Summerfield Medical Limited

Whittington House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 6 and 7 February 2017 and was unannounced. Whittington House Nursing Home (formerly known as Summerfield Nursing Unit) provides accommodation and nursing care for up to 66 people who have nursing needs. At the time of our inspection there were 25 people living in the home across two floors. The home is a four floor, purpose built building. Each floor had a lounge, dining room and small kitchen. A cinema, library, hairdresser's salon and gardens were available to people who live in the home. This service was last inspected in December 2015.

A registered manager was in place as required by their conditions of registration. 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 had been in post since August 2015.

This home had recently been acquired by Caring Homes Group and renamed Whittington House Nursing Home. The new provider had been proactive in monitoring the service and driving the quality of care being provided and the governance of the home. They had consulted with people, their relatives and staff and were implementing their systems and processes to standardise the quality of care.

People had their individual needs regularly assessed, recorded and reviewed. People were supported to have care plans that reflected how they liked to receive their care, treatment and support. Their risks were mainly managed well however people's risks associated with their equipment had not always been considered and documented. We have made a recommendation about the use of people's safety equipment.

Staff referred people to the appropriate health care services if their physical and mental well-being changed. There were safe medication administration systems in place and people received their medicines when required, however their some discrepancies in the stock of some people's medicines and whether they had received their prescribed creams. The management were aware of these shortfalls and were actively working with staff to address these issues.

Staff encouraged people to make choices about their day and respected their decisions. Where people lacked capacity to understand significant decisions, other significant people such as GPs and family members had been involved in the decision process.

People had been given the support they required with maintaining a healthy nutritional diet. Risks relating to people's nutrition had been identified and addressed. People's weights were monitored and GPs were made aware of any nutritional concerns.

People and their relatives complimented the caring nature of staff. We received many positive comments

about the home. Staff delivered compassionate care which was focused on people's individual needs.

Two activity coordinators had been recently employed. They were consulting with people about their recreational interests and personal histories. Plans were in place to provide a selection of personalised and group activities to prevent social isolation.

There were sufficient staff to meet people's care and support needs. Staff had been recruited well and trained to carry out their role. People were supported by staff who had access to support and a range of training to develop the skills and knowledge they needed to support people. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

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.

People's risks had been assessed and plans were in place to minimise these risks, however people were not always protected from equipment used for their care.
People told us there were sufficient staff to meet their needs.
Safe recruitment practices were followed.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, abuse or concerns

People were given their oral medicines as prescribed to them.

Is the service effective?

Good

The service was effective.

Staff had received the support and training they require to carry out their role.

People's consent was sought before staff provided care and support.

People were supported to maintain a healthy and well balanced diet. The staff were all aware of people's dietary needs and preferences. Staff referred people to the appropriate health care services if their needs changed.

Is the service caring?

Good

The service was caring.

People and their relatives highly praised the staff.

Staff were kind and compassionate to the people they cared for. They treated people equally and with dignity.

People were encouraged to remain independent and express their views.

Is the service responsive?

Good

The service was responsive

Plans were in place to provided people with arrange of group activities and individual social stimulation.

People received care and support which was focused on their individual needs and wishes. Their care records were detailed which provided staff with guidance on how they preferred to be supported.

Staff responded to people's concerns and complaints.

Is the service well-led?

Good

The service was well- led.

The new provider was monitoring the service to understand the quality of being provided and running of the home. Actions were being taken to drive improvements.

Staff felt confident in the new provider and felt supported by the senior staff and managers. People and their relatives told us the registered manager and staff were approachable.

The provider and staff valued people's feedback and acted upon any concerns.

Whittington House 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 6 and 7 February 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. The expert by experience's area of expertise was in caring for older people.

This service was last inspected in December 2015 when it met all the legal requirements but still required some improvements in its processes and systems.
Before the inspection we examined information that we held about the provider. We also reviewed the information we held about the service such as previous inspection reports and statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We spoke with six people and seven people's relatives/visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with seven members of the care staff team, two activity coordinators, head of maintenance, the head chef, two nurses, the deputy manager /clinical lead, the registered manager and a regional manager. We looked at the care records of ten people. We looked at six staff files including recruitment procedures and the records relating to staff training and development. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Requires Improvement

Is the service safe?

