

Vishomil Limited

# St Winifred's Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 12 and 19 December 2018 and was unannounced.

St Winifred's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides nursing and personal care for up to 38 older people, some of who may be living with dementia. Accommodation is provided on two floors with passenger lift access between floors. There are communal areas on the ground floor, including lounges and a dining room. There were 23 people in the home when we inspected.

At our three previous inspections we rated the service as 'Inadequate' and in 'Special Measures'. At our last inspection on 18 and 20 June 2018 we identified five regulatory breaches which related to safe care and treatment, recruitment, dignity and respect, person-centred care and good governance. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

At this inspection we found improvements had been made, although there remained in breach in Regulation 12 (safe care and treatment). This related to medicine management.

The manager who was in post at the last inspection in June 2018 left. A new manager was in post when we inspected and their registration with the Care Quality Commission was confirmed on the second day of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Minor improvements had been made in how medicines were managed, however shortfalls remained which meant people were not always receiving their medicines as prescribed. On the second day of the inspection the manager informed us these issues were being addressed.

People received personalised care although care plans were not always up to date or accurate. Risks to people were well managed by staff, although this was not always fully reflected in risk assessments. The manager told us all the care documentation was being reviewed and updated.

There were enough staff to meet people's needs. Staff worked well together as a team communicating and supporting each other. Staff recruitment processes had improved. Staff received the induction, training and support they needed to carry out their roles.

Accidents and incident were reported and a monthly analysis considered trends and themes and looked at any lessons learned. Staff had a good understanding of safeguarding and the reporting systems and

incidents were recorded and reported appropriately.

The home was clean, well maintained and comfortably decorated and furnished. However, some areas required improvement to make them more dementia friendly so people living with dementia could find their way around more easily. We have made a recommendation about making the environment dementia-friendly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have sufficient food and drink, although the monitoring and recording of food and fluid intake needed to improve. People had access to healthcare services and systems were in place to manage complaints.

Relatives and staff spoke positively about the new manager who, alongside the providers, had made improvements to the quality of the service. Quality audit systems had improved, although medicine audits needed to be more thorough as issues we found had not been identified or addressed by the provider. The provider had an ongoing action plan to ensure improvements continued which included renovation works. Details of the plan and progress updates were shared with people, relatives and staff.

We identified one breach of regulation in relation to safe care and treatment. You can see what action we have told the provider to take at the end of the full version of this report.

## 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.

People did not always receive their medicines as prescribed.

Risk management was inconsistent. Safeguarding incidents were recognised, dealt with and reported appropriately.

Staffing levels were sufficient to meet people's needs in a timely manner. Staff recruitment checks were in place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The service met the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, the recording of capacity and consent needed to improve.

People's nutritional needs were met, although the monitoring and recording of food and fluid intake needed to improve. People had access to healthcare professionals. The environment needed further adaptation to make it dementia friendly.

Staff received the induction, training and support they required for their roles.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People told us the staff were kind and caring. However, we also observed some occasions where staff did not display these qualities.

People were treated with respect and their privacy and dignity was maintained.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's care records did not always reflect their current needs.

People were provided with a range of activities.

People knew how to raise any concerns and a complaints procedure was in place.

### **Is the service well-led?**

The service was not always well-led.

Although improvements had been made to the quality of service provided, there remained a breach in relation to medicines management.

Effective systems were in place to assess, monitor and improve the quality of the service.

People, relatives and staff provided positive feedback about the way the home was run and praised the leadership and management.

**Requires Improvement** 

# St Winifred's Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 19 December 2018 and was unannounced. On the first day three inspectors, a pharmacist inspector and an expert by experience with experience of services for older people attended. 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 two inspectors attended.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We spoke with nine people who were using the service, three relatives, a nurse, four care staff, the cook, the activity organiser, the clinical lead nurse and the manager.

We looked at eight people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

# Is the service safe?

## Our findings

At our previous inspection we identified two breaches with regard to safe care and treatment relating to medicines and risk management; and recruitment. At this inspection we found improvements had been made, although there remained a breach in relation to medicines management.

