The Warwickshire Nursing And Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 17and 18 May 2016. The visit was unannounced on 17 May 2016 and we informed the provider we would return on 18 May 2016.

The Warwickshire Nursing and Residential Home provides accommodation, personal and nursing care for up to 46 older people. The home provides care to people living with frailty due to older age or dementia and other health conditions. The home provides end of life nursing care to people. At the time of the inspection 36 people lived at the home and one person was having day care, but not living, at the home. Renovation building work on five unoccupied bedrooms was due to be completed in June 2016.

The home is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager in post.

At our previous inspection in September 2014, the provider was meeting the requirements of the regulations. Since our last inspection, numerous staffing changes had taken place and these included the appointment of a new manager in October 2015, who became registered with us in March 2016.

Staff were trained to protect people from avoidable harm and people felt safe living at the home. Staff knew how to respond to emergencies that might arise from time to time. People felt there were enough staff to meet their needs and that staff had the skills they needed. We found people had their prescribed medicines available to them and were supported by staff to take these as prescribed.

Staff undertook training to give them the skills and knowledge they needed and where staff did not follow this, poor practice was addressed by the manager. Staff worked within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People had choices about what they did and how they spent their time and were offered choices about food and drink.

People described staff as kind and caring and we observed some positive caring interactions that were person centred. People and their relatives felt involved in making decisions about their care and felt listened to. People told us they had no complaints about the service they received.

Systems were in place to assess the quality of the service provided but these had not always been effective in identifying where action was needed to make improvement. There had been numerous staffing challenges, which had left gaps in both the management structure and staff team. This had impacted on the manager's time and overall management. The manager was aware of some issues that required improvement in the home and where some staff care practices needed to be improved upon.

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 felt safe living at the home and were protected from the risks of abuse by trained staff who knew how to raise any concerns they had to the manager. Staff knew how to keep people safe from harm and what equipment to use so that the risks of injury were minimised. People had their prescribed medicines available to them and were supported by staff to take them

Is the service effective?

Good

The service was effective.

Staff worked within the principles of the Mental Capacity Act to gain consent from people before carrying out personal care tasks. The manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were offered choices and given the support they needed to eat and drink. People were supported to maintain their health and were referred to health professionals when needed.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were kind and caring towards them or their family member and people were supported to express their views.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in making decisions about their care which was personalised to them. People made choices about how they wished to spend their time and there were opportunities for people to pursue their hobbies, interests or engage in social interaction.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had systems in place to monitor the quality of the service provided but these had not always been effective in identifying where action was needed to make improvement. There had been numerous staffing challenges, which had left gaps in both the management structure and staff team. This had impacted on the manager's time and overall management. The manager shared with us areas they had identified as requiring improvement in the home that they planned to implement.

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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.

The inspection took place on 17 and 18 May 2016. The visit was unannounced on 17 May 2016 and we told the provider we would return on 18 May 2016. The inspection team consisted of two inspectors on the first day and one inspector on the second day.

The provider had not completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider and manager informed us they had not received a request for their PIR and would be happy to complete one. We gave the registered manager the opportunity during the visit to tell us what the home did well and what areas could be developed.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners and the statutory notifications the registered manager had sent to us. A statutory notification is information about important events which the provider is required to send us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Some people living at the home were not able to tell us about how they were cared for due to their complex needs. We spent time with them and observed how they received care and support to help us understand

the experience of people who could not talk with us.

We spoke with 12 people and spent time with other people living at the home. We spoke with six relatives / friends of people who told us about their experiences of using the service. We spoke with staff on duty including seven care staff, the care coordinator, four nurses, four cooks, one maintenance staff, two activities staff, one deputy manager and the registered manager. The provider company is a family business and we spoke with the owner provider and their wife who volunteers at the home. We spent time with and observed care staff offering care and support in communal areas of the home.

We reviewed a range of records to see how people's care and treatment was planned and observed how care and support was provided by staff to people in communal areas. We reviewed care records for ten people and their medicine administration records. We reviewed quality assurance audits and feedback from people.

