St Martin's Residential Homes Ltd

West View 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out our inspection on 17 February 2016, which was unannounced. We returned announced on the 22 February 2016.

The service provides accommodation for up to 19 people. At the time of our inspection there were 19 people using the service.

West View Care Home provides care and support to people with needs associated with age, physical disability and people living with dementia. Accommodation is on the ground and first floor, which is accessible using the stairs or the lift. People have their own bedrooms and use of communal areas and garden.

The service had a registered manager. 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. The registered manager was registered for two services and spent part of the working week at the other service. Arrangements were in place for a care manager to manage the service in the registered manager's absence. We found that although some arrangements were working well there were short falls in the on going monitoring of the service.

People received their medicines as prescribed by their doctor though the paperwork held was not always accurate. Protocols for medicines prescribed to be taken as and when required where not in place and medicines had not always been stored appropriately. Actions were taken following our visit to remedy these issues.

Although there was a maintenance plan in place, areas of the building were in poor repair and rubbish was stored in places where people would have access. Hot radiators in communal areas did not always have radiator covers on for protection.

Staff were able to explain how they kept people safe from abuse, and knew what external assistance there was to follow up and report suspected abuse. Staff were knowledgeable about their responsibilities and were trained to look after people and protect them from harm and abuse. Staff were aware of whistleblowing. This ensured people were safe from abuse in the home.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home.

People's needs had been assessed prior to them moving into the service and care plans had been developed from these. The care plans seen during our visit included people's personal preferences in daily living. However they did not always provide staff with information as to how a person's care around

nutritional needs should be met.

Staff received an appropriate induction and on going training for their job role. Staff had access to people's care records and were knowledgeable about people's needs.

People's consent to the care and support they were to receive had been obtained when they first moved into the service and the staff team involved them in making decisions on a daily basis. For people unable to give consent, decisions had been made in their best interests by someone who knew them well. Following a previous incident where a person's capacity to make decisions about where they lived had not been taken into consideration the registered manager is now working in line with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People using the service had access to the necessary healthcare services. They were supported to maintain good health and received on going healthcare support.

The majority of risks associated with people's care and support had been assessed and actions had been taken to minimise these risks. However, not all of the risk assessments we looked at during our visit were effective or reflected people's current situation. Particularly people's nutritional needs.

Staff spoke to, and assisted people in a kind, caring and compassionate way. We saw that people's dignity and privacy was respected which promoted their wellbeing.

People were provided with a choice of meals that met their dietary needs. The catering staff were not always provided with up to date information about people's dietary needs.

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 consistently safe

Medicines were not recorded and monitored in a consistent way.

Maintenance of the building was not always carried out in a timely way to ensure people's safety.

People told us they felt safe and that there were sufficient staff to support their safety at all times.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Most people received appropriate food choices that provided a well-balanced diet and met their nutritional needs. However, where people were at risk and needed fortified diets this was not always being recorded and monitored appropriately.

Staff were trained and supported to enable them to care for people safely and to an appropriate standard.

Staff understood Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People told us the staff team were kind and caring and we observed staff members treating people in a caring and considerate manner.

People's privacy and dignity were respected.

People were supported and encouraged to make choices about their care and support on a daily basis

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs

People had been involved in the review of their care plan.

People were offered a variety of activities that reflected their interests and hobbies.

People told us they were confident in raising concerns if they had any.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The monitoring systems in place to monitor the quality of the service were not effective in identifying shortcomings.

The home had an open and friendly culture and people told us the registered manager was approachable and helpful.

People using the service and relatives had opportunities to share their views on the service.

West View 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 was planned to check 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 the 17 February 2016 and was unannounced we returned on 22 February 2016 and this was announced. The inspection team consisted of two inspectors.

Before our inspection we reviewed information about the service. This included information we received by way of statutory notifications from the service about events such as incidents and deaths that had occurred since our last inspection.

We also contacted commissioners (who fund the care for some people) of the service for their views.

