out. The maintenance person also told us they had shared floor plans and the details of the most vulnerable people with the fire service.

One person told us that there had been a fire alarm that turned out to be a false alarm one night. They told us they had felt safe as the staff were calm and efficient as they began the evacuation process.

Staff received training in safeguarding vulnerable adults. Staff we spoke with were knowledgeable about the different types of abuse. They were able to clearly tell us what actions they would take if they thought that a person was at risk of abuse, including whistleblowing to an outside organisation if appropriate.

We saw that the home had a policy and system in place to ensure that staff that had been recruited were suitable to work with vulnerable adults. When applying for the role potential staff had to fill in an application form providing details of their work history and attended an interview. Before people started their role their identification was checked and a disclosure and barring service (DBS) check was completed. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. Also people's work history and a minimum of two references had been sought. We saw one recent occasion when the home had not fully followed their procedures. We highlighted this to the registered manager and this was acted upon and corrected on the day.

Good

Is the service effective?

Our findings

One visitor to the home had fed back that, 'All staff are pleasant and helpful'; another had stated they were, 'Pleasant and welcoming'.

The trainer at the home told us that training was all face to face and had a question and answer style. For some of the courses there was a test afterward to check the staff member's knowledge. We saw records of and staff told us that they received training in safeguarding vulnerable adults, health and safety, fire awareness, moving and handling, food safety, dementia, infection prevention and control and first aid.

One staff member told us that although she had relevant qualifications in health and social care she was provided with an in house training and induction programme, which included manual handling before starting work. Another new staff member told us that at the start of their employment they shadowed a more experienced member of staff for three days, this alongside their training ensured that they were equipped for the role. We saw records that showed that staff received appropriate induction training when starting their role and received ongoing support through supervision meetings with a manager and an annual appraisal.

People's relatives told us they had confidence that people's medical needs were addressed promptly and effectively. People also told us that they were well supported with their health and it was easy to see a doctor if needed. One person told us of a time when the doctor had been called urgently because they had chest pains; which was diagnosed as being due to a chest infection. The person said, "They looked after me here whilst I was ill and it cleared up."

Another person's relative explained that their family member was diabetic and was supported with regular testing and insulin injections. One time when there was a sudden change in their relatives blood sugar, they were contacted straight away, however by the time they arrived, it had been stabilised. Health professionals told us that their experience was that senior staff at the home made contact with them and made referrals "straight away" when people at the home needed additional support with any health needs.

People and their relatives were positive in their feedback about the food provided at the home. Some comments from people were; "It's excellent", "It's lovely" and "It's quite good". Another person had written in their feedback about food at the home, 'The food is lovely and there is plenty.' Only one person we spoke with was not positive about it. Some people commented that the gap between breakfast and lunch was short, meaning they were not hungry at lunchtime.

We saw that there was a main meal provided but there were also options available to people who wished to eat something different. We also saw that if possible people's requests were accommodated. For example one person had refused the main meal and was offered alternatives which they also declined. The person asked for a cheese and pickle sandwich. The staff immediately rang down to the kitchen to make this request and the person was served the sandwich promptly.

There was a kitchen area upstairs; this meant staff could make snacks and drinks for residents at any time. The chef also told us that the night staff have access to the main kitchen and are able to make people snacks such as toasties, eggs on toast and hot and cold drinks. One person living at the home told us that they always had, "Mid-afternoon drinks and biscuits."

We spoke with the chef at the home; they told us each person has a diet plan that identified their needs, for example to prevent weight loss or allergies. The chef gave us one example of a person who had recently been supported to gain weight. They also gave examples of how they provided food adapted for people who are diabetic, those who required a soft diet, fortified foods and high fibre diets.

We saw that the kitchen was clean and food was stored safely. In 2016 the home had been awarded the highest food hygiene rating of 5. We spoke with the chef who told us, "The new owners have put money into the home, they are approachable and the manager is great. Everything I've asked for in the kitchen has happened with no argument."

We spoke with the registered manager who told us that the home now had two separate lounge areas. A main lounge on the ground floor and a smaller lounge on the first floor. The smaller lounge was designated for people who had higher support needs or advanced dementia. The registered manager told us that this has led to some people being more comfortable and has led to a reduction in incidents at the home. The smaller lounge on the first floor had its own kitchen areas for making people drinks and snacks during the day.

We also saw that adaptations had been made to the homes environment which may help people with dementia to locate their room and find their way around. We saw that some people's bedroom doors were in the style of a front door; these were all different distinct colours and had a person's picture and name identifying the room. Thought had been given to the bathrooms in that the toilet seats and pull cords were clearly distinguishable in contrasting colours.

