

HC-One Limited

Pennwood Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 24, 25 and 30 April 2018.

Pennwood Lodge Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pennwood Lodge Nursing Home provides residential and nursing care for up to 60 people living with dementia. At the time of our inspection there were 27 people living there. The home has four 15 bedded units, each with their own communal lounges, dining rooms and bathrooms. One of the units was closed and due to be refurbished. Of the other three units two accommodate people with nursing care needs. All bedrooms are for single occupancy and the majority of rooms had en-suite facilities.

We previously inspected the service in August and September 2017 and rated the service 'Requires Improvement' overall. We found the service did not meet the requirements of three of the regulations. Risks to people had not been sufficiently identified and action had not always been taken to reduce or mitigate risk to keep people safe from harm. Staff had not always received the support they needed to undertake their roles effectively. Systems and processes used to monitor the service had not identified these shortfalls and had not led to improved outcomes for people.

We asked the provider to complete a plan of action to show how they would make the required improvements. We also told the provider they needed to meet the regulation relating to Good Governance by 31 January 2018.

At this inspection we found improvements had been made and the service met the regulations. However, further improvements were needed before the service could be rated 'Good' overall. We again rated the service 'Requires Improvement' and this is the second time the provider has been rated 'Requires Improvement' overall.

People's risks had been assessed and risk management plans were in place. We found improvements had been made to the monitoring of those people at risk of weight loss. Nurses had managed risks relating to people's skin and wounds were treated appropriately. However, people's wound records and behaviour support plans were not always comprehensive and completed in a timely manner. Plans were in place to complete these with support from the newly appointed mental health nurse. This was so staff and visiting professionals had access to clear guidance and up to date information about people's care.

The provider's quality assurance systems had resulted in improvements having been made to the service since our last inspection. These systems had been effective in ensuring the service met the required regulations. The quality monitoring of the service needed at times to be more effective to ensure when shortfalls were identified, for example in relation to people's records, the action taken to drive improvement

would always result in shortfalls being addressed promptly. The provider had recruited a new manager, clinical lead nurse and mental health nurse to support these require improvements.

There was no registered manager at the time of our inspection but the provider had recruited a new experienced manager from one of their other services. They were already working in the service and were planning to register with CQC to ensure the provider met their registration requirements. 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.

People's prescribed medicines were stored and administered safely. We observed staff following best practice when administering people's medicines and the medicine records were complete.

People were cared for in a safe and well maintained environment. Following our previous inspection a more dementia friendly environment had been created; with interactive scenes and objects of interest for people to touch and use around the home. People were supported by staff who were trained to keep them safe and had access to training to develop their knowledge.

People made independent decisions and choices about their care when possible. When people did not have the capacity to make decisions staff followed the Mental Capacity Act. 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 support this practice.

We observed people had a positive dining experience and were helped to choose their meals and assisted when required. People were treated with kindness and respect and they and their relatives told us how good the staff were. We observed staff engage with people in a caring manner to reassure them and promote their wellbeing. People had access to the community on trips out and completed group and individual activities with staff.

People and their relatives were given support when making decisions about their preferences for end of life care. We found people had compassionate end of life care and individual attention to ensure they were always comfortable and free from pain. Staff routinely sought the assistance of health care professionals to guide them in managing people's more complex needs.

People, their relative and supporters were able to voice their opinion of the home and they were listened to. For example, during a recent meeting, at reviews and weekend surgeries. Staff told us the managers were approachable and there had been positive changes within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received support to take their medicines and their medicines were managed safely.

Risks to people's health or the environment around them, were identified, assessed and either reduced or mitigated. Risks associated with eating and drinking were identified, assessed and managed.

People were protected from potential abuse and discrimination because staff knew how to report concerns and managers ensured people were safeguarded.

There were enough staff in number to meet people's needs. Robust staff recruitment processes protected people from those who may be unsuitable.

People lived in a clean home where there were measures in place to reduce the risk of infection.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received training and support to be able to meet their needs.

People were supported to make independent decisions. People who lacked mental capacity to do this were protected from decisions which were not in their best interests because staff adhered to the principles of the Mental Capacity Act 2005 and other legislation which protected people.

