Woodfalls Care Limited

Woodfalls 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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out this inspection over two days on 16 and 17 November 2015. The first day of the inspection was unannounced. Our last inspection to the service was on 15 December 2013. During the inspection in December 2013, no breaches of legal requirements were identified within the areas we looked at.

Woodfalls Care Home provides care and accommodation to up to 24 older people, some of whom have dementia. Whilst registered for 24 people only 23 can be accommodated. At the time of the inspection, there were 23 people living at the home.

There was a registered manager in post. The registered manager started employment at the home in March 2015. 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'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

Not all care plans were up to date and reflected people's needs. The information did not inform staff of people's preferences or the support they required. Staff checked people's skin to ensure it was not sore but there was no information within people's care plans about the prevention of pressure ulceration. There was limited detail about managing people's continence and emotions such as agitation and resistance. The registered manager told us these shortfalls would be addressed once the new electronic care planning system had been implemented.

People medicines were administered safely in a person centred way. All medicines were stored securely and staff had appropriately signed the medicine administration record. However, protocols were not in place to inform staff of the administration of "as required" medicines. Records did not demonstrate staff had consistently applied people's topical creams.

Some audits to monitor the quality of the service had been introduced. The registered manager was aware a more comprehensive approach was required and more audits in different areas were to be introduced. Some shortfalls, such as the inaccessibility of call bells were not being identified within the audits. Priority was being given to new furniture but not all issues identified were being addressed.

Additional staff training had been arranged since the registered manager's appointment. The registered manager had clear expectations of the standards staff were to achieve. Courses had been scheduled for those staff not up to date with certain topics. Staff felt supported although there were some concerns around the pressure caused by a change in manager and a review of care practices. A formal staff supervision system had been introduced and was working well. Time was required to fully embed the system.

During the inspection, there were sufficient staff available to support people effectively. Staff spent time with people and were attentive to their needs. People were not rushed and not waiting for assistance. However, there were some views that more staff would be beneficial. Agency staff were being used to maintain staffing levels at times of staff sickness and annual leave. To ensure consistency, the same agency staff were being requested.

People and their relatives were very complimentary about the staff and the care provided. There were many positive interactions which indicated staff knew people well. Staff spoke with people in a friendly, respectful manner and promoted rights to privacy, dignity and choice. Staff showed a commitment to their work and were concerned about people's wellbeing. There were positive comments about the food and people had enough to eat and drink. People were appropriately supported to see their GP or other health care professionals, as required.

People looked content, well supported and were relaxed around staff. Relatives had no concerns about their family member's safety. They knew how to make a complaint and were confident any issues would be appropriately addressed. Staff were aware of their responsibilities to report any suspicion or allegation of abuse.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

This service was not always safe.

People received their medicines safely. However, there were no protocols to ensure “as required” medicines were administered as prescribed. Records did not show staff had consistently applied people’s topical creams.

Staff received safeguarding training and were aware of their responsibilities to recognise and report potential abuse.

There were sufficient staff available to meet people’s needs although some feedback indicated more staff would be beneficial.

Is the service effective?

Good

This service was effective.

Shortfalls in staff’s knowledge had been identified and training courses were scheduled to address these.

Staff felt supported. There were arrangements in place to enable staff to discuss their performance and any concerns they might have.

The registered manager was working with staff to ensure the principles of the Mental Capacity Act were being adhered to.

People received enough food and drink. Meals were based on people’s preferences, healthy eating and good ‘home’ cooking.

Is the service caring?

Good

This service was caring.

There were positive comments about staff and their caring approach.

Staff were knowledgeable about people’s needs and preferences.

People were treated with dignity and respect.

Staff had a good rapport with people and there were many positive interactions.

People were offered choice, given reassurance and their wellbeing was promoted.

Is the service responsive?

Requires improvement

This service was not always responsive.

Care plans did not fully reflect people’s needs and the support they required.

Care charts were not consistently completed so did not give an accurate portrayal of the support received.

Summary of findings

People looked well supported and there were many positive comments about the care provided.

People and their relatives knew how to make a complaint and felt their concerns would be listened to and appropriately addressed.