During the inspection we spoke with five people who used the service, five staff members and three visitors as well as two visiting health care professionals and one social care professional. We spoke with the registered manager and the floor manager.

We looked at four people's care plans, three staff files and records associated with the management and running of the service. This included policies and procedures and records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

Although the service had systems in place to order, store, administer and return unused medicines these were not always followed. We also drew to the registered manager's attention the audit system had not picked up the shortcomings we had highlighted. For example, not everyone had a photograph to identify them in the medicine administration records. Where people were on variable doses or as required (PRN) medicines, protocols were not always in place. These medicines were not always recorded effectively. Medicines were not always signed for to say if they had been given. This is of particular concern where it is prescribed for pain relief as there was no guidance for staff on how and when to give these medicines to people.

For medicines prescribed as PRN, the service was not consistently recording if this had been considered or offered. Where staff were recording in charts with, for example 'F' for other, they were not always recording what this meant. The registered manager told us they would expect this to be done on the back of the medicines administration record chart. This was not in evidence.

Where a person was prescribed a pain relieving patch, there was no body map in place for where this was sited. Changing the location of the pain relieving patch reduces the risk of skin irritation. The registered manager told us they had a template in place for this but it was not being used.

Staff were not consistent in signing for medicines received into the service and they did not show what medicines had been carried over. This meant where a person may not have received a medicine it was difficult to trace whether they had received the medicine or not. For example, there were missed signatures for some medicines. Although the quantity received was recorded, this did not tally with the amount of medicines signed as given and the amount in stock. Therefore we were unable to determine whether the medicine had been given.

We did see that medicine administration charts were clearly marked where medicines had been stopped or finished. Where medicines were time critical, for example alendronic acid,(this medicine is used for people with osteoporosis) this was clearly marked on charts. This meant people would get medicines at the most effective time and where they no longer needed medicines they would not receive them.

A person told us they had been given a medicine in error. This had not been marked on the chart and we were unable to check if it had been given due to discrepancies in stock quantities. The senior and floor manager had been aware of this allegation but had not checked the medicines to confirm if an error had occurred.

We looked at how staff monitored people who were insulin dependent diabetics. The registered manager told us that staff were administering insulin for one person. They were also checking blood sugar levels on a daily basis. We saw that the blood sugar levels were not always being checked at the same time i.e. before or after food. This was important to establish what the person's normal sugar levels were. The person's insulin administration chart were being completed but the medicines administration chart was not being signed.

We asked three staff what the acceptable blood sugar levels for this person were. We were given three different answers. This meant staff would not act in a consistent way if the person's sugar levels changed.

We looked at this person's care plan. This did not give advice to staff on acceptable blood sugar levels, signs and symptoms of high or low blood sugar and when to seek advice. Medicines were in place in case the person's blood sugar reached an unacceptable level. However this was not adequately explained in the care plan.

Staff had told us that a person was eating very little. We saw they were prescribed two different types of fortisip. Both were prescribed twice daily. Over five days there were six missed signatures for one of these. For the other one missed signature. This meant the provider could not assure themselves that the person was receiving the supplements as prescribed. Following the inspection the registered manager confirmed they had introduced a new audit system to identify missed signatures sooner and ensure medicines tally with what records state.

Medicines that had a short shelf life such as creams and eye drops were not always labelled as to when they were opened so staff did not know when they were no longer safe to use. Following our inspection the registered manager confirmed that all creams had been reordered and were dated for use.

These matters constitute a breach of Regulation 12, (1) (2) (f & g) Safe care and treatment. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3)

People we spoke with told us they were happy with how staff gave them their medicines. One person said, "I've got no issues with the medication." We watched staff administer medicines and saw that this was done sensitively. People were not rushed and staff observed that the medicine had been taken. Staff administering medicines told us they had received training and had competency checks. They knew what action to take in the event of an error. They told us, "New staff shadow for two weeks. They can't do meds. We show them how to do things."