People were given support to maintain their nutritional wellbeing. People had a choice of food and a choice of where they ate their food.

Adaptions had been made to the home to meet people's needs and to make it easier for people who lived with dementia to remain independent.

Is the service caring?

Good 

The service was caring.

People were treated with respect and received kind and compassionate care.

People's privacy and dignity was maintained. People's diverse needs and preferences were respected and supported.

People and relatives were supported to understand information which was important to them. Relatives and friends who mattered to people were welcomed and, where appropriate, they were supported to be involved in people's care and daily activities.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People had care plans in place about their care and support needs. However, some improvements were still needed to ensure all necessary care guidance and information was recorded in these. Slow progress had been made in reviewing and developing people's behaviour support plans.

People were supported to take part in social and daily activities which were meaningful to them and which they enjoyed.

There were arrangements in place for people, relatives and other visitors to the home to raise a complaint or express their dissatisfaction. All feedback was taken seriously and complaints investigated and responded to.

People at the end of their life were supported to have as dignified and comfortable death as possible.

Is the service well-led?

Requires Improvement 

The service was not always well led.

People had benefited from improved leadership and improved quality monitoring of the service. This had led to improvements having been made. However, the quality monitoring of the service needed at times to be more effective to ensure when shortfalls were identified, for example, in relation to people's records, the action taken to drive improvement will always result in shortfalls being addressed promptly.

The provider had recruited a new manager, clinical lead nurse and mental health nurse to support the required improvements.

People, relatives and staff were included in decisions made about the running of the home. Their suggestions, views and feedback were valued.

Pennwood Lodge 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 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 24, 25 and 30 April 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection site visit we gathered and reviewed information we held about the home. This included information shared with us by the general public and commissioners of the service. We reviewed statutory notifications received from the provider since the last inspection. Statutory notifications are information about events which the provider by law must inform us about. As part of the Provider Information Collection a Provider Information Return (PIR) was not requested prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We spoke with the area quality director, the area director, clinical lead nurse, two nurses, seven care staff, the head chef, the maintenance person and the wellbeing activity organiser. We spoke with three people who use the service, three relatives and one friend. We looked at information in 13 people's care records, two staff recruitment records, people's medicine records, staff training information, the duty rosters and quality assurance and management records. We observed care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our inspection in September 2017 we found people had not always received their medicines as they should have. Records held about people's medicines were not always accurate and necessary guidance to ensure all medicines were administered safely was not in place. Risk assessments were not always reflective of people's current needs and people did not always receive safe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan and told us the required improvements would be completed by 30 December 2017. At this inspection we found improvements had been made and the service met the requirements of this regulation.

People's medicines were ordered, stored and administered safely. For example, there were arrangements in place with a community pharmacy for the ordering and delivery of people's medicines. We observed staff following best practice when administering people's medicines. Staff had accurately recorded on people's medicine administration records (MARs) when medicines had been administered. Some medicines that required additional checks had been checked by two staff to ensure safe administration.

Some people had medicines prescribed (as needed), to help with pain or mood known as PRN medicines. There was detailed guidance in place for the use of these medicines, referred to as protocols. Medicine supervision with senior care staff members and nursing assistants had recently been completed to ensure staff remained competent in this task.

When medicine errors had occurred, these had been investigated and action taken to prevent recurrence. The provider learned from these incidents and improved the safe management of people's medicines as a result. For example; daily medicine record checks had been introduced to ensure staff would identify promptly if people had not received their medicines.

Improvements had been made following our inspection to ensure people's risks were identified and managed appropriately. Risk assessments had been completed to establish potential risks to people. This included risk of falls, malnutrition and pressure ulcers. Where potential risks had been identified, care plans described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis and in response to changes in ability or needs. Staff routinely sought the assistance of health care professionals to guide them in managing people's more complex needs.

Risk associated with developing pressure ulcers were reviewed on a regular basis for most people in the home. This was because most people had associated health factors which put them at risk of developing these. For example, poor circulation, older skin, reduced mobility and poor posture. When needed people were provided with pressure relieving equipment to protect their skin. The clinical lead and nurse could describe in detail how people's wounds had been treated with input from the GP and we were assured that people's wounds were healing.