Good

Is the service safe?

Our findings

People told us they felt safe at the home because staff were about and cared for them. People, relatives and staff told us the home had a 'good feeling to it' and they felt comfortable there. One relative said, "The staff can't do enough, they make sure my relative is safe and well looked after."

People were protected from the risks of abuse. Staff attended training in how to safeguard people, one staff member said, "The training taught me about different types of abuse that could occur and what I should observe for, such as bruising or a person's changed behaviour. If I suspected anything I would report it to the manager immediately and I would call the CQC if needed." The registered manager informed us that if any concerns were identified to them, they would act on these and refer any allegations of abuse to the local safeguarding team and to CQC.

One care staff member told us, "Carers don't have access to people's full detailed care plans because they are electronic and only the nurses and managers can access them. We use the care chart everyone has which contains individual information about people and any risks we need to manage." We saw people's care chart gave staff brief and personalised information about people so that they could keep people safe from harm. The care chart included how many staff a person needed support from, for example, with transfers and the equipment that should be used such as a hoist. Another care staff member said, "If we need more information about how to keep people safe, we ask the nurse because they can access the electronic care plans and risk assessments." We looked at the electronic care plans and assessed risks and found risks to people's individual health and wellbeing had not always been completed as needed. For example, some people had an identified health need, such as diabetes, that had the potential to impact on their wellbeing but this had not been assessed. However, nurses we spoke with were able to tell us how they would reduce risks and manage a person's health condition which meant people were protected.

However, the registered manager had informed us about new nursing staff and their use of agency nurses so we discussed this lack of detailed risk assessments with them. The manager told us, "I am aware of the gaps in information about how risks should be managed. With the newly appointed deputy manager, I plan for all care records and risks to be reviewed to ensure detailed information is provided to be referred to and will be fully completed by June 2016."

We observed safe moving and handling practices by staff. For example, two care staff explained to one person that they were going to support them to transfer to a wheelchair. Staff understood people took some risks in maintaining their independence. One staff member told us, "We don't make people just sit down here, people can choose to move about and where they want to be. We always try to help people, but have to respect them if they want to do something, even if it is a bit risky to them." We saw one person moving a small piece of furniture about and one staff member told us, "This person is living with dementia and sometimes does like to move a small table about, as long as this does not present a risk to them or others, we don't stop them but keep close by to ensure they and other people are safe."

Staff understood how to prevent people's skin from becoming sore or damaged. One staff member said,

"Some people are at risk of getting pressure areas, so every two hours we re-position people cared for in bed." People's skin was checked and care staff said they would inform the nurse if they noticed any sore areas on a person's skin.

Staff told us how they would respond to an emergency that might arise, such as a person falling. One staff member said, "I'd press the emergency buzzer for the nurse or the manager and I'd stay with the person and reassure them." One agency nurse told us, "I have updated my first aid and can respond to any minor accidents but would get professional help, calling 999, if needed."

People and relatives told us there were enough staff to provide the care and support they needed. One staff member said, "There are enough staff on most shifts, just occasionally if someone phones in sick, we can be a bit short but that is not very often." One relative told us, "I know the staff look after my family member here, but I did have concerns about a high number of different staff and the manager told me they were getting new staff." The manager informed us about staffing changes and the challenges they had faced. However, recruitment had taken place and was on-going to fill the remaining vacancies. The manager said, "We do still have four nurse vacancies and are advertising. We do use the same agency nurses when needed to cover shifts so that there are always enough staff on to meet people's needs and keep them safe."

People told us they had their medicines when they needed them. We observed nurses gave people their medicines and did not rush people to take them. People's medicine administration records we looked at were signed and up to date. However, we found that the time of when 'as needed' (PRN) medicines, such as paracetamol, had been given was not always recorded. We discussed this with two nurses and the new deputy manager. They agreed the oversight in not always recording the time PRN medicines were given to people may mean the required gap between dosages, such as four hours, was not followed. On the second day of our visit, one agency nurse told us, "The manager has reminded us to always record the actual time of giving a person their PRN medicines so we make sure of at least four hours gap between the next dosage." This meant the issue we had found had been addressed by the manager.