Is the service well-led?

Requires improvement 

This service was not always well-led.

The registered manager started at the home in March 2015. They had introduced new systems and developed practices. However, not all had been implemented and fully embedded.

Some audits to monitor service provision had been undertaken but not all issues identified had been addressed.

People, their relatives and staff were encouraged to contribute to the development of the service.

Woodfalls 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 was unannounced on 16 November and continued on 17 November 2015. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In order to gain people's views about the quality of the care and support being provided, we spoke with eight people, four relatives and eight staff including the registered manager. After the inspection, we spoke to three relatives and one health/social care professional on the telephone. We looked at people's care records and documentation in relation to the management of the home. This included staff training and recruitment records and quality auditing processes.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. 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 PIR was received on time and fully completed.

Requires improvement

Is the service safe?

Our findings

A recent audit of people's medicines identified some areas for improvement. These included the development of some records, updating people's photographs and ensuring the refrigerator used to store medicines was safely locked. The registered manager confirmed all issues previously identified had been addressed. However, not all photographs were in place and medicines to be taken "as required" did not consistently have protocols. This did not ensure staff had the knowledge to administer these medicines, in accordance with the prescriber's instructions. Staff had not consistently signed the records to show they had applied people's topical creams.

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

People's medicines were administered in a person centred way. The majority of medicines were dispensed from a monitored dosage system (MDS). This is a storage system designed to simplify the administration of solid, oral dose medicines. The medicines are usually dispensed into the MDS by a pharmacist, which reduces the risk of error. Staff removed the medicines from the

dosage system and gave them to the person, in a way which they preferred. Staff ensured the person had taken their medicines before walking away. Staff offered pain relief and explained to one person, why they were taking antibiotics.

Staff signed the medicine administration record after each administration. This gave an accurate record of the medicines people had taken. The registered manager told us they were looking into enabling people to have locked cabinets in their bedrooms, to store their medicines safely. Staff used hand gel to sanitise their hands between each medicine administration.

Whilst there were sufficient staff available to support people effectively during the inspection, there were some concerns about staff shortages. Staff told us the staffing allocation had been adapted and care staff now started work at 7am, to assist those people who chose to get up early. They said agency staff were being used to maintain staffing levels at times of staff sickness and annual leave. The registered manager told us this was being addressed although recruiting staff was a challenge, particularly due to the location of the home. They said the same agency staff were requested to ensure continuity for people. One relative confirmed this. They told us "the carers are always very cheerful but they can be short staffed sometimes. They use agency but it is usually the same individuals that attend from the agency. It's often difficult to tell the difference between agency and permanent staff".

People's relatives and some staff told us more staff would be beneficial although not essential. One relative told us "I wouldn't say they are short staffed although more staff would always be good. Staff are always around and you can find someone if you need them, so it's not like they're really short." Another relative told us "is there ever enough? They could do with more staff. They're always busy and under pressure". Comments from staff included "we get everything done but we could do with more staff. We could do more with people and get out and about more often" and "it's at particular times, such as tea time when it gets a bit busy, especially if people are unsettled". Another member of staff told us "staffing has been difficult. We could do with more staff but they are trying to recruit. It's just difficult getting staff". Other staff told us they were used to staffing levels as they were, so this did not cause them any difficulties.

Staff told us there were four care staff and the deputy manager or registered manager on duty throughout the day. In addition, there was a cook, a kitchen assistant and a domestic. At night, there were two waking night staff. During the inspection, the home was calm and staff went about their work quietly, without rushing. People were given assistance in a timely manner and staff spent time talking to people. People were well supported and there was a staff presence throughout the home.

People told us they felt safe. Those people who were unable to tell us how they felt, were content and relaxed around staff. Relatives told us they did not have any concerns about their family member's safety. One relative told us "I have no concerns at all. They look after mum beautifully. I always leave here, knowing she is in safe hands". Another relative told us "when we visit, mum is always happy and contented. We are so glad she is here".