People's risks in relation to weight loss had been identified and monitored. One person had a Malnutrition Screening Tool (MUST) score of two and was at high risk of malnutrition. They had recently lost weight and were weighed weekly. A food chart monitored their intake. The food chart we looked at indicated they were eating well since they had been treated for an infection. The person's drinks and meals were fortified with full cream milk. We could see that since January 2018 their weight had been stable.

People were cared for in a safe and well maintained environment. The safety of equipment and the environment was monitored and weekly, monthly and six monthly checks were completed. The maintenance person completed any issues staff had recorded daily and dated them when finished. Three monthly health and safety meetings were held. People were protected from risks associated with Legionella disease, fire and electrical systems. The area quality director confirmed that all fire risk assessment actions had been completed. People had individual emergency evacuation plans in place to ensure their safety in an emergency and there were service contingency plans for all emergencies.

The area quality director told us staffing levels were based on people's support needs and they completed a monthly dependency assessment to determine the staffing levels. This information informed the manager's decisions about the overall staffing of the home. They told us there were sufficient staff and that staffing was provided at the level indicated by the dependency tool. Throughout our inspection we found staff responded to call bells and people's requests for assistance promptly.

Relatives told us staff, at times, seemed very busy and rushed. Staff told us dependency levels for people on the dementia nursing units were high and they were concerned if two people required assistance at the same time people might not be responded to promptly. One staff member said "Sometimes there is an agency care staff member that 'floats' between units upstairs or we ask the nursing staff for help." We discussed this with the area director who told us they continued to review how staff were organised on the nursing unit to ensure that the nurses would always be available to support care staff when required.

People were safeguarded from abuse as staff were trained to keep people safe and report any allegations of abuse. The staff we spoke with understood their safeguarding responsibilities. Safeguarding information since the last inspection was recorded and none required escalation to the local county council's safeguarding team for investigation. Accidents and incidents were recorded in detail and were looked at by the manager daily and audited monthly. One medicine error had been recorded and the GP informed to ensure the person was not at risk from harm. Any accidents that required additional preventative reflection had details entered on the monthly audit about this.

Is the service effective?

Our findings

At our inspection in August and September 2017 people received care from care and nursing staff who were not always supported and did not have access to frequent individual (one to one) meetings with their line manager. Individual meetings allow staff to discuss their personal development needs, such as training and support as well as any practice concerns. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to ensure staff had individual meetings. They told us the improvements would be completed by 31 December 2017 and would continue monthly. At this inspection we found improvements had been made and the service met the requirements of this regulation.

The staff we spoke with had completed one to one meetings with their line manager and they had found them useful with regard to planning their training requirements. Staff had also been sent email reminders of their next individual meeting. Ten individual meetings had been completed in April 2018 and all individual staff meetings were planned for the rest of the year.

People's needs were met by care staff that had access to the training they required. The staff we spoke with told us their training was up to date and they had completed training on computer and face to face. The area director told us approximately 70 percent of staff had completed their training overall and eleven new staff were in the process of completing their training. An outside training provider was used when required. One care staff member told us they had also been well trained by a nursing assistant with regard to people living with dementia and their care. They told us they were well supported with their training needs.

A two day dementia care training course had been completed by several staff in April 2018 at the service. Additional dementia care support and training was planned with new input from a recognised specialist in June 2018. The clinical lead told us agency nurse specifications were sent to the agency to confirm their training was up to date before they started. Staff training gaps were known on the computerised records and the completion of these was planned to ensure staff training was updated. The clinical lead nurse provided clinical support for nurses.

People's dietary needs were met and they had an eating and drinking care plan where their weight was monitored and food charts were completed when required to assess their intake. Information about people's dietary needs was provided to the catering staff so they could meet them. Care staff ensured people living with dementia could see the meals on offer to help them make their choice.

We observed one lunchtime meal and people were offered the choice of two main meals and desserts. Staff took time to help people choose their meal. One person wanted items of food from each choice and this was provided for them. The staff 'handover' sheet listed each person's diet, the food and drink texture and identified one person who was poorly and not eating well. We spoke to the head chef who had a list of people's diets and their food preferences and labelled people's pureed diets with their name to ensure they

received the correct meal.