Some minor improvements had been made in the management of medicines. However, we found medicines were still not managed safely and people's health was at risk of harm.

We looked at medicines for 21 people living in the home. Eight people did not receive one or more of their prescribed medicines because there was no stock available for between one and 20 days. If people do not have their medicines their health is at risk of harm.

People were prescribed medicines to be given 'when required'. There was a lack of information to guide nurses in how to administer these medicines; for some there was no guidance available, for others the guidance was minimal. When medicines were prescribed with a choice of dose there was no guidance to assist nurses in selecting the most appropriate dose. This meant people prescribed medicines in this way were at risk of not being given them safely or consistently.

There was no information about what the safe blood sugar target range was for people who were prescribed insulin. There was also limited information about how each person would present if their blood sugar levels were too low or too high and what actions staff needed to take to keep them safe.

The systems for recording how to apply prescribed creams and oral mouthcare products and documenting when they had been applied were not robust and were not completed accurately. One person was prescribed a toothpaste which nurses signed had been used twice daily however a nurse told us that this person was resistive to mouthcare and their teeth had not been brushed. For creams that nurses applied there was no information to state where they should be applied. This meant that they were not handled safely and consistently.

There were no arrangements to record the time medicines that were given regularly, such as Paracetamol, were given. This meant doses may be given too close together putting people's health at risk.

Nurses did not always follow the prescriber's advice when giving medicines. One person was prescribed antibiotic eye drops to be used every two hours until the infection had improved and then to use them four times daily. We saw the eyedrops were only applied three times a day in the first five days of the course, which means the eye infection may not have been treated properly.

Nurses did not always follow the manufacturers' advice when giving medicines. One person was prescribed an antibiotic that must be taken on an empty stomach but there was no record that this medicine had been given at the correct times.

The storage of medicines was not always safe. We saw creams were stored in people's rooms but the drawers they were in were unlocked. Medicines requiring cold storage must be stored between 2°C and 8°C. Records showed the fridge temperatures were between 11°C and 26°C. On the first day of inspection, the

digital thermometer in the fridge showed the fridge was 30.6°C. The items in the fridge were cold indicating this thermometer was inaccurate, so it was not possible to tell if medicines stored in the fridge had always been kept at the correct temperatures. There was no indication that any action had been taken to make sure the medicines were stored at a safe temperature.

We found out of date blood glucose testing strips were in use, so it was possible the person's blood sugar levels were inaccurate. The fluid to calibrate the blood sugar testing machine was 19 months out of date. There were some urine testing strips which the nurse confirmed were in current use which were also out of date.

The above evidence demonstrates there was a continued breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) 2014 as medicines were not managed safely. On the second day of the inspection the manager told us of the action they were taking to address the medicine issues we found.

We found there remained inconsistencies in risk management; staff we spoke with understood the risks to people, however, risk management documentation needed to improve.

Staff supported people safely, for example, when helping them to mobilise or when using moving and handling equipment. Assessments were in place for risks such as falls, malnutrition, choking and pressure ulcers. However, we found these were not always accurate or up-to date. For example, one person's risk assessment for choking stated they were able to maintain their own posture (which lowered the risk), yet we saw they were unable to do so. The person's care record also showed they were unable to maintain their posture. We brought this to the attention of the clinical lead nurse and they agreed to review this. Nutritional risk assessments were in place although these lacked detail and did not contain relevant information such as if a person had diabetes or digestive condition. The manager told us care documentation was being reviewed and updated.

We saw staff were aware of risks in the environment and they reminded people to take their time when standing, sitting or moving around. We found the outside path leading up to the premises was slippery and brought this to the attention of the manager who agreed to put a warning sign up as an interim measure to getting this problem fixed.

Recruitment processes had improved. Systems were in place to ensure required checks were completed before new staff started in post. This included application forms with full employment history, job interview, proof of identity, references and a criminal record check. We found one new staff member had only one reference; another reference had been sought but not received. This had been risk assessed by the manager who had ensured the staff member was working under supervision. However, the missing reference had not been followed up until we raised it on the second day of the inspection, when it was established an administrative error had meant the referral request had not been received. The reference was obtained later that day. The manager recognised more robust checks needed to be in place to ensure any missing information was pursued. Systems were in place to check nurses were registered with the Nursing and Midwifery Council (NMC) and licensed to practice.