Risks to people's safety had been identified. Staff were aware of their responsibilities to report any suspicion or allegation of abuse. One member of staff told us "I'd go straight to the manager, no question about it." Another member of staff told us "if I had a concern, I'd raise it with the deputy first. They would then pass it on so it could be

Requires improvement

Is the service safe?

dealt with". Staff were confident any issues would be properly addressed. They said they had recently received training in keeping people safe. Information about safeguarding was available for staff reference, as required.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. The registered manager told us they would be expecting staff to have an updated DBS check every three years. This meant that any offences which occurred after the staff member's appointment would be more clearly identified.

Good

Is the service effective?

Our findings

The registered manager had implemented an electronic system for recording the training staff had undertaken. Due to this, there were some records which were in paper form and others which were electronic. This meant an overview of staff training was unclear. The registered manager told us this would be addressed once all information had been inputted onto the new system. They said, once fully operational, any training updates staff required would be highlighted by an alert. This would enable greater organisation and ensure staff were not out of date with any aspect of their training.

The registered manager told us they were passionate about staff training. They said "the service is only as good as its worse member of staff, so everyone has to be fully trained and competent in what they do". They said they could not expect staff to function well, if they were not given the tools to do so. In response to this, the registered manager said they had increased the number of courses, staff were expected to undertake. This was aimed to increase the skills and knowledge of staff so they worked to a higher standard. They said staff had been given a list of the training courses they were required to undertake and were gradually working through them. Such topics included medicine administration, principles of care, nutrition and diet, continence promotion and hand hygiene. Dates for training in care planning and safeguarding had been arranged. The registered manager told us in addition to the mandatory topics, other training was arranged in response to any shortfalls identified, when observing staff's practice. This included giving a member of staff more training in communication if they were seen to be talking to a person inappropriately.

Recent audits identified that not all staff were up to date with first aid or infection control training. The registered manager told us these courses had been arranged for the early part of next year. They said they had recently undertaken training so they could train staff in moving people safely. This enabled staff to learn how to move each person safely, whilst taking in to account their individual needs. The registered manager told us staff were enthusiastic, motivated and would ask if they were not sure of anything. They said being able to ask was a good strength of the team. This was evidenced when one member of staff told us they would like more mental health training. They said one person living at the home sometimes hallucinated and they found knowing how to respond, a challenge.

Staff told us since the appointment of the registered manager, they had undertaken a high level of training. One member of staff told us "we've done loads of training. It's been difficult to get your head around everything." Another member of staff told us "the training has been good but there's been a lot of it". Staff told us the majority of their training had been 'on line'. This was not conducive to the learning style of all staff. One member of staff told us they were expected to undertake the training in their own time at home. The deputy and registered manager told us this was not entirely accurate. They said staff could do the training whilst at work and could get support to do it if they were struggling.

The majority of the staff had worked at the home for many years and knew each other well. They said they felt supported although relationships with the registered manager were relatively new and being established. Staff told us they received formal one to one supervision with their line manager, every six weeks. This enabled staff to talk about their work, their development and any areas they felt challenging. The registered manager told us they had developed a format so there was consistency with the topics covered at each supervision session. They said they were aware the supervision system was in its infancy and would be developed further, as time went on.

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 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).

The registered manager told us they had completed training in the MCA so they could train the staff team. They said this training would be in addition to the 'on line' training, staff were expected to complete. Records showed

Good

Is the service effective?

the MCA had been discussed with staff during supervision sessions. There was a section in people's care plans about capacity, consent and decision making. The registered manager told us these areas were being addressed more fully, when the new care planning system was implemented. This was because the information did not consistently evidence discussions held in terms of best interest decisions. Various Deprivation of Liberty Safeguards applications had been sent to the appropriate local authority. Evidence of these, were located on people's files.

People told us they liked the food. One person told us "my lunch was lovely. I really enjoyed it. Compliments to the chef". Another person said "you can have what you want but I'm not really a good eater. Sometimes I have some Bovril and then have something else when I fancy it". Another person said "I enjoyed my pudding, it was lovely". Relatives told us the meals they saw "looked good". They said their family members were offered a variety, had a choice and were given regular snacks. One relative told us "mum walks around so may not finish a meal but they keep an eye on her. She's put weight on since being here".