Our findings

Risks for each person had been identified and assessed and were mainly being managed well. Comprehensive individual risks assessments and management plans had been documented to guide staff on reducing or eliminating people's risks. For example; staff had implemented food and fluid monitoring charts when people were at risk of malnutrition or losing weight. However it was not always clear from people's care plans when they required to be monitored. For example, on inspecting two people's monitoring charts in their bedroom, we found that their food and fluid intake was not always recorded. We checked this with the nurse on duty who told us they were eating well at present and did not require to be monitored, however this was not made clear in their care plan. Some people required assistance with eating and drinking. We found staff supported people with their meals in a timely and respectful manner; however one new staff member had been asked to support a person who had swallowing difficulties with their lunchtime meal. Records showed that they had not yet received any formal training in supporting people with swallowing difficulties although we were told that they would have been mentored by a senior staff member with this activity. This may have put the person at risk while eating.

People's risks associated with the use of equipment were not always identified or safely managed. For example, some people required a hoist to transfer however the size and type of moving and handling slings they required were not always clearly documented. We found that slings were being shared as some slings were out of use as they were waiting to be checked to see if they were fit for purpose. Other people required bed rails to keep them safe in bed however the bed rails heights were not consistently compliant with current guidance when deep or pressure relieving mattresses were being used. This had not been identified by the provider when carrying out checks on people's bed rails. The provider's bed rail policy did not provide adequate guidance on the assessment, fitting and consent to the use of bed rails. Staff ensured most people's pressure relieving mattresses were set in accordance with their needs. However we found one person's mattress had not been set correctly which may not protect them from the risk of pressure sores. This was raised with the registered manager and regional manager who implemented a bed rail risk assessments for some people and told us they would immediately review all the bed rails, mattresses as well as the slings being used.

We recommend that the service considers current guidance on the management of people's risks associated with the use of equipment.

However, we found a lot of good practices and documents which would indicate that people's risks had been assessed and monitored such as procedures and care practices to protect people who were at risk of developing pressure ulcers or at risk of falling. For example, repositioning charts were being used and completed where people needed support to be turned to prevent pressure areas. People were also weighed and monitored monthly and GPs were made aware of any nutritional concerns.

People could be assured that the building and environment had been safely maintained. Maintenance staff carried out regular safety checks around the home. Fire safety equipment and alarms were regularly checked and tested. Each person had a personal emergency evacuation plan. Other safety checks on the

home's utilities, water, and lifting equipment had been completed.

Accidents and incident which occurred in the home were recorded and reported in line with provider's policies. Incidents reports were reviewed to identify any patterns or trends and additional measures were put in place to reduce the risk of further incidents. Staff undertook reflective practices to ensure that any lessons were transferred into their care practices.

We looked at the home's recruitment processes. Since the purchase of the home, the new provider had audited and reviewed all the staff files including their recruitment documents. Further evidence and documents had been requested by the provider where gaps had been found in staff files. Records showed that recently appointed staff had been recruited well. All applications and associated recruitment documents were reviewed and checked by the provider's human resources department and the registered manager. Background and criminal checks were completed via the Disclose and Barring Service (DBS) before new staff worked with people. Any queries regarding their previous employment or irregularities were discussed during their interview and documented. References had been sought from previous employers; however where limited information had been provided by the previous employers, there was no records of further investigations by the registered manager to ensure new staff were of good character before they started to provide care and support to people. We discussed this with the registered manager who was confident that the interview process was thorough and any concerns would be highlighted and addressed in their probation period. We were told that the provider was currently reviewing the recruitment and interviewing process of new staff.

People were now supported by adequate numbers of permanent staff as a result of a recent recruitment campaign. The level of staff on duty was determined by the number of people who lived in the home and their individual needs. The registered manager completed a dependency tool each month which informed them of the required number of staff which were needed to support people with their direct care needs. They told us they were encouraging staff to work across all the floors of the home and to be more familiar with all the people who lived in the home. The staffing levels were reviewed regularly to ensure there was sufficient staff to meet people's needs. For example, additional staff had been implemented in the evening when some people were known to become more restless and required additional support.