Good

Is the service effective?

Our findings

People and their relatives gave positive feedback about the care they received from staff. One person told us, "I like it here, I feel they care for me effectively." Another person told us, "I came to visit here and liked it, I love living here. The staff are good and have the skills they need." One relative said, "This is the best care home we have experienced. Our relation is settled and so far, we are happy with the staff and the effective care they are giving."

Most staff had the skills and knowledge they needed to effectively meet people's needs and other newer staff had training planned. One staff member told us, "I'm quite new, so I'm still getting to know people but the other carers I'm working with know people very well so I can ask them if needed." The manager informed us that when agency staff were used to cover shifts at the home, they requested the same staff members so that there was a continuity of care. On the second day of our inspection two agency nurses were on shift and both confirmed to us that they frequently worked at the home. One agency nurse said, "I feel I know people well here, but if I need to check anything I can speak with the manager or a carer. Some of the carers know people really well here. For example, one carer told me one person's behaviour indicated they had a headache, so I gave this person some paracetamol."

New staff told us they felt supported. The newly appointed activities staff member told us, "The staff team are very helpful. I am having a good induction." One newly appointed nurse told us, "I have an induction planned. The manager is supporting me." The newly appointed deputy manager said, "I have an agreed induction plan in place with the manager." The care coordinator told us, "I have worked here many years and am passionate about this home and the care it gives to people. I ensure new staff shadow an experienced staff member that is effective in delivering high quality and person centred care." New care staff were required to complete the Care Certificate during their induction. The Care Certificate will help new carers to develop and demonstrate important care skills and behaviours.

Staff told us that supervision meetings were planned for but had not always take place. The registered manager told us, "If something such as poor practice needs addressing then we have a supervision meeting without delay. With the new deputy manager, general supervision meetings can take place more frequently." Staff told us they had team meetings where they could discuss any concerns they had.

Staff understood the importance of gaining people's consent and worked within the principles of the Mental Capacity Act. One staff member told us, "We always explain to people what we are doing. We never force people to do things." Most staff told us they had completed training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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.

The manager understood their responsibilities under the Act and informed us, "There are two people living

here who are deprived of their liberty and have a DoLS. The home doesn't have locked or key-coded doors, but if these two people wanted to go out, then staff would need to go with them for their safety." 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. The manager informed us MCA and DoLS training was scheduled for new staff and for existing staff as a refresher.

We saw some people had bed rails on their bed but assessments had not always been undertaken to determine the reasons for this. We discussed the use of bed rails with the registered manager and they informed us bed rails were used for safety reasons, they agreed more detailed assessments were needed that took account of the MCA. The registered manager showed us recording forms and said, "The completion of these forms will ensure consideration is given to people's mental capacity and whether the use of bed rails, for example, are in a person's best interests. These will be in place before the end of May 2016. The reason they have not yet been done is due to the staffing changes since I started here and the lack of a deputy on shift to support me in my role. However, I do have these ready to be completed so more detail of the Act is reflected in people's risk assessments."

One person told us, "If I don't feel well, I would tell staff and they'd tell the doctor for me." Another person told us, "I had a bad cough and the nurse arranged for me to have an x-ray." People were supported to maintain their health and were referred to healthcare professionals, such as GPs, dieticians, opticians and podiatrists when needed. The registered manager informed us that a GP visited the home every Wednesday but could be called to attend for any urgent needs people had. People's care plans recorded visits from healthcare professionals.

People said they enjoyed their meals and had choices about what they had to eat and drink. One person told us, "I can have cereal and toast one morning but then a cooked breakfast another day if that's what I want." We observed staff gave one person their meal and this person said to us, "I don't like this, it's pasta but I didn't like the other choice of fish. The other option is jacket potato, but I had that yesterday." This person told us they felt like some soup and we observed staff arrange this for them when they told staff. One relative said, "My family member seems happy with the food and has put on a little weight since they moved here recently." We observed the support people were offered from staff during breakfast and lunchtime meals and saw staff prompted or supported people when needed. The newly appointed catering manager said, "I intend to cook from fresh produce whenever possible. I'm researching traditional meals that people might have enjoyed when they were younger and intend to menu plan with people around those options. If people want to try a spicy option, that is fine but there will always be something more traditional on offer as well."