Staff told us the majority of food was cooked "from scratch" with an emphasis on people's preferences and healthy eating. They said people were always given a choice and offered alternatives if they did not like the main meal. This was seen at lunch time when a person was offered an omelette or something on toast. One member of staff told us "people can really have what they want. If it's not something we would routinely have, we just need a bit of notice so we could get it in". Another member of staff told us "food is recognised as being important so the food's good here". They told us some people enjoyed 'finger' foods so they could maintain their independence. Other people liked small amounts but more often. Staff were aware of who needed encouragement or assistance to eat. They said some people had food supplements or cream added to foods such as mashed potato, to encourage a higher calorie intake. Staff told us this was particularly important for those people who were unsettled and regularly walked around. They said at present, each person's weight was stable. They said people were not losing weight or showing any signs of concern.

People were regularly offered drinks and snacks such as cake, yoghurt or mousses between meals. One person did not know whether to choose yoghurt or a mousse. The staff member told the person "I tell you what. Why don't you try this one and when I come back, if you don't like it, you can try the other one?" The person was happy with this and thanked the member of staff. Fresh fruit was available in the lounge so people could help themselves to what they wanted.

Relatives told us they were confident their family member's health needs were being met. They told us staff would call the GP if they were worried. One relative told us "they always ring for advice and let us know too. They know mum well so will recognise if she's a bit under the weather". Staff told us a GP visited the home on a weekly basis. This was to monitor people's ongoing health care needs and to review treatment plans and medicines. Staff told us in addition to the weekly visits, they could gain advice or raise any concerns about people's health. They said a district nurse would visit if people required any nursing tasks, such as a dressing or blood monitoring. Records were maintained of all interventions with health care personnel. This included chiropody, dentistry and optical care. During the first day of our inspection, one person had a fall. Staff called the emergency services in a timely manner and supported the person whilst they were waiting for them to attend.

Good

Is the service caring?

Our findings

The registered manager told us social activity provision was an area they wanted to develop within the home. Some relatives agreed this would be beneficial. One relative told us "there could be more activities, there's not a huge amount – not every day. Sometimes there's music, colouring, reminiscence or cards but not a lot else". Another relative told us "they do try but it's not always easy to find something mum can or wants to do. She likes having her nails done, which they do and she also likes the hairdresser so they make sure she gets her hair done. They do what they can". A survey completed by a relative as part of the home's quality assurance system suggested more trips out. Another suggestion was to "continue to develop mind stimulation and development of the garden".

The registered manager said they often went for a walk or to the local shop with some people but wanted this to occur more frequently. They told us an exercise group had been introduced each morning to assist people with their mobility. During this, staff encouraged people to undertake gentle exercise to music, whilst seated. An external group called "Alive" undertook a social and therapeutic activity with people on a weekly basis. This took place during the first day of our inspection. People were fully engaged and enjoying the interactions. One relative had intended to spend time with their family member but when they saw the level of participation, they decided to come back later in the day. A visit to a local garden centre was being planned.

On the second day of the inspection, less social activity took place. The registered manager encouraged staff to undertake the exercise group but this did not last long. Two relatives visited and spent time with their family member in the lounge. One relative played scrabble with their family member. There was no organised activity other than music playing in the background. Some people enjoyed this as they were quietly singing along or tapping their feet. Other people received little stimulation.

People and their relatives told us they liked the staff. They said staff were "caring", "friendly", "helpful" and "patient". One person told us "I never want to go anywhere else. I love it here. The staff are all lovely and can't do enough for you". Another person told us "they're very caring and comforting". Another person told us "they do everything in good spirit. I am very fond of them". Another person told us they did not like using the hoist but said staff were sympathetic when assisting them. A relative told us "I can't sing their praises enough. They are absolutely fabulous, all of them. They go far beyond the call of duty. I think they're great. They know mum really well. They love her and she loves them. She smiles at them when they come up to her. I couldn't ask for more". Another relative told us "they provide care with dignity and respect. All the staff are really kind and caring. They talk to people, not at them". Another relative told us "they have very local staff and they have a heart of gold. The staff are very caring and compassionate. The home has a very personal touch. It's very homely." Another relative told us "it's good to see staff talk 'to' the residents and not 'at' them".