People and relatives told us they felt that the service was safe. A person that used the service told us that they would talk to the floor manager if anybody did anything to them that they did not like. One person said, "I wouldn't be here if they bullied me." Another person told us, "Staff never bully anyone, I have never known anyone to be bullied." A visitor told us, "I have no concerns, the staff are lovely."

Staff had a good understanding of the various types of abuse and were able to tell us how they would report any safeguarding concerns. There were whistleblowing and safeguarding policies in place for staff to follow and these also reiterated the responsibilities upon them. A visiting relative said, "There's always plenty of staff and they are supervised. It's brilliant." I've got no issues with the medication. I've got no issues with the building." A visiting health care professional told us, "I have no concerns about this service."

Staff told us what they would do if a person was at risk, "If someone has a fall, don't move them. Assess for pain. Call 999 if needed. Complete the care plan and accident form and tell the manager." People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. Information relating to identified risks was included in people's care plans. This included detailed information about how staff were able to provide support to minimise the potential risks.

People had personal evacuation plans in place but these did not describe how staff would support the person to remain safe during a fire or untoward incident. We brought this to the registered manager's attention who made arrangements to change the plan to ensure they provided personalised information.

There was a fire risk assessment in place and checks relating to fire equipment had been carried out.

We saw two doors to the outside were fitted with Yale locks and bolted. The registered manager told us the fire service had not commented on this during their inspection. We spoke with the fire officer after our inspection visit and we were told that the service had satisfactory fire safety arrangements in place.

During the day we looked at different parts of the service and noted that a number radiators in communal areas, the corridor, dining room and lounge, were very hot. We brought this to the registered manager's attention who told us that they were aware of this and arrangements had been made to fit radiator covers. We saw an email from the company fitting these covers to the registered manager confirming arrangements. The registered manager also contacted us after the inspection visit to confirm work had started. We saw that risk assessments had been completed but these did not specify how the risk would be managed until covers were fitted. The care manager made arrangements to amend these assessments to include actions to be taken to minimise risk.

We also saw that refurbishment was taking place in different parts of the building including upgrading communal bathrooms and some en suites. This meant these areas were brighter and easier to keep clean.

We did notice that following the refurbishment work there was a great deal of rubbish in the garden. This included a dishwasher, armchair, toilet, carpet and an old bed. We brought this to the registered manager's attention and we were told they were in the process of removing this. During the second day of our inspection much of this rubbish had been removed and the registered manager was making arrangements for the remaining items to be collected.

The cook told us there was enough budget to meet people's needs and maintenance issues were generally picked up. We spoke with the registered manager about some cleanliness and maintenance issues in the kitchen. These included some points which had already been raised by the Environmental Health Officer's (EHO) visit in May 2015 and had not been acted upon. The kitchen needed a general and high level clean. Some food was not stored in sealed containers when opened such as cream crackers and flour. A work surface joint was not sealed making it difficult to keep hygienically clean. A kitchen cupboard door needed replacing and others needed securing. We spoke with the registered manager regarding not meeting the EHO requirements. We were told that these would be dealt with as soon as possible. Following the inspection the registered manager confirmed that work had started on making the necessary improvements.

We saw that portable electrical equipment testing stickers were in place. We saw that arrangements were in place that all equipment such as hoists were tested to ensure that they were safe and fit for use. This meant that people could be assured that staff only used equipment that was tested and safe.

In some areas the call bell points were not securely fixed to the wall. However the call bells did work. There were dual call points in two bedrooms we saw. This meant that people could have a sensor mat in place and also have the use of a call bell to call staff. However there were a number of bedrooms where this facility was not available and people had a sensor mat and no call bell. The registered manager confirmed that they would expect that call bells should be in place in all bedrooms. They told us that arrangements would be made to ensure all call bells worked.

We found that the conservatory was not locked and was used for storage. This included a bed base and personal belongings of people who had died. There was also hairdressing equipment stored there. In the attached lounge there was a rail storing people's clean laundry. These items were removed during our

inspection.