The head chef also attended the daily 'flash' managers meeting and we saw that people losing weight were discussed to ensure this was known and acted upon to improve their weight. The chef also attended monthly clinical meetings where people's dietary needs were discussed. Where people were assessed as being at risk of choking guidance had been sought from Speech and Language Therapists (SALT). One relative told us, "The food is good and there are always plenty of snacks for people to eat during the day." Three people we spoke with told us the food was good.

People were cared for by staff who had completed training on the Mental Capacity Act (MCA) 2005. 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 had a pre-admission assessment of their needs and their preferences were respected. People consented to their care and support and had a mental capacity assessment and 'Best Interest' record in place when they were unable to consent. One person's care plan had a 'Best interest' record completed for their personal care which included a relative's input. We observed care staff offering choices and helping people to make independent decisions about other aspects of their care. For example, about what drink they wanted and we observed staff making sure people had what they had chosen. Staff gave constant reassurance to people who lived with dementia and they understood the need to repeat answers calmly for them.

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 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. DoLS applications had been made and conditions were mainly met. One person required a record to monitor any triggers to their behaviour patterns, which was completed during the inspection. The person had however, received more activities to prevent social isolation and staff told us they were no longer resistive to care or medicine since the DoLS conditions were recorded.

People were supported to maintain good health through staff liaison with social and healthcare professionals which included physiotherapists and the community dementia nurse. The GP visited the service weekly to review people's healthcare needs.

Changes had been made to the environment to better meet the needs of people who lived with dementia and a lot of thought had gone into the improvements around the home. People had opportunities to handle objects of interest which were meaningful to them for example, put hats on, peg washing on a line or sit at a dressing table. There were areas depicted with scenes and objects to give interest and evoke memories for people. For example, the seaside, a pub and an old fashion sewing machine. There were textures and murals on the walls to touch giving people a tactile experience.

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring and they were called by their preferred name. One person told us, "The girls [care staff] here are great, they look after us and sit and chat about my pictures." Another person said, "Everything is fine here, people are kind." We observed people were mainly relaxed and communicated well with the staff and their relatives. One person had a friend visiting them in their bedroom and they told us, "It's lovely here" and "I am not worried about anything."

People's care was reviewed with their relatives. A member of staff had completed six care reviews with relatives one Sunday. One relative told the staff during the person's care review, "All staff are caring and committed and people are well cared for." Another relative said, "all staff are amazing" but they were concerned there was insufficient staff. During two people's care review their relatives both said there was a good atmosphere and the people liked the staff. We observed care staff providing care and support with compassion and patience. Ancillary staff also spoke with people in a kind manner and answered their questions respectfully.

We observed many kind and meaningful staff engagements with people to comfort and reassure them. For example, when one person was being transferred from their wheelchair to a chair the two care staff were singing and talking to the person to reassure them and the person was laughing. Terms of endearment were used respectfully with people's names and we observed people were comforted by their relationships with the staff. Staff engaged with people in meaningful ways discussing topics they knew they would enjoy. For example, about their family and places they knew. One staff member told us the home was a happier place and relatives had noticed the improvement.

People's privacy was respected and staff knocked on people's bedroom door before entering and asked for consent to provide personal care. When people were inappropriately dressed they were guided by staff to ensure their dignity was upheld. Staff knew people well and were able to notice when they were becoming anxious. We observed staff gently distracting people to another topic or area to decrease their restlessness and improve their mood.

The area quality director was presenting care staff on one unit with a Kindness and Care Award. The staff team had been nominated by the wellbeing activity coordinator for getting people involved in creating a large floor to ceiling mural on a wall. A new compassionate innovation staff were creating a 'pamper book'. Staff had taken photographs, with people's consent, to capture how much the person had enjoyed an activity. The book would then be given to the relatives as a memento of the person's life there.

Is the service responsive?