Relatives told us they could visit at any time and were always treated well when they visited. One relative told us "they look after me, as well as mum. They always ask if I'm ok and if I want a cup of tea. They fill me in about what mum's been doing and how she's been. I've got no complaints". Another relative told us "it's a nice care home. Staff are patient and kind, even with people that are more challenging". A member of staff told us "the best thing about this place is the staff. They all care about the residents and do what they can for them. Many staff have been here for years so they know people well and know what they like". A health/social care professional told us "the staff are very caring. They're concerned about people".

There were many positive interactions between people who used the service and staff. Staff had a good rapport with people. They were friendly and spoke to people in a respectful manner. There were discussions with people about their family, previous work roles or whether they had a pet or a car. One member of staff asked a person "what were you like at driving?" The conversation then led on to different types of car and how the roads are now so much busier.

Staff gave people compliments such as "your hair looks nice X" and "you look very smart today". They asked people how they were feeling and whether they needed anything. At lunch time, staff explained the content of the meal to people. They asked if any condiments were required and whether they wanted gravy, which had been placed separately in gravy boats. They then asked people where they wanted their gravy. Staff asked people if they needed assistance and offered pleasantries such as "enjoy your meal" and "it looks nice".

Good

Is the service caring?

Staff gave encouragement and reassurance when assisting people with their mobility. One person was trying to stand up from their armchair. Staff encouraged the person to lean forward and use the arms of the chair to manoeuvre themselves up. Staff accompanied another person to walk from their bedroom to the dining room. They placed their hand on the person's back to give reassurance whilst saying "you're doing well. You're nearly there. Well done". Staff regularly said "you're welcome" after being thanked for something, such as giving a drink or a meal.

The registered manager told us they had done a lot of work with staff about dignity and respect. This included ensuring staff addressed and interacted with people in a respectful manner. They said they had had discussions with staff about the use of terminology such as "mate" and "sweetheart". Whilst sometimes viewed as endearing, the registered manager discussed how the terms could be seen as inappropriate and disrespectful. There was no evidence of such terminology during the inspection.

Staff told us they enjoyed their work and wanted to give the best care possible. One member of staff told us "I think it's a fantastic home with fantastic care. All the staff really care about people and want the best for everyone". Another member of staff told us "we have a really good team here. We all work together, which makes a good atmosphere for people". Another member of staff told us "I love it here. There is something special about the place. It's like a family. Staff look out for each other and for all the residents. I really like coming to work". Staff spoke confidently about people's rights to privacy, dignity and independence. One member of staff told us "I treat people like I would do my mum or my nan. I wouldn't mind them being here, as I think the care is really good". Another member of staff told us "we try to give everyone the best care possible. We treat people as we would want to be treated". Staff told us they encouraged people to follow their own routines. This included what time they got up and went to bed, as well as what they wore. Staff told us if people were unable to express their views verbally, they would respond to body language or behaviour. One member of staff told us "we know those people who like to go to bed early so if they look tired, we'll ask if they want to go to bed". Staff told us they always ensured personal care was undertaken in private with doors closed and curtains drawn. They said they promoted people's privacy when using the bathroom. This included making sure people were covered and undertaking care in a discreet and sympathetic manner.

Requires improvement

Is the service responsive?

Our findings

Whilst staff were knowledgeable about people's needs, not all care plans were up to date and reflected people's needs. The plans lacked detail and did not show the support people required or their preferences. For example, one care plan stated "can be depressed" but the information did not state what triggered the person's low mood or how this should be managed. Another care plan stated the person liked to be checked during the night. The information did not detail how often the person was to be checked or the reasons why. The information did not inform staff about what they were to check. Another care plan stated staff were to use a 'stand aid' or a 'hoist' if the person was 'not compliant'. The criteria for using the different types of equipment were not stated. Another record stated "I have bloods monitored weekly". The information did not explain why this was so and what action they needed from staff.