Accidents and incidents were well recorded and included the action taken in response to keep people safe. A monthly analysis was carried out by the manager which considered any themes or trends.

We found the home was clean and hygienic. Cleaning staff were employed every day to ensure good standards were maintained. We saw staff followed good infection control practices and wore personal protective equipment (PPE) such as gloves and aprons appropriately. Handwashing facilities were available

throughout the home.

Staff had completed safeguarding training, understood how to recognise possible abuse and the reporting procedures. They were confident any concerns raised would be dealt with appropriately and knew the external agencies they could contact if they felt this had not happened. Safeguarding incidents were well recorded detailing the actions taken to keep people safe and looked at any wider lessons to be learned. We saw appropriate referrals had been made to the local authority safeguarding team, apart from one incident. The manager had taken appropriate and timely action to protect people when this incident occurred, however they had not made a safeguarding referral at the time. The manager made the referral when we brought this to their attention.

We saw regular and up to date checks were carried out on the premises and equipment to help keep people safe. These included monthly room checks to look at areas such as water temperatures, window restrictors and the call bell system. Fire, electrical, gas and water systems and equipment such as hoists were also checked.

Staff had received fire training and knew the procedures to follow in the event of a fire. Fire drills were carried out regularly and records showed the staff who had attended. We saw the drills had taken place in the morning and discussed with the manager carrying out drills at different times to ensure all staff had taken part. Fire safety checks were carried out regularly and were up to date. Personal emergency evacuation plans (PEEPS) were in place which outlined the support each person would need from staff if they needed to be moved in an emergency situation.

People said they felt safe and thought there were enough staff to assist them. Comments included; "I feel safe knowing there are staff. I fell before I came here and I like to know there's someone there"; "I do feel safe, aye, it's cos of these lasses" and "I sleep better here than I've slept anywhere. I used my buzzer last night. It took a few minutes for [staff] to come, it was very quick, they are always very quick. I keep my buzzer on me all the time."

We found there were enough staff to meet people's needs. We saw staff were present in communal areas and were prompt in responding to people who required assistance. The manager had reduced the use of agency staff and recruited new staff to provide a permanent staff team. Staffing levels were calculated and reviewed according to people's dependencies.

## Is the service effective?

### Our findings

People's nutritional needs were met, although the recording and monitoring of food and fluid intake needed to improve.

The majority of people we spoke with were happy with the food, although one person told us their hot drinks were always cold. Other comments included, "The food varies, it's as good as they can make it, it depends what you're having, it isn't always what you fancy, sometimes it's very nice, sometimes it's dry"; "There's enough food, it's tasty and there's a choice" and "The food is nice, there's a couple of choices of everything, I don't think I've ever had to leave anything, it's hot too."

We observed lunch in the dining room. Tables were laid with clean linen, cutlery, condiments, napkins and water glasses. A small Christmas tree decoration was on each table. There was a calm, relaxed atmosphere with Christmas music playing in the background. A menu board showed the meal choice and that day's date. People were offered a choice of food and drinks with staff showing people plated meals to help them decide. Staff were present throughout the meal and provided people with the support they needed, encouraging them to eat.

The cook had a clear understanding of people's dietary needs and worked closely with the staff team to ensure people had nutritious balanced meals. There was a plentiful supply of fresh groceries with regular food deliveries from local suppliers. The cook emphasised the importance of meal times for people and told us how they adapted or fortified foods where people's dietary needs required this, such as for managing weight loss. The cook told us the meals provided would be good enough for any relative of theirs and they were confident in the quality and standards for people's nutrition.

Staff told us and records showed people's weight was monitored and, where necessary, people had a food and fluid intake record so staff could keep track of what they were eating and drinking. However, these records were of variable quality; some did not record the times of people's intake and there was no target fluid intake or daily total of fluids. This meant staff could not be sure people were receiving sufficient quantities to eat and drink. There was a lack of nurse oversight where staff had recorded if people refused food or ate very little, so it was not clear when action needed to be taken if there was a concern. Snacks were not recorded although the records allowed for this. We discussed these issues with the clinical lead nurse who agreed the records needed to be monitored more robustly. On the second day of the inspection we saw an additional record had been added to the care file to highlight people's particular needs and fluid targets.