Some people's care plans recorded a weight loss and we looked to see how these were managed. One cook told us, "Some people need extra calories and we make snacks like smoothies, using full fat milk and cream with fresh strawberries. These snacks go out with the drinks trolleys mid- morning and mid-afternoon. We have a list of people who need these snacks as well as 'fortified' (extra calories) meals." However, we found the information for cooks was incorrect and listed people that had passed away and other people, identified as having weight loss, were not listed. Kitchen and care staff agreed that this meant they did not have the information they needed. We discussed this with the care coordinator who took immediate action to update information for staff and ensure high calorie snacks were labelled so staff knew who they were for.

Some people identified at risk of becoming malnourished or dehydrated had food and drink recording charts. We found these had not always been completed by staff to show if food had been offered and declined or eaten. On the first day of our visit, a few people's charts had no entry next to 'teatime' and

'snacks' for the previous day. We discussed this with the manager who told us they were aware of a few staff not completing details as needed and these issues were being addressed. The registered manager said, "I have addressed issues of leaving charts blank with some staff and also where staff enter 'dinner eaten' but no details of what the person had. A few staff need to improve and this is being addressed."

One staff member told us, "We stagger meals over about two hours because some people need a lot of support." On the second day of our visit we saw the kitchen staff lacked organisation in ensuring food was kept at safe temperatures. For example, people's plated puree food meals were left standing at room temperature. The cook told us, "We lack space in the bain marie, so we have to re-heat the plated meals in the microwave. I know it's not good to leave them out at room temperature because of the risks of food poisoning bacteria." We saw other food, such as ice cream, cakes and fruit desserts were left uncovered and pointed this out to the provider and cook. Immediate action was taken to cover the food. The provider informed us of their plans to install a kitchenette within the dining room. They told us, "This will solve some of the problems that you have identified with a lack of serving space in the main kitchen. We are aware of these and planned work is due to take place in June 2016.There will be minimal disruption to people as the dining room will only be out of use for a day or two. Once installed, meals will be served from the kitchenette as needed and will not be left standing or uncovered."

Improvement building work was being carried out to update some bedrooms and a display screen notice informed people and their visitors about this. We saw two of seven bedrooms on one first floor corridor, where building work was taking place, were occupied and we discussed how this was being managed with the registered manager. They said, "Whenever there is disruptive building work along the corridor, such as drilling, we encourage the two people to come downstairs to the lounge. I have also informed the builders that noisy work, such as any banging, cannot start until after 9am to keep disruption to a minimum." Staff informed us they made two hourly checks on both of these people who were cared for in bed. One staff member told us, "If the builders are about, we do support these people to come to the lounge so they do not become anxious. If the builders are not in the corridor and the two people have stayed in their bedrooms we will check on them every two hours to make sure they are settled."

Good

Is the service caring?

Our findings

People told us staff were kind and caring toward them. One person said, "Staff are caring, some are okay, but some are really very good." Relatives felt staff had a caring attitude toward people. One relative said, "Staff are caring, some new ones might need a bit more training, but they have a caring approach to people living here." Another relative said, "I think there is a positive atmosphere in this care home."

One staff member told us, "Most of the staff here treat people like their extended family and are really caring. I've never seen anything bad here." We observed kind, respectful and friendly interactions between staff and people living in the home. For example, we saw one person had got their knitting wool tangled and one staff member sat down with this person to help them untangle it and spoke with them about knitting whilst they untangled the wool together.

Staff spoke to people in a gentle calm voice to give support and reassurance. For example, we saw one person was holding their drink at an angle that meant it was at risk of being split. One staff member said, "Can I just help you there [Person's Name], to just steady your cup a bit. There you go, I didn't want you to spill it. Do you need me to help you at all?"