Staff told us they maintained records to show people's bowel actions. They said this was to ensure people did not become constipated. However, the records were inconsistently completed, which did not give an accurate portrayal. There was no information in people's care plans to show the information had been used to monitor bowel management. One member of staff explained some records were inconsistent, as some people were independent when using the toilet. This meant the records, which were being maintained, were not always "fit for purpose". Staff monitored some people's fluid intake to minimise the risk of dehydration. Whilst staff regularly encouraged people to drink, this was not always fully documented. This did not give an accurate portrayal of the amount of fluid consumed.

Staff checked people's skin when assisting them with personal care. Records showed these checks had taken place. Staff told us this was to ensure any soreness was identified in a timely manner and could be addressed by the district nurse. However, when soreness had been identified, a clear plan of how it was to be treated was not in place. Staff told us they applied topical creams to dry skin and encouraged people to change their position regularly to minimise pressure damage. This practice was not consistently recorded within people's care plans. The plans did not state how staff should prevent pressure ulceration from occurring.

Staff maintained records about any bruising they noted on people, in the form of a body map. However, the entries did not show a clear description of the bruise including the size and colour. This did not enable effective monitoring. Within accident reports, there were some entries which showed people had resisted care. The information within care plans did not inform staff how they should manage or reduce people's anxiety and in turn reduce behaviours such as scratching or hitting out at staff. One care plan stated staff were to walk away if a person became aggressive. It did not state what staff were to do after this so the safety of all, was assured. There was clear information about what made the person upset. This enabled staff to minimise potential agitation.

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

The registered manager told us they were aware people's care plans were not as detailed, as they wanted them to be. They said they were introducing a new electronic system which would improve the format of the plans. The system would give staff prompts, so that all information would be in the correct place to enable a clear flow. The registered manager told us care planning and report writing training had been scheduled. They said once all staff had completed this, information would be transferred to the new electronic system. The registered manager anticipated the new system would be an improvement from the paper copies currently in place.

People and their relatives told us they were very happy with the care provided. One person told us "I love it here. It's my home and I have everything I need". One relative told us "X has changed so much since coming to the home. It has been amazing. She has improved remarkably". Another relative told us "X is very settled and content here. They know her and know how to handle any frustrations. She always looks immaculate, which was important to her before her dementia. They see her as a real person. I think they do a wonderful job". Another relative told us "staff seem to think highly of X. All carers are good at distracting techniques with residents. When I leave, I can go home without worrying".

During the inspection, people were settled and looked well supported. People had manicured nails, freshly brushed hair and nicely laundered clothes. Staff were attentive to people's needs. They spent time with people, ensuring they were comfortable and had what they needed. When people

Requires improvement

Is the service responsive?

came in to the lounge, they were immediately offered a choice of drink. Some people came to the lounge later in the morning, as they had chosen to have a "lie in". People were offered breakfast at varying times according to their wishes. This included one person having some porridge at 10.40am. The member of staff placed a small table in front of the person and ensured they could reach everything satisfactorily. Another person had finished their breakfast but had sticky fingers. A member of staff offered to wipe the person's hands or said they would help the person to the bathroom. The person chose to stay where they were and asked the staff member for support. The staff member did this whilst checking the person was happy with what they were doing.

People and their relatives told us they would tell a member of staff or the registered manager if they were not happy with the service they received. One relative told us "you could say anything to any of the staff and if they could, they would sort it straight away. If not, they would pass it on and it would get addressed that way". Another relative told us "if the need arose, I would just say something in passing, informally. I wouldn't need to make a formal complaint. They do look at ways to make things better". People told us they felt listened to and were confident any issues would be resolved quickly and effectively.

Requires improvement

Is the service well-led?

Our findings

A system to audit the quality of service provision was in the process of being implemented. However, the system was not fully operational. There were records of audits relating to health and safety, infection control and medicine administration. The audits had identified some shortfalls but not all issues had been fully addressed. The action plans did not clearly identify who was responsible for each action and within what timescale. The registered manager told us they had developed other audits but these had not been fully implemented. Records showed there were outstanding works in relation to fire safety. This included poorly fitted and ineffective seals on fire doors and an out of date fire risk assessment. The registered manager told us a date for all work to be completed had been arranged with a new fire safety company.