People's healthcare needs were being met, although oral care provision required improvement. We found in people's care records there was clear evidence of referral to other professionals to support people's healthcare, such as doctors, quest nurses, tissue viability nurses, chiropodists and dentists. Where people's dietary needs changed, there was a referral to the GP and dietician.

Where people's healthcare needs meant they were at risk of developing pressure ulcers, such as if they were unable to reposition themselves, staff supported them with regular repositioning. We saw records of this in

people's rooms, although these records did not detail how frequently each person needed to be repositioned.

We found staff were not always supporting people with mouth care and records did not illustrate this was being done as frequently as people needed it. For example, we saw 'oral care' on a chart in people's individual files within their rooms, yet there were gaps in the information which suggested the care may not have happened. One person needed support with mouth care twice a day but this was not recorded as having been done. We raised concerns about another person with the manager and clinical lead nurse on day one, because the person's mouth was sore. When we returned on day two the manager had taken action to ensure the person had been seen by their dentist and told us there was a regime in place for the person to be supported with mouth care at every position change. However, when we looked at the person's care records it was not evident mouth care had been given at every position change and the recording of this was variable. The manager took immediate action to discuss how this could be improved, with the care staff team.

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.

We found the service was working within the principles of the MCA. The registered manager had an effective system in place to track DoLS applications and authorisations and ensure any conditions were being met. Records showed three people had conditions on their DoLS authorisation. We checked one of these and found the condition was met.

The assessment and recording of capacity and consent was variable. We looked at four people's records in relation to capacity and consent and found two were well completed and two were not. For example, one person had signed consent forms for personal care, the use of bed rails and a lap belt, the use of moving and handling equipment and medicines management. Yet other care documents showed the person lacked capacity. No capacity assessments had been completed. We discussed this with the clinical lead nurse on the first day of the inspection and they completed a capacity assessment for 'all care' concluding the person lacked capacity. There was no evidence of consultation with the person in making this decision.

We found improvements were still needed to make the environment dementia friendly and assist people in finding their way round the home. Pictorial signage indicated bathrooms, toilets and people's bedrooms, however there was minimal signage to help people find their way around the home. Some areas of the home had patterned carpets and wallpaper which can make it difficult for people living with dementia to distinguish. Handrails and door frames were not in contrasting colours to help people with dementia identify them more easily. We recommend that the service seek advice and guidance from a reputable source, about making the environment dementia friendly.

People's needs were assessed by the clinical lead nurse before the person moved into the home. The assessments considered the individual's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs.

New staff received an induction and shadowed more experienced staff before working alone. Staff who had no previous care experience completed the Care Certificate. The Care Certificate provides care workers with standardised training which meets national standards.

Staff confirmed they received ongoing training. They said if they wanted to undertake further training to enhance their role, the manager would support them to do this. The training matrix showed the majority of staff were up to date with training the provider had identified as mandatory. This included areas such as moving and handling, fire safety, safeguarding, equality and diversity and infection control. Where updates were required these were identified on the training matrix. We saw some staff had completed specialist training in areas such as tissue viability and continence management. Training was monitored by the manager who recognised specialist training was an area that needed to be developed further to ensure all staff had the necessary skills and competencies to meet people's needs.

Staff told us they received regular supervision and records we reviewed confirmed this. Staff said the manager was very approachable and they were able to raise any issues at any time.

## Is the service caring?

### Our findings

At our previous inspection we identified a breach as we found staff did not always treat people with respect or maintain their dignity. At this inspection we found improvements had been made, although there remained some inconsistencies in staff practices.