During our inspection, we found there were enough staff suitably deployed to meet people's needs. People and relatives confirmed this, for example one person said, "There's enough staff at all times; they're all very good and all are regular staff."
People were left with call bells to alert staff if they required assistance. We were told the registered and deputy manager often pressed a call bell to monitor the response time of staff.

People were given their prescribed medicines on time and appropriately. Systems and records were in place to order, store and dispose of people's medicines. Steps were being taken to make the current process of ordering medicines more efficient. People's medicines were stored in locked cabinets in their bedrooms. We found that Medicines Administration Records (MAR charts) had been completed appropriately and individual detailed protocols were in place for medicines prescribed to be given as necessary.

However we found some discrepancies in the stock of people's medicines. On two occasions we found medicines being stored in two people's medicine cupboards when they were no longer required by the people. The medicines stock balance for two other people had not been recorded correctly. Creams administered by care staff were in the majority managed well with good record keeping, however we found that two people's records showed they had not always had their creams applied as prescribed. These issues were raised with the deputy manager, who explained that they had carried out medicine management

audits which had highlighted some shortfalls in the management of people's medicines. As a result of the audit, they were working with the nursing staff to remind them of the importance of maintaining accurate stock balances and managing the contents of the people's medicines cupboards. Nurse's supervision records confirmed that these discussions were in progress. The managers and nurses were working through the areas of non-compliance and an additional medicines protocol would be added to the provider's medicines policy to ensure it reflected the current medicines practices and systems in Whittington House.

People were cared for by staff who understood their responsibility to protect them from harm. People told us they felt safe living at Whittington House. For example, we received comments such as was "All aspects of safety, yes to all"; "I'm perfectly safe here. They are wonderful"; "I've never felt belittled, nor heard of anyone else being belittled" and "They treat us as adult human beings."

Staff had received training about recognising the signs of abuse. Staff were aware of their responsibility of reporting any concerns to the home's senior staff, the provider or external agencies such as the local authority or the Care Quality Commission (CQC). They had access to the provider's whistleblowing policy and the local authority safeguarding policies. All staff we spoke with were clear that they would immediately document and report and any concerns to a senior member of staff on duty. Records showed that safeguarding incidents had been acted on and reported to the appropriate safeguarding authorities by the registered manager. They told us the actions they had taken to ensure people remained safe while living the home.

People were cared for in a clean and safe environment. The corridors were kept clear of obstructions and the building, access doors and garden layouts were well-designed and accessible. Staff were aware of their responsibility to prevent cross contamination and were observed wearing protective clothing such as gloves and aprons when necessary. People and their relatives were complimentary about the cleanliness of the home. One relative said, "It's always clean, cheerful."

Good

Is the service effective?

Our findings

Staff had completed a variety of training relevant to their role and responsibilities. However, since the purchase of the home, all staff were now required to complete the new provider's on-line mandatory courses. Records showed staff had completed over half of the required training. Staff were also provided with practical training to support their on-line training in subjects such as moving & handling and emergency first aid at work. The registered manager recognised that they 'still had a way to go' but was pleased with the staff progress. They said, "The staff are managing really well with all the changes and all the additional training we are asking them to do."

The registered manager had also sourced training locally which reflected the local authority practices such as the Mental Capacity Act, safeguarding and dementia training. This ensured staff were aware of local guidelines and expected procedures. All staff were also expected to attend the provider's bespoke dementia care training called 'Living in my world'. Care staff and senior staff would be required to carry out an advanced level of this training. Care staff and nurses had also trained in end of life care which would assist towards the home being awarded the Gold Standard Framework in end of life care.

Staff were positive about the training and the support they had received. We received comments such as "We are getting on further now with lots of training, its good" and "The home has definitely improved. We are now supported and trained to do our role." Plans were in place for key staff to become champions in subjects such as falls and dementia care.

New care staff were expected to work through a corporate induction checklist which included mandatory training in all aspects of health and social care and elements of the care certificate depending on their experience. Those with previous health care experience were required to undertake a self-assessment of their skills and knowledge. Where there were gaps in staff knowledge or observed poor practices staff were required to undertake additional training. New staff also had the opportunity to shadow more experienced staff to learn and to observe their practices before becoming part of the shift team. Senior staff met with new employees and observed their skills and knowledge during their probation period. The registered manager had acted promptly when poor practices had been identified.