Improvements had been made to the garden to make it more dementia friendly and there were plans in place to use the learning from this to improve the grounds on the other side of the building. One person's family member had commented on a questionnaire that they were pleased that when feedback had been given about the garden, action had been taken.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. If appropriate an application for a DoLS had been made to the local authority and the conditions on any DoLS that had been granted were met. As assessment of people's capacity to make particular decisions was assessed as part of the pre admission assessment into the home. People were supported to make as many decisions as they could and take as much control as possible over their care.

Good

Is the service caring?

Our findings

The people we spoke with were very positive about the manner in which staff cared for them. One person told us, "They are very good to me here." Another person said, "They make a fuss of you." A third person said, "The girls are so nice. We are very lucky really." Feedback about the atmosphere at the home had been positive, one person's relative had said it was "very homely" a visitor had fed back they thought the home was "faultless".

We saw that staff treated people with kindness and in a dignified manner. For example when people were helped to move about safely the staff addressed people by name, asked permission before taking action and explained what they were about to do, giving people plenty of time to respond.

We also saw that interactions between people and staff in the downstairs lounge area were caring. Staff knew and cared for people in a way that reflected people's individual styles and preferences. For example we saw that staff were lively, laughing and joking with some people; whilst having a more quiet approach with other people.

One person became distressed during an activity in the lounge. Staff offered reassurance and comfort, but this was not helping the person. After a quick discussion, a staff member went to the resident's room and brought back some memorabilia which helped the person become calm as they sat with the staff and chatted about it. This showed that the staff knew the person well and was able to use this knowledge to support them during a distressing time.

People told us that their visitors were made to feel welcome, we saw people relaxing in the lounge with their guests. One visitor told us, "I'm made to feel welcome; I've got to know most of the staff now." People were also supported to celebrate special occasions or anniversaries. The chef had a birthday list so they were able to plan a cake for people's celebrations.

Some people's rooms had been redecorated and people had been consulted and involved in planning this. One person chose to have their room decorated in memorabilia of their favourite football team; another person who painted as a hobby had their paintings displayed on the walls in their room and also through the home. The person themselves showed us their paintings and was pleased that they were on display.

The home organised for a different 10 percent of people living at the home to complete a feedback survey each month. The questionnaire was also available in an easier to read pictorial format to enable more people to take part in giving feedback. The questionnaire asked for people's feedback on their experience of privacy at the home, activities at the home, staff, meals, access to a phone, cleanliness of the home and laundry. The questionnaires contained many positive comments. One person told us they had completed two questionnaires and told us, "I've felt involved."

We saw that staff at the home respected people's privacy, knocking and seeking permission before entering their room and making sure that personal information was kept secure in a locked room accessed only by

staff.

Good

Is the service responsive?

Our findings

People told us that staff knew them and understood their needs. We saw that the staff had a good knowledge of people's needs and knew them well. Staff recognised and responded to people's different levels of independence. One person told us, "They help me with anything and everything." Another person said, "I do everything for myself." One person's relative told us that they were delighted that; within a few weeks of coming to live at Woolton Grange, their family member had taken up painting again and had been enjoying painting in his room. The person showed us some of their paintings that were displayed around the home and showed enthusiasm in showing them to us and talking about their hobby. Another person's relative told us, "I would say things have got better, people get a lot more attention."

Each person at the home had an individualised care plan; we looked at the plans for five people. At the front of the file was any important information that staff would need to be aware of such as allergies and emergency contact details.

We saw that an assessment had been done on each person before they came to stay at the home, to ensure that the home knew people's needs and assessed that they could meet them. One person's relative told us that they had been asked about her mother's needs and preferences on admission. Since then, they had been involved in regular reviews and felt that their mother was able to express her preferences to staff.

The care plans were person centred and gave importance to people's individual needs and preferences. For example people's faith, preferences in daily living and small but important details such as a person preferring dark chocolate and another person likes toast with jam and no butter. Each person's care file contained a 'map of life' which gave staff information that people wanted to share with staff including pictures. One staff member told us that they "Enjoy interacting with people and getting to know them. One guy was in the army, I like talking with him about this."

Care plans were broken down into separate areas of the care a person may need, for example what support they required with their medication or how to move about safely. If a person had specific care needs in a certain areas there was an assessment tool for staff to use to identify any additional support needs. Then additional information was provided for staff along with any necessary risk assessments. For example if it had been identified that people were at risk of malnutrition, skin breakdown, at risk of falling or had any other specific care need.

We saw that people's care plans had been reviewed monthly by a senior member of staff. During this review a dependency assessment tool was used. People's relatives were invited to get involved in reviewing people's care plans if appropriate. We saw that a letter was sent to people's relatives after they had been at the home for three months inviting them to a care plan review.