People knew who the management of the home were. One person told us, "This is bosses' wife, she comes and has a chat to us most days. That's the boss over there (pointing out the home owner provider to us) and he's here most days as well. I know the manager, she's kind and I can talk to her if I have any concerns." Relatives told us they knew who the registered manager was and felt they were approachable and would listen to any concerns. One relative told us, "We have a meeting planned for, with the manager, about my relation's care planning to talk about staff encouraging them to get out of bed for a while."

Relatives told us they were able to visit people at any time and there were no restrictions placed on them. One relative said, "I always visit my wife all day and help her at lunchtime, but if I couldn't come the staff would help her." One person's friend told us, "I visit here at different times and it's never been a problem." The manager told us that visitors could use quiet lounge areas with their relative if they wanted some privacy away from the three larger communal lounges.

Staff knew how to maintain people's privacy and dignity when carrying out personal care tasks. One staff member told us, "When providing personal care, I close the bedroom door." Another staff member said, "I'd cover someone with a towel if I was giving them a wash on their bed." We observed staff support people to put on a tabard apron to protect their clothing at mealtimes and observed staff gently wipe a person's face after their meal if needed.

However, we found staff did not always consider other dignity issues. For example, we observed eight people sitting with hoist slings around their body with straps between their legs whilst at the dining room table in their wheelchair. We discussed this with staff and asked why people were left in their wheelchair with hoist slings in place during the mealtime. One staff member told us, "Two people would not be able to sit safely on a dining room chair, but they should not have the hoist sling left like that. I'll remove it." We saw

that they did this. Another staff member told us, "We leave people like that because we will take people back to the lounge after lunch." We pointed this out as a dignity issue to staff and the provider, who said, "Staff should help people to use the dining room chairs whenever safe for them. There is an area to hang up people's individual hoist slings so there is no reason for staff to leave them under people." The registered manager informed us that they had spoken with some staff about maintaining dignity and removing hoist slings. They said they had also informed staff of the potential risk of causing skin damage to a person from a hoist sling left in place under their body and limbs. The registered manager told us, "Staff have been told about this and it should not still be happening and I will make further checks on staff and address poor practice individually."

Good

Is the service responsive?

Our findings

People told us they planned their care and support with help from their relatives and staff. One person told us, "I moved here a few weeks ago, they asked me what I like and don't like. My relative takes care of most things for me which is what I want." One relative told us, "We have been involved in planning my relative's care. I have lasting power of attorney for care and welfare and financial decisions and feel the manager understand this and involves me and is responsive to what I say."

The registered manager informed us, "I always complete an initial assessment of care needs with people and whenever possible, involve their relatives. We give people the opportunity to complete a 'My Life' booklet; this gives staff an insight into people as individuals." One staff member said, "I know [Person's Name] used to enjoy bird-watching as a hobby, so when I support them with care, I talk about their hobby and it helps them relax with me."

We observed one person liked to have their pet dog close to them, this person smiled and told us, "I'm happy." The provider's wife explained to us, "This person wanted to bring their pet dog when they moved here, so we assessed this to make sure people would be happy with this arrangement. It has worked out well and Jason the dog is much loved by people. It would have caused distress to this person if they had been separated from their pet."

People told us they could make choices about how they spent their day. One person told us, "I like staff to support me to wash and get up at lunchtime, this is better for me to have a shorter part of the day up and out of bed." Another person told us, "I didn't feel like getting up today as I was still tired. I told the staff and they said to stay in bed if I wanted to, they look after me." However, we noticed this person's call bell was not within their reach and asked them about this, they told us, "A few of them (staff) forget to give it to me." We gave this person their call bell. We found other people cared for in bed had not always been given their call bells and pointed this out to the registered manager. They informed us that they had identified a few staff had care practices that needed to be improved on and these were being addressed.

Most staff knew how to respond to people's needs and were able to inform other new staff or agency staff about people. One staff member said, "[Person's name] can get very anxious after teatime; thinking they have to leave and go home. To prevent their anxiety, I use distraction because I know they like to wipe tables and do dusting. So, if I see they are becoming anxious, I ask them to help me with the tables. This distracts and calms them. It is better than telling them to sit down as that does not work."