We saw staff spoke respectfully with people, but on occasion we saw staff spoke about people in their presence, as though the person was not there. For example, one member of staff said to another, "Just put her in front of the telly, she'll be fine there" and "Oh her legs are so stiff she can't bend them easily." We also observed a small number of staff were not as patient or kind towards people as other staff. For example, at lunch time one person was sat at a table with no meal. The other two people at the table had been served their lunch and were eating. A staff member was stood next to the person with a plate of food which the person reached for; the staff member said, "Wait your turn", and gave the plate of food to a person on another table. We saw another staff member ignored a person's requests for a cup of tea then remonstrated with the person when they complained.

We saw staff were mindful of people's dignity and privacy when supporting them with personal care. For example, staff knocked on doors before entering and kept people's doors closed when supporting them in their room. We saw staff helped one person cover their legs when their clothing became misplaced.

One person's door guard was continuously beeping on day one and we found on day two it was also beeping, as well as another person's. We brought this to the attention of the maintenance staff as this may have been a source of annoyance to the people concerned or to people in adjacent rooms.

One person had been temporarily moved to another room due to repairs work, but we found the room they had moved to was not very welcoming and did not contain all their belongings or personal effects. Their clothing was haphazard in a drawer and there was a clock on the wall which had stopped working. Although we raised this with the manager on the first day of the inspection we found it remained the same when we visited on the second day. People told us staff were nice, friendly and caring and said they felt well cared for. One person spoke highly of one of the domestic staff and said, "I ask her things and she helps me. She's a lovely nice person." Comments from other people included; "It's very nice, nothing is too much bother" and "I think [the staff] are marvellous, you won't find 'owt wrong with this place, you can inspect it all you like, it's fit."

Relatives also made the following positive comments about the staff; "Staff are kind and caring, they're not short-tempered, they try and calm [family member] when [they] get agitated. Everyone is well groomed" and "I'm quite happy with it all, [family member's] being looked after well. I've no concerns."

Staff told us they cared for people as though they were their own relatives. One member of staff said they enjoyed the homeliness of St Winifred's and described it as a 'family'.

We saw many examples of kind and caring interaction between staff and people. Staff spoke with people at

eye level on many occasions and took time to listen to what people had to say. One person had a sore mouth and staff tried different food options and food temperatures to help the person to eat more comfortably. They sat with the person and supported them gently to eat with different utensils to minimise the discomfort. One person was unable to see their meal and staff explained what was in front of them, gently guiding their hand to reach each item and explaining what and where it was. We saw another staff member helped a person sort out their hearing aids by replacing the battery and making sure they were fitted and working correctly.

## Is the service responsive?

### Our findings

At our previous inspection we identified a breach with regard to person-centred care as we found care plans did not always contain sufficient or up to date information about people's needs and there was a lack of activities. At this inspection we found some improvements had been made.

People's care records we reviewed were not always up to date, did not reflect people's current needs and lacked detail about the support they required. For example, one person's care plan stated they had a plaster cast on their left leg, and another part referred to the cast being on their right leg. However, the cast had been removed and the person was now wearing a boot, yet there was no reference to this in their care plan and there was conflicting information about whether the person could bear their own weight. There was little information in people's care records for staff to identify risks associated with diabetes. Where one person had poor eyesight their care plan stated 'staff to assist' but there was no information about how this should be done to ensure the person's safety. Another person displayed behaviours that may challenge others yet there was a lack of information in the care plan to guide staff in how to support the person when these behaviours occurred. The manager told us they were in the process of reviewing and updating all care documentation.

People told us there were activities taking place if they wanted to join in. One person said, "There are activities if you want to bother, today they're going to make a snowman. There's a prize." Another person told us they enjoyed going to the monthly church service held in the home.

There was a range of activities organised within the home, both on an individual and group basis. The manager told us they were monitoring the quality of the activities by observing people's participation and interest on an individual basis. We saw records which showed people's enjoyment of activities had been given a rating so the activity could be assessed for its value. The manager told us the activities staff reviewed activities weekly to make sure they were responsive to people's needs. Where people needed one to one support we saw they took part in sensory activities such as guessing food by touch/smell, hand massage and 'memory lane' discussions.

A programme of activities was displayed for the festive season as well as for the calendar months within 2019. These included events in line with the time of year, such as Valentine's Day, Easter, seed planting and memorial poppy making as well as regular entertainers, bingo, scrap book project and a community 'Mother Hubbard's food drive'.