Our findings

At our inspection in September 2017 a comprehensive record was not always available of the care people required and the care they had received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to people's records. They told us all the improvements would be completed by 31 January 2018 and would continue monthly. At this inspection we found improvements had been made and the provider met the requirements of the regulation. More time was needed to ensure the planned improvements to people's records, led by the newly appointed mental health nurse, were all completed.

People generally had care plans that reflected their care and support needs but some improvements were still needed. Slow progress had been made in reviewing and developing people's behaviour support plans.

Some people did not yet have positive behaviour support plans in place that identified triggers and signs which might indicate the person was becoming upset. Staff did not always have information about techniques they could use to proactively minimise behaviours as well as detailed strategies about how to respond to people's escalating behaviour, if initial interventions to calm them were not effective. The provider had recently appointed a new mental health nurse to review people's behaviour plans and support staff to develop their skills in supporting people's anxiety. The new mental health nurse was also reviewing the PRN protocols in place to support people to manage their anxiety to ensure that the use of anxiety medicines would be supported by a comprehensive positive behaviour support plan. Time is needed for this planned improvement to be completed to ensure a behaviour support plan, based on current best practice, will always be available for staff to refer to.

Five people's care plans had been updated with a new care and support plan for people living with dementia called 'Stress and Distress'. More meaningful information about how individuals showed signs of anxiety and how they should be supported by staff to resolve their anxiety was recorded. For example; one person living with dementia shuffled on their bottom on the floor when they were agitated. The care plan told staff the person may respond well to staff sitting on the floor with them and holding their hand and giving reassurance. Another person's 'Stress and Distress' care plan advised care staff to sit with the person when they were shouting repetitively and hold their hand giving reassurance but also put on their favourite classical music to listen to. We heard examples of how staff support had enable people for example, to become more settled and relaxed when receiving personal care.

People had a record of when they had bathed which included a shower or a wash to ensure their personal care had been completed.

People had a variety of activities to choose from and care staff and volunteers supported the wellbeing activity person to engage with people. People had booklets about their life story and their preferences were recorded. One person liked music and their life story recorded that Cliff Richard was their favourite music

star and staff told us they had played his music for them. The person had also liked to attend a church service and had continued to do this by attending the religious service provided in the home.

The wellbeing activity person had made many improvements since our last inspection. People's activities were recorded in their care plan including when they had individual engagement with staff. These were reviewed to ensure everyone had some activity which they enjoyed. One person's record recorded they had four individual sessions and the homes' open day. The wellbeing activity person also showed us a good pictorial history for one person and planned to complete these for everyone. A survey of 21 people's view of what activities they preferred had been completed and action was taken on the results. The changes made since the last inspection had given those who lived with dementia an improved quality of life.

People were being supported to be more independent and to interact with their surroundings. People could take their own snacks from the sweet shop and help in the gardening room with planting. The wellbeing activity person told us the garden was their biggest asset and wanted to develop this further. There were interactive pictures and framed art work on the walls. The conservatory was regularly used for art and craft activities and relatives used it for social gatherings and were able to help themselves to drinks to make it a social gathering place for people their families and friends. A cinema room was being developed for people to watch a big screen and enjoy each other's company. Trips out had included several garden centres, a picnic and two pub visits. Televisions had been taken off the wall and were at eye level for people to see more easily and four new personal headphone sets had been provided for people to listen to talking books and music.

People and their relatives had access to a clear complaints procedure. There had been three complaints in the last 12 months. Any concerns raised were taken seriously and acted upon. The provider ensured that one relative we had spoken with had been given a written response to their also complimenting the staff on the care they had given.

People and their relatives were given support when making decisions about their preferences for end of life care. Care plans recorded people's preferences. One person who was unable to discuss their plans had been supported by their relative, who knew they would like to see a priest from their church and remain at Pennwood Lodge. One person was receiving end of life care and were closely observed and staff provided individual comfort with hand massage and talking about the things they liked, for example flowers. Personal care included regular mouth care and the care to prevent pressure ulcers were evident. Pain relief was monitored and constant to ensure the person remained comfortable at all times. We spoke with a relative and they were pleased with the care provided. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.

Is the service well-led?