We looked at how people spent their time in the home and saw some people independently pursued interests and hobbies. One person told us, "I can sit here in the lounge and knit quietly because there is no noisy television in here." Another person said, "We had an indoor street party for the Queen's birthday." We saw one person living with dementia had a box of items placed next to them by staff, so that they could handle items such as a balloon, book or glasses case if they wished to. One activities staff member told us, "The rummage box is good for people living with dementia because they might not want to be involved in group activities but want to pick things up and move things about." Another activities staff member told us,

"Activities are across seven days of the week. We do group activities such as basic cooking using the dining room and also one to one activities; especially for people cared for in bed, this might be talking about their photographs or a hobby they had and helps prevent them becoming isolated." Activities such as reminiscence with 1930s and 1940s items, newspapers reviews and tactile hand touch with people took place during our visit.

One staff member told us, "A Church of England minister or Catholic priest visits some people individually for those who practise their faith. We used to have services that quite a few people attended but haven't had those for a while." Another staff member said, "If people had different religions, then the manager would ask another faith leader to visit if needed." The registered manager informed us, "I'm trying to arrange for a local church to offer services again for people, as some enjoyed them being held here."

One person told us, "We have meetings called 'The Voice' that people living here and their relatives can go to, we can talk about anything we want to." One relative told us, "I had been concerned about the high staff turnover and discussed this at one of 'The Voice' meetings. The manager said they are sorting this out. 'The Voice' meetings are useful at times." People and their relatives told us they would speak to staff or the managers if they felt they needed to raise a concern. People told us they had no current complaints. The provider's complaints policy was displayed in the home and shared with people and their relatives. Staff told us that if anyone had a complaint, they would share this with the registered manager so that it could be looked into.

Requires Improvement

Is the service well-led?

Our findings

The registered manager informed us they had been appointed to their role in October 2015, they had registered with us in March 2016. There was a management structure in place, however this had not been fully effective due to numerous staffing changes. The registered manager explained they had not met the deputy manager in post as this staff member had been on planned extended leave since Autumn 2015. The catering manager had left last year and their replacement had also recently left. Nursing staff had left the home leaving vacancies to be filled. We discussed the reasons for this turnover of staff and were told some staff had chosen to leave to work elsewhere together. The registered manager said, "It has been a challenging time for me since I started, especially with staffing needs. It has meant that some issues, such as care plan information, detailed risk assessments and personal emergency evacuation plans, that I have identified as needed, have not yet been implemented as my time has been focused on day to day care needs and staff recruitment." The provider and registered manager informed us they felt the staffing issues were now improving. The registered manager said, "A new deputy manager position has been created and they have started this week, a new catering manager has been appointed and started two weeks ago, also two new nurses have started recently. It does leave us with four nurse vacancies which we are advertising to fill. Until then, regular agency nurses are being used to cover shifts."

The registered manager recognised that recently appointed staff meant that some staff did not yet know people well. However, new staff told us inductions were planned for and they had been given training dates from the registered manager, to ensure they had all the skills and knowledge they needed to fully meet people's needs. One newly appointed nurse told us, "The manager is supporting me. I am still learning here, but so far so good." A newly appointed activities staff member said, "Everyone has been so supportive, overall it's a positive culture here." The registered manager informed us, "Staff have completed 70% of the training they need; some staff need to update knowledge and newer staff need to do their training but it is all planned for May and June 2016."

Staff told us that the registered manager observed care practices in the home. Whilst most care practices we observed were positive, we identified some examples of poor practices such as people cared for in bed had not always been given their call bell by staff, we also saw staff served some people their hot pudding at the same time as their hot meal which meant their hot pudding had gone cold when they ate it. Also, important charts, such as people's food and drink records, had not always been completed by staff. Staff meeting minutes showed the registered manager had addressed poor working attitudes. However, we found that where guidance for improvement had been given to staff, this had not always been followed. For example, although staff had been informed not to leave hoist slings underneath people sitting in theirs chairs and not to block a fire exit with a hoist not in use; these are issues we found. The registered manager told us, "It is a few staff that let us down and once general guidance has been given to improve, if this does not happen, individual action will be taken following our disciplinary process because poor practices cannot become what is accepted."