We spoke with people about the range of activities available at the home. One person showed us a notice board in the lounge which displayed pictorially the activities happening this week. They told us, "I like singing. We also had art the other week." Another person told us, "I had my nails and hair done today. The

hairdresser, she's a lovely one." Other people told us they enjoyed playing bingo and the exercise classes. People knew that they were free to join in or not. One person told us, "There is something going on all the time, you can join in or sit out…In summer they take us for days out."

The home employed a full time activities co-ordinator; during the morning the activities co-ordinator was providing one to one support to people with manicures and hand massage. We saw that they used this time to chat with each person about any particular interests and concerns. One person told us that the, "Activities coordinator is very caring and helpful."

On the afternoon of the first day an external visitor called 'Mr Motivator' was booked to come and lead a session of exercise with people. Due to unforeseen circumstances he wasn't able to attend. The activities co-ordinator supported by a carer led an impromptu sing-along which was clearly enjoyed by 11 people. We saw that people who didn't want to join in on activities and preferred a quieter environment sat in the conservatory area. One person told us that their preference was to read newspapers. They said, "I like to keep up with the news and television. I have the TV on in my room at night."

We saw that there were some tactile activities that some people enjoyed. There was also a cupboard with music and movies, a pack of large print playing cards and dominoes. One person told us that in the afternoon they like, "A drink, biscuit and to play dominoes."

One person's relative told us that in the past, "They used to have a bus and get out once a week, [name] misses this." In written feedback to the home there had been comments that there was, 'Not enough community based activities' and there could be, 'More sport activities'. There was a theme of people not accessing the community. We spoke to the registered manager about this who told us they were arranging a mini bus in summer to go out into the community.

The registered manager told us that they had not recently received any formal complaints; they try to deal with them in an informal manner. One resident explained to us that they had previously experienced a problem with night staff not understanding her toileting needs and therefore not responding appropriately. However they told us that when they raised a complaint this had been quickly resolved.

Requires Improvement

Is the service well-led?

Our findings

People living at the home, their relatives and staff told us that they had confidence in the registered manager. When we spoke with the registered manager it was clear that she had a good knowledge of and warm relationships with the people living at the home.

We spoke with the provider about our findings with regard to staffing levels and deployment at the home. The provider told us that from their research they know that the home's budgets more for staff than the average care home. They showed us the tool they used to calculate the support hours that were needed. This tool used people's individual scores from the dependency assessment and added up the number of people with high, medium and low dependency. This then worked out the number of staffing hours needed.

However the process had not taken into account feedback from the staff and people living at the home or observations at the home. The registered manager told us that there were now more people at the home with higher support needs who required support from two members of staff.

We saw that there had been an error with one person's medication stocks in the previous month which had resulted in them missing their medication for one day. According to the provider's 'medication error policy' this should have been recorded for the home's management and potentially reported to the CQC. There were no records of any medication errors at all since the policy came into force in April 2016; this showed that the home was not following its own policies with regard to learning from medication errors and the audit process was not working.

Medication audits were completed for 10 people each week. We looked at the audits for the week of our visit; these had failed to pick up on the missed signatures for the 10 July and another person's medication stocks which were not correct.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the systems in place to assess, monitor and improve the quality and safety of the service were not always effective.

We saw that other checks and audits at the home had been effective. For example there were spot checks of people's care plans and audits of the admission process for the home. We looked at some of these audits and found that they had been thorough and provided feedback to staff to make improvements. Also an infection control audit was completed at the home monthly, the local authority had also completed an infection control audit and rated the home as good with 95 out of a possible 100.

There was a premises audit that had highlighted areas of improvement and prioritised the work of the maintenance person. The audits and checks in relation to the health and safety of the building had been thorough. The provider also told us that the home has a low turnover of staff. They told us, "We conduct a three monthly audit of the local care home market to make sure we are competitive for staff. I feel that a low turnover of staff is important for residents and their families."

The registered manager told us that they were really proud of and happy with the staff at the home. They told us the staff, "Are really caring and take time to listen to people." They also told us of the links the home has made within the local community; for example with a local football club and local schools. The registered manager had arranged for quarterly family meetings to provide opportunities for people's relatives to speak with the manager of the home and receive up to date information about the home. We spoke with some people's family members who told us they had attended some of these meetings and had found them helpful. Minutes were taken of the meetings and copies of these were available.

Staff and people's relatives told us that there had been recent improvements at the home. We spoke with the provider who told us he was keen to make further improvements at the home. The provider made monthly visits to the home which had been documented. They told us, "We have ten care homes and use opportunities to learn and share learning with the home managers. We will make mistakes, but never knowingly."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance This is because the systems in place to assess, monitor and improve the quality and safety of the service were not always effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing This is because there were not sufficient numbers of staff available at the home to meet people's needs in a timely manner.