We saw in one person's bedroom that the wall paper was peeling. The registered manager told us there had been a leak the previous week and the person was to move to a different room while their room was refurbished.

We also brought to the registered manager's attention a number of maintenance issues such as lights in corridors not working, shower heads heavily scaled and lamp shades missing in en-suite rooms. The floor manager made arrangements for these to be remedied.

The store room on the landing was not locked. We saw that there was damage to the ceiling where the roof felt was visible. The plaster had been damaged to the wall around the light fitting. The registered manager told us that this had been caused by a leak a few weeks ago. The door was later locked.

Stairwells were unprotected. The registered manager told us that staff had reported that one person was at risk from this and they were looking at options for stair gates. We saw that there were risk assessments in place, however we did see that staff often relied on other people using the service to make them aware when the person attempted to go up stairs if they were not in the vicinity. A person told us, "(Person using the service) is always trying to go up the stairs, I am always letting the staff know they are trying to do that." Following the inspection the registered manager confirmed suitable safety arrangements had been made to minimise the risk to the identified person.

The bedroom of one person smelled strongly of urine. The registered manager told us the carpet was to be replaced as part of the on going refurbishment. The top had been removed from the hot surface protection on the radiator. The registered manager told us this had been done at the request of the family and the person to ensure the room was warm enough. The radiator was very hot. The registered manager said they would look at alternative solutions to ensure the person was safe yet warm.

We found that doors to high risk areas such as the sluice room were routinely locked, however we did find that the door to the boiler room was not locked. The pipes in this room were very hot. We brought this to the registered manager's attention and it was locked.

People we spoke with told us they felt there were enough staff available to support them. One person said, "You only have to call staff and they will come." Staff told us, "In general there are enough staff. Sometimes you feel a bit stretched but we have extra on at 7 am when we're busy." We were also told that staffing levels were flexible to meet people's needs. There were safe recruitment processes in place which meant that were safeguarded against the risk of being cared for by unsuitable people. All pre-employment checks were carried out as required.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us that they thought staff were sufficiently skilled to meet their needs. One person said, "Staff seem to know what they are doing." Another person told us, "I have no complaints the staff help me and seem to know how to do it."

Staff told us they received regular training and supervision. Staff could tell us about the people living with diabetes, who needed high calorie diets and pureed food. Staff knew that health conditions, such as urinary tract infections, could change behaviour. They knew who they needed to report such concerns to. Staff also told us about the training they had attended and what they had learnt as a result. One staff member said, "Moving and handling training always shows you how things have changed." Another staff member said, "We go round asking people what they'd like to eat. If they're not eating much we must write it down." Staff also told us that they had received opportunities to discuss their training and development needs and were asked if they had any issues or concerns.

We looked at people's care plans and saw a person used a catheter. There was no advice in the person's care plan to staff about their management of this and catheter care was not often referred to in the daily records. This meant that staff did not have the information they required to ensure the person received the care they needed when they needed it. The district nurse had visited to change the catheter. We spoke with a visiting district nurse who told us they had no concerns about staff and their management of people's health needs. We were told that staff followed guidance and instruction when given.

A visiting healthcare professional told us they found the staff were caring, committed and knowledgeable. The registered manager showed us a training programme, this identified where people needed their training up dated and what training was planned for the future.

We saw that staff asked people for their views before they provided any type of care intervention. People's care plans showed that they assumed people had capacity to make their own decisions unless they were assessed to the contrary.

Staff members had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and those we spoke with during our visit understood the principles of the MCA and DoLS. One staff member told us, "It's a law that protects people. For example if a person wants to leave the home we have to check if they have the capacity to make that decision and we may need to look at what is in their best interest to keep them safe." Not all staff were clear if a DoLS was in place for anyone using the service. However one member of staff did tell us, "We did have one for a person but they have now died. We had to do everything for that person."