Qualified nurses were being supported through meetings and additional training to keep their nursing qualifications in line with the required national standards. Competency assessments in relevant clinical skills had been introduced to ensure all nurses were current in their practices and knowledge. The registered manager and deputy manager who were qualified nurses, were also available to provide additional assistance and advice to staff when needed.

Not all staff had received regular private support meetings in 2016, however plans were in place for staff to receive regular supervisions in line with the provider's staff development polices as well as an annual performance review. The supervisor and support structure for staff had been reviewed and plans were in place for key senior staff to attend a course to help them effectively support and supervise staff. The registered manager explained that they were trying to change the culture of supervisions to be more open

and focused on recognising staff qualities as well as their developmental needs.

A new system of recording staff supervisions had been implemented which indicated which key areas were discussed in supervision such as personal targets with individual staff members. Records showed recent supervisions had also reinforced expected practices and procedures such as the management and administration of people's medicines and monitoring charts.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that staff were aware of the principles of the MCA and applied them to their care practices. For example, we heard staff offering people choices regarding their care or meals and found their decisions were respected. Where people were unable to express their views, staff provided them with care in their best interests based on the knowledge and previous preferences of people such as their choice of drink. Records showed that specific decisions had been made in people's best interests such as administrating a person's medicines to them covertly. On-going reviews of this decision was evidenced in their care plans to ensure that this was the least restrictive practice. However, we found one person's mental capacity to agree to have a sensor mat in place to monitor them had not been recorded. We raised this with the registered manager who immediately acted and assessed the person's mental capacity and gained consent to have the sensory mat in place.

The registered manager was aware of their responsibility of recognising when people may being deprived of their liberty. People can only be deprived of their liberty to receive care and treatment when this 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). They had applied for authorisation to the supervisory body (local authority) for those people who were being deprived of their liberty. They were waiting for some people to be assessed by the supervisory body and in the mean time we found that people were being supported in the least restrictive way.

People were supported to maintain a healthy and well balanced diet. During our inspection we observed that staff were aware of people's dietary needs and preferences and supported people who needed assistance with their meals in a dignified manner. They offered people drinks throughout the day. One person said, "I've never had to ask for a drink or a biscuit. There's always a biscuit coming, if you have a cup of tea." At meal times people were offered condiments with their meals or an alternative meal option if they did not like the choice being offered. People and their relatives were mainly positive about the food being provided. We received comments such as "The choice of food is very, very good" and "The choice is reasonable, they know what I like. I'm a bit funny with food, the smells. If I don't like it, they take it away and there's always something else".

The home had recently employed a new chef and a hospitality team. The chef's immediate role was to review the current provision of meals including the planning, preparation and cooking of people's meals. They planned to consult with people about their meal preferences and holder taster sessions to sample different meals. A recent 'meal survey' had helped to identify people's preferences about their meal times and views on the quality of the meals provided. An action plan for the chef and hospitality team was in place to improve people's dining and nutritional experience including providing pictorial menus and allergen information. The provider had also authorised funding to refurbish the kitchen.

The home had good contacts with the local surgery and the GPs visited regularly to review the needs of people. Records showed that other health care professional visited the home when people required additional treatment or support. Relatives told us that they were kept informed of any changes in people's health and well-being. Staff supported people in their routine health appointments such as dentists and the chiropodist. Health care professionals spoke highly of the care and support people received in the home. One health care professional told us the registered manager was always helpful and tried to accommodate their requests and went on to explain "I have not had a problem with the home or the care provided." A visiting health care professional confirmed staff responded well to their requests and always sought advice when needed.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care and support they received from staff. We received comments such as "The staff are great!"; "They're very helpful" and "The atmosphere's very relaxed, happy". One relative commented and said "There's good staff/resident interaction. When (person's name) is being cheeky with the staff they take it in good heart". Other relative's comments included "I think they (staff) do the job very well" and "The care is excellent, couldn't fault it' and "They let me know of any changes." Relatives told us they were welcomed into the home at any time and were informed of any changes in their loved ones well-being. One