On the first day of the inspection there was a Christmas concert with an entertainer who sang a range of songs, including festive ones. Relatives and friends also attended and many of the staff had dressed up in Christmas outfits. We saw people and staff singing and dancing; staff held hands with people in wheelchairs and helped them move to the music, other people danced supported by staff and friends. The room was decorated for Christmas and there was a friendly and happy atmosphere with people clearly enjoying the event.

Systems were in place to manage complaints. The complaints procedure was displayed in the home. Records we saw showed complaints received since the last inspection had been investigated and responded to appropriately.

People and relatives told us they knew how to make a complaint. One person said, "You don't have to make a complaint, just tell the nurse and she sorts it out." One relative we spoke with said they would know who to complain to but they did not always feel able to approach staff if they had any concerns. They said they would like staff to be more proactive in approaching them to give any anecdotal or important updates, but they did not feel they were kept as informed as they should be, without them having to ask.

## Is the service well-led?

### Our findings

At our previous inspection we identified a breach with regard to good governance as we found ineffective leadership and management and quality assurance systems were not robust in identifying and resolving issues. At this inspection we found improvements had been made. However, this domain has been rated 'Requires improvement' as we found a continued breach in relation to medicines.

The provider had an ongoing action plan to improve the quality of the service. We saw some progress had been made in securing improvements since the last inspection. The provider and manager acknowledged further improvements were required to ensure people received a good quality service and stated their commitment to achieving this. The provider continued to work in close partnership with the local authority and clinical commissioning group (CCG) to secure improvements for people living in the home. Links had also been forged with visiting health and social care professionals.

Following the last inspection there had been changes in the management of the home. The manager who had been in post had left. A new manager was appointed and their registration with the Commission was confirmed on the second day of the inspection. A clinical lead nurse had also been recruited to provide clinical oversight as the manager was not a registered nurse.

People and relatives knew who the manager was and spoke positively about the improvements they had made. Comments included: "It's very organised, very friendly. I have no concerns, if I did I would tell the manager, he's very much on the ball" and "I think [the manager] has done a lot. The atmosphere is so much better. He's very approachable."

Staff we spoke with said they felt the manager had an approachable manner and they could raise any issues at any time. They said they felt trusted to do their work and valued for their contribution to the team. Staff said there had been improvements in the quality of the service since the manager took up their role.

Staff meetings were held regularly where they could raise any issues and put forward suggestions. Minutes we reviewed showed a range of topics were discussed with the emphasis on continuous improvement for people living in the home.

There were some good communication systems in place. We listened to the daily handover between night and day staff which was thorough and highlighted any changes in people's care needs. An information board in the office provided an overview of each person's care needs.

However, some aspects of communication between staff needed to improve. For example, we looked at handover notes for the days between the first and second day of the inspection. We saw there had been an incident, which the manager was not aware of, which had occurred during a weekend. We saw a communications book which the manager said was used to share key messages with staff. We found not all communications shared had resulted in the desired action. For example, the manager shared with staff the need to ensure one person's mouth care was completed with every position change, although was unable to evidence this was being done.

Care staff said they thought there ought to be more integration with nursing staff to provide care for people together, rather than firm boundaries in the roles. For example, at meal time when people needed one to one support, care staff felt this would be a helpful opportunity for clinical staff to be more actively involved with individuals and to work more closely as a team.

A range of quality audits were in place which covered all aspects of service delivery. We reviewed recent audits relating to medicines, dining experience, wound management, infection control, care plans and the environment. We saw action had been taken to address any issues identified. However, medicine audits needed to improve as they had failed to identify the concerns we found during the inspection.

Resident and relatives meetings were held giving people an opportunity to air their views. We saw minutes from the most recent meeting held in December 2018 where the manager gave an update on the progress of the provider's action plan.

The previous inspection ratings were on display in the home and on the provider's website as required under legislation.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People who use the service were not provided with care and treatment in a safe way in relation to the proper and safe management of medicines. Regulation 12 (1) (2) (g)
Treatment of disease, disorder or injury	