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

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)

We spoke with a visiting social care professional who told us about an incident where a person's ability to choose where they lived had not been taken into consideration in line with the MCA or DoLS. We spoke with the registered manager about this situation and they were aware that there were issues and lessons had been learnt for the future. This included being more proactive in seeking advice from the local authority DoLS team.

People told us they received sufficient to eat and drink and that the menu provided choices. One person told us, "The food is good, we get a choice and they usually ask if we want more." Another person commented, "There is always a choice, the food is alright but I miss certain things I cooked at home." We saw the lunchtime meal being served. The food was nicely presented and looked appetising. We saw people were offered drinks and snacks during the day and when people asked for a drink staff provided this without hesitation.

We looked at the records of the person who staff told us was eating very little and for whom food and fluid charts were being completd. Their preadmission assessment showed they had a poor appetite. The dietician had prescribed fortisips and we found these were not always signed as given. Their weight on admission had not been recorded. Care plans and risk assessments had not been completed regarding their risk of poor diet. This meant that there was no information to show if this person was losing weight and if there was a need to seek further advice from the dietician.

At lunchtime the menu was displayed on a whiteboard with the choices available. The pudding choices were not displayed. During the morning we heard people being offered a choice of food. When staff served the meals to people we heard one person comment, "Oh I can't eat all that, I can't have all that." Another person said, "I don't like that (sweet corn), I don't want it." Staff reassured people to leave what they wanted but did not offer to provide a smaller meal or remove the sweet corn. There is potential people may be put off eating their meal as a result of it being too large or unwanted foods being present.

We noticed that a person had a plaster cast to their wrist. Staff did not offer to cut up their food, the person had to ask staff to do this during their meal. During lunch staff were not in the room for periods of time. They were task focussed and there was no social interaction with people.

We saw one person was served a chicken sandwich which was made with one slice of the crust of the bread. They said, "I can't eat that. I want a small one of those dinners." Staff brought the person a meal as requested. They struggled to cut up their pastry and told the inspector. The inspector brought this to staff attention.

The cook told us there was a four week menu in place and these offered choice and variety. A cooked breakfast was offered twice weekly and supper options were listed. The cook told us they received feedback from residents' meetings about people's likes and dislikes and some of these were recorded.

We saw there were lists of people's allergies and dietary needs. However these were not always current. We noted that a person who was eating very little was not included with the people who needed a build-up diet. Staff told us that one person had recently required a pureed diet, but had now returned to hospital. The kitchen lists had not been updated to reflect this. This was brought to the registered manager's attention.

The people using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. This was confirmed in people's records and through talking to them and their relatives. One person told us, "They [the staff team] are very good, all I have to say is I don't feel well and they get a doctor straight away." A visiting relative said, "They call a doctor whenever someone doesn't feel well. They are really good like that." A visiting professional explained, "The staff are very good and referrals for health support for patients are always done in a timely manner. The staff always follow our advice and come back to follow up if they have concerns. I have no concerns about West View, this is a good home."

Good

Is the service caring?

Our findings

People we spoke with including relatives were positive about the approach of staff and described them as caring, kind and respectful. Although one person did say, "Some are better than others." We asked the person what they meant by this and added, "You get on better with some people and some just have a better way about them, nothing more." A visiting relative said, "The staff are kind and caring, they are lovely all of them. I have no concerns whatsoever and they do respect (person using service) privacy and dignity." Another relative told us, "When I leave I have no concerns about how they are caring for my (person using the service). I have complete peace of mind." Another comment we received from a relative was, "These staff are absolutely great. I'm a nurse. They are totally professional. Communication is great, the whole lot."

We found people's requests for assistance were responded to by staff within an appropriate time. For example, we observed call bells being answered by staff within a short space of time.

We observed the staff team interacting with the people using the service. Staff were kind and respectful. They spoke with everyone in a cheerful manner and we heard pleasant conversations during our visit. People were treated kindly and support was provided in a caring and considerate manner.