Quality assurance processes were in place, these included medicine, infection control and health and safety audits. However, we found audits did not always detail whether actions identified as needed were

implemented and some audits had not identified issues that we found. For example, medicine audits had not identified one storage area temperature was not being monitored and the other medicine storage area temperature was higher than recommended but no action had been taken. A further example we identified was one medicine did not have specific instructions as to how it should be taken. We discussed this with the deputy manager and registered manager and they said they were unaware of the changed guidance. We found there was no process in place to make checks that the most recent guidance about medicines was being followed.

The registered manager informed us they informally completed call bell audits to check on the response times by staff. We observed most call bells were answered promptly by staff but on a few occasions they were not. For example, one call bell we timed as lasting seven minutes before staff arrived at the person's bedroom. The registered managed explained to us that checks on actions being implemented to improve would now be driven forward as they had support in their role from the newly appointed deputy manager.

The kitchen audit had not identified that a deep clean was required and maintenance issues that needed to be attended to. We found thick grease embedded in one tiled area and some dirty and broken tiles at ground floor which meant effective cleaning was not possible. These areas were pointed out to the provider who said, "I will have a stainless steel sheet put into place before the end of June 2016, so that effective cleaning can take place instead of the tiled area." The registered manager added, "With the newly appointed catering manager, audits will now be undertaken by them to identify any improvement needed."

People's weight was recorded monthly and the records were audited to identify changes. However, action taken was not always recorded and checks had not been made to ensure kitchen staff had the information they needed so people's meals could have extra calories added if needed. On the second day of our visit, action was taken to make improvement and the manager informed us the monthly weight audit would include action taken.

Some information about people's care needs such the as management of their diabetes was not included in their care plan or lacked detail. The registered manager agreed this area needed improvement with a review of people's risk assessments to make them more detailed. They informed us that with the new deputy and nursing staff, these would be completed before the end of June 2016.

Accidents and incidents were recorded and analysis took place so that actions could be taken to reduce the risk of reoccurrence. The registered manager told us, "The number of accidents is low because we tell staff they must be in the communal lounge areas to support people when needed." During our visit, we observed staff were present in or close to the three communal lounges and dining room.

Most people and relatives told us that their feedback was sought from the provider and the manager. Survey results from feedback completed in January 2016 showed 86% of people that took part in the survey rated their overall satisfaction with the home as 'good' or 'excellent.' Meeting minutes from the January 2016 resident and relative meeting, outlined a discussion of the survey results and where some actions had been implemented, or were planned for to address specific issues identified. However, we found there was no overall action plan to address how to improve people's experiences where they had rated the home 'fair; 'or 'good' rather than 'excellent.' We found consideration had not been given, by the provider or manager, as to how they could increase the participation in feedback from only 35% of people who had been given surveys.

Staff told us they felt supported in their role and worked well as a team. Staff knew the different roles of senior staff members and management and who to approach if needed. One staff said, "The manager and

provider owners are approachable and listen." Survey results from staff feedback, completed in January 2016, showed an overall positive response. However, a few staff had identified they did not always feel they had enough information or equipment to do their job. During our visit, we observed a few people waited thirty minutes to be transferred from their wheelchair to armchair, after breakfast. One staff member told us, "We only have one hoist on each floor and other staff are using it for people now." Another staff member said, "I have mentioned this issue to the provider a few months ago; having one hoist on this floor delays care needs being met promptly". We discussed this with the provider and registered manager and immediate action was taken to purchase a new hoist for the ground floor and we were informed a further hoist would be purchased for the first floor when the renovated bedrooms were occupied. This meant that action was taken when we identified an issue to the provider and registered manager, however, action had not always been taken when staff raised issues.

Following our feedback to the provider and registered manager, we received an action plan telling us about immediate improvement measures taken and plans for further improvement to be implemented by June 2016.