Records to monitor the temperature of the hot water from hand wash basins were inconsistently maintained. This did not protect people from unpredictable or excessive temperatures. There were records of accidents and incidents, which took place in the home. The registered manager told us an analysis of this information had just been started to see if there were any trends or patterns.

Whilst people and their relatives described the environment as homely, there were some areas which did not promote good infection control. These included stained and worn carpets, damaged floor coverings and stained light pull chords. There were surfaces in the kitchen which could not be kept hygienically clean. These shortfalls had not been identified and addressed, as part of the quality auditing processes. Two relatives commented on the condition of the environment. One relative told us "it's a bit scruffy around the edges but you can't fault the care". Another relative told us "it could do with brightening up a bit but it's homely and has a nice atmosphere". The registered manager said they had replaced the dining room furniture and some commodes, which could not be wiped clean. They said they had a refurbishment plan, which was in the process of being confirmed. The registered manager told us focus was being given to making the environment more pleasant and better related to people's needs. One audit showed that the cleaning of the home was also under review.

Within the bathrooms and toilets, some call bell chords had been tied up and were not within people's reach. Whilst acknowledging that some people may not have been able to use the call bell to summon help, restricting access was inappropriate. This restriction had not been noted during the environmental checks, which had been undertaken.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager started employment at the home in March 2015. They said they kept up to date with best practice from reading and undertaking different training courses. Since their appointment, the registered manager said they had introduced new systems and recording formats, more staff training and the implementation of procedures such as staff absence monitoring. The registered manager told us they had brought in new ways of working to promote more person centred care. They told us they recognised that bringing about change was difficult for some staff. The registered manager told us "we're not where I want us to be yet but we'll get there". They said they had an action plan and were giving attention to those areas of greater priority. Some staff told us they had found recent expectations, difficult at times and were still adjusting to the changes which had been implemented. Other staff were more positive with comments such as "the manager has a wealth of knowledge and knows the law, so that's a real asset" and "the manager has made a real difference to the home. It's working well and we will go from strength to strength. It's no good doing what we've always done. Sometimes a change is good". Relatives were equally positive about the management of the home. One relative told us "he is very likeable. He will be good for the home" and "the manager is very un-commercial. I like him a lot. He is always on the floor, not shut away in the office and always stops to chat with residents".

Staff told us the registered manager and deputy manager were 'on call' and could be contacted for advice or support at any time. The registered manager confirmed this but said they were also encouraging staff to take responsibility and to make decisions themselves. This involved staff reflecting and thinking about the options available to them, with management guidance if required. The registered manager told us they had developed documentation to assist with staff being more empowered. This included an accident report, which informed staff of those agencies which needed to be informed when an accident occurred.

Requires improvement

Is the service well-led?

The registered manager told us people and their relatives were encouraged to give feedback about the service they received. They said this was on a day to day basis through discussion and general conversation or more formally through meetings, reviews and the use of surveys. Some relatives confirmed this. One relative told us "they ask us informally, at mum's review and I think a while ago, I was asked to fill in a form". Another relative told us "we're always talking about things. They want to get it right for people so they look for suggestions. I think they do a good job". At lunch time, the chef went around to people individually and asked them if they enjoyed their lunch. They said this was important so they could make changes to the menus or supplies, if required.

The surveys sent to people and their relatives, used a pictorial format to aid understanding. People were asked about topics such as staff attitude, the promotion of privacy and dignity, choices available and whether people felt safe. The feedback from recent surveys had been coordinated and there were some action plans to show how ideas were to be implemented. However, it was not clear if all issues had been addressed. One person had suggested that it would be nice to have an occasional takeaway. The record did not state whether this had been arranged.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Information was not available to staff to ensure they administered people's "as required" medicines, in accordance with the prescriber's instructions. Records did not demonstrate people's topical creams had been consistently applied.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care plans did not fully reflect people's needs and the support they required. There was insufficient information about how staff were to support people to reduce their risk of pressure ulceration. Care charts were not being used to effectively monitor certain conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Some audits were in place to monitor the quality of service provision but not all had been applied. Some issues such as inaccessible call bells had not been identified and not all action plans had been addressed.