We saw members of staff getting down to people's eye level, calling people by their preferred name and engaging in conversation which people clearly appreciated. We did note however that there were also periods of time when people were left without any interaction which resulted in people falling asleep or simply watching the day go by.

People told us staff treated them with respect and dignity. One person said, "Staff treat me with respect. They are lovely." Another person told us, "I try to be as independent as possible, staff leave me to my own devices but are there if I need them."

We saw that staff team respected people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "When we're helping with personal care we shut the door, windows and curtains, make sure they're covered up." Another example given was, "People have choices of food, drinks, when to go out, get up and go to bed."

We looked at people's care plans to see if they identified people's personal preferences or their likes or dislikes within daily living. We saw that some did include people's preferences others could have been more personalised. For example more comprehensive information about people's preferences for personal care would be of benefit. Providing this type of information would enable the staff team to offer more person centred care. The provider had introduced a life history information form. These looked at people's past life, including where they were born and things that were important to them. These were being completed with the help of relatives or friends where possible.

People using the service told us that their relatives could visit at any time and visitors we spoke with during our inspection confirmed this. One relative explained, "We have no restrictions when we visit, we are made

to feel welcome. We are offered a drink, they (staff) are lovely." During our visit we saw visitors come and go. We heard staff welcome them by name and engage in pleasant conversation that showed they knew the visitors well.

Good

Is the service responsive?

Our findings

Three people we spoke with were aware of their care plans and said they were routinely involved in reviewing them with the staff. Two people could not recall having seen their care plan but felt that their relatives may have seen them. One person said, "Staff talk to me about my care. They always ask me if I want help or what time I want to go to bed or get up." A visiting relative said, "I've heard of the care plan but my brother is the main contact he may have seen it. I know they would contact us if there were any problems." The care plans we looked at showed evidence that people or their representative were routinely consulted in developing and reviewing their care plan.

We found examples that showed staff provided personalised care. Many staff had worked at the service for many years and knew the people who lived there very well. Staff were able to describe people's personal preferences and likes and dislikes. One member of staff told us, "This person likes colourful clothes and knows what they want to wear. They like to have Caribbean food and we've started doing a bit of salt fish and rice and peas." Another member of staff said, "We know people very well, we know if they prefer a shower to a bath and what type of bubble bath they like. As you get to know a person you get to know their likes and dislikes."

People we spoke with said that the service offered a variety of activities. One person said, "They do activities here but I prefer to do my word search. They do have quizzes and I join in then. We don't go out. I could go with my friend but it is difficult to get in a car." Another person told us, "I would like to go to Skegness but I think we will have to wait for the better weather." A visiting relative said, "There are some activities but I'm not sure what they are." Staff told us that a variety of activities take place. We were told, "They bring the animals in, we have a sing a long, a choir, coffee morning, arts and crafts, celebrations. We go out for a meal."

During our visit we saw that the provider had arranged for a person to encourage people to be involved in light exercise and later that day a singer also entertained people. People we spoke with following these activities said they enjoyed them. During the day we also saw people reading newspapers or watching television. The registered manager showed us photographs of previous events that had taken place including cake decoration and trips to the seaside and garden centres. We also saw that the exercise class was a regular event. The registered manager told us that the activities change from week to week depending on what people want to do and so reflect people interests and hobbies. On the second day of our visit we saw people involved in cake decoration, again people said they enjoyed this activity.

We were told that there were weekly residents meetings, the provider referred to these as the residents' club. A resident was the president of the residents' club. This person helped run the meetings and liaised with the floor manager about any concerns they had become aware of from other people using the service. The president changed from month to month. It was during these meetings activities were discussed and the programme for the forthcoming week would be established. People were also able to discuss meal preferences and we saw minutes of meetings that confirmed these discussion took place. This included a meeting where the cook had attended and suggestions for menus had been made. We also saw that

suggestions for a choir and knitting club had been made to be included in future activities.