Our findings

At our inspection in September 2017 we found systems to ensure the service met the requirements of the regulations were not always operated effectively to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider they needed to make the required improvements by 31 January 2018. At this inspection we found improvements had been made and the service met the requirements of this regulation.

More time was needed before the service could be judged to be well-led because some of the planned improvements were still to be completed and evaluated before we could judge them to be effective in driving and sustaining the required improvements.

Following our previous inspection a new clinical lead nurse had been appointed and we found they had a good understanding of people's nursing needs and supported nurses to work in accordance with the provider's policies. For example, wound treatment plans were in place and the clinical lead nurse monitored whether nurses followed their treatment plan. However, we found that some improvement was still needed to ensure that all nurses completed wound treatment plans and wound review records in a timely manner. This was needed so, in the absence of the clinical lead, nurses had up to date information about people's wounds to be able to make a judgement about the healing process and about what treatment was required. There had also been slow progress against the actions planned to improve people's behaviour support plans. This work was being led by the newly appointed mental health nurse and still needed to be completed. A daily medicine record check had been introduced to ensure potential medicine concerns would be identified promptly. We found this system was not yet fully effective as nurses were still getting use to the system and did not complete it all the time. The clinical lead continued to monitor this.

The key clinical indicator system was increasingly effective in identifying risks for people. The risks were highlighted on the dry wipe board in the manager's office to aid monitoring and record the action taken. For example, in March 2018 audits recorded the number of falls, wounds, weight loss concerns, infections, medicine audits and hospital admissions. We saw that action had been taken to monitor and address concerns around these areas. For example, one person had a new pressure reducing mattress ordered. The information was submitted monthly into the governance system by the quality managers and allowed managers to see any potential risks relating to the home. Pennwood Lodge had made improvements for example, in reducing skin concerns and ensuring alternatives to bedrails were used, such as crash mats, to keep people at risk from falling more safe.

The clinical lead nurse had met with their local GP practice to help ensure the service assisted them during their visits and the time they spent in the home was used effectively. A list of the people the GP needed to see was sent to them before their weekly visit.

The quality assurance systems included the completion of regular service checks. Audits were planned for medicines, care plans, falls, infection control and catering and were completed monthly or quarterly. We

looked at a falls audit for April 2018 where action taken had been recorded. This meant one person had been referred to the falls team for assessment. The infection control audit was 93% complete and had three actions recorded on 24 April 2018 for example people to have a hand wash before meals. There was a planner for care plans audits and the expectation was for staff to complete three audits each week. We looked at three care plan audits and the actions needed were completed immediately. Each day a care plan is also reviewed and the manager checks the reviews completed over the weekend. These reviews were discussed at the daily 'flash meeting' too to ensure they were being completed. Monthly visits by the quality director looked at most areas and action plan was recorded to follow up at the next visit.

Staff felt well supported by the new management team. One care staff member told us, "I feel well supported, [name of area quality director] is approachable." One staff member told us the new managers had brought in freshness and brilliant ideas. They listened to the staff and interactive areas were now in the link corridors for people to see and touch. A social care professional informed us after a visit this year, "Processes and systems have been overhauled and there now seems to be set strategies that all staff are engaged with and more importantly are trained in and know how to follow."

We observed one daily 'flash meeting' where department managers gathered to discuss important information. For example, the person on end of life care was comfortable and the problem with water for bathing had been rectified. One care staff member told us there was no feedback to them from the 'flash' meetings." Another care staff member said there were no other meetings where they could share their opinion, only the 'flash meetings' A staff meeting was held on the first day of our inspection. Recorded handover information had been revised and monitored by the manager to ensure it was up to date and relevant. Improvements to ensure care staff received more detailed information was being implemented.

People, their relative and supporters were able to give feedback on the services provided. The interim manager held a weekend surgery for relatives to attend and was planning a notice board for relatives and friends to help ensure they were kept informed about events and meetings. The minutes of a meeting held on 27 March 2018 showed that various topics had been discussed which included; the employment of a night clinical manager, the new 'pamper' room, inviting relatives to care plan reviews and the homes 'open day'. Actions from the meeting were for staff to know how to use denture cleaning tablets, labelling people's clothes effectively and individual washbags for people. There was no record of when the actions had been completed.