The provider had a complaints policy but this was not on display. We brought this to the registered manager's attention and they made arrangements for a copy to be put on display. People we spoke with said they knew how to make a complaint and felt they would be listened to. One person told us, "Staff would listen to me if I wanted to complain." Another person commented, " would be happy to talk to the manager if I had a problem." Visitors all said they would feel comfortable raising concerns with the floor manager. Staff told us they would report a formal complaint to the floor manager. One staff member commented, "If I was concerned about anything I'd talk to the floor manager. I'd feel ok to do that. I haven't had to raise anything so far."

Requires Improvement

Is the service well-led?

Our findings

We looked at the systems that were in place to check the quality and safety of the service being provided and found that a number of audits had taken place. Some of the audits, for example the medicine and environment audit had failed to identify the shortcomings that we had identified. We discussed this with the registered manager who said they would look at how they could improve their audit systems for the future.

The registered manager was carrying out audits with regards to falls and incidents on a monthly basis. However, these audits did not include key information such as time or location of the fall or incident as well as what action they had taken as a result. It was difficult to identify any patterns or trends around these issues as a result. We discussed this with the registered manager who amended the audit sheet during our inspection to improve future audits.

People we spoke with and their relatives thought the home was well run and that the managers were happy to listen to suggestions for improvement. One person told us, "[Manager] is very good, very approachable." Another person commented, "The managers do listen to us if we make suggestions." A visiting relative said, "It's very well run. If there are any meetings my brother probably goes, same with the surveys and things. It's a lovely place."

The service had a registered manager who understood their responsibilities in terms of ensuring that we were notified of events a provider had a legal responsibility to notify us about. The registered manager was also the registered manager for another service in Coventry, as a result they were present in the service only part of the week. We were told that the care manager was in charge on a day to day basis and if there were any concerns the registered manager was only short drive away. The registered manager had a clear understanding of what they wanted to achieve for the service and they were supported by the staff group and the floor manager.

All staff all had detailed job descriptions in place and had regular supervision meetings which were used to support staff to maintain and improve their performance. Staff had access to the provider's policies and procedures. Staff told us they felt supported, valued and listened to. One staff member commented, "I've known the floor manager for years, brilliant. They will go out of their way to help anyone. The (registered) manager is the same, they have been really supportive to me."

People using the service and their relatives and friends were encouraged to share their thoughts of the service provided. This was through daily dialogue and regular meetings. A weekly coffee morning was held where everyone using the service was encouraged to attend and discuss menus, activities and any other issues they may have. We saw the minutes of these meetings and these confirmed what we were told.

Surveys had also been used to gather people's views of the service provided. These had been sent to a selection of people including people using the service, relatives and friends. We did note these were not dated so it was difficult to work out which year they referred to. We discussed this with the registered manager who said they would date the next ones they sent out. Staff also told us there was a mechanism for

them to make suggestions for improvement and that the registered manager was open to suggestions by staff and that they appreciated the input of staff.

Staff we spoke with were aware of the provider's aims and objectives. One staff member told us, "We are aiming for this to be one of the best homes in the area." Another member of staff commented, "We know the standard of care expected. We should want that standard for ourselves."

Daily handovers were taking place between shifts. These were also written in a handover book for reference. These provided the staff team with the opportunity to discuss the needs of the people using the service, discuss day to day issues that arose during their shift and encouraged open communication. One member of staff told us, "We are able to communicate with the manager's, it is very open here. They also give feedback. If we have worked longer or they think we have done something good they will tell us." Another staff member said, "I think this is well run home. It is run in the best interest of people who live here. The managers appreciate what we do.

We saw that the service had won an award from carehome.co.uk and was considered one the top 20 care homes in the East Midlands in 2016. The floor manager won the carer of the year award 2015 and one of the care staff won a runners up carer of the year award in 2015. This showed that the provider wanted staff to be recognised for the work they had achieved at the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was not proper and safe management of medicines. Records did not accurately reflect the receipt, administration or day to day use of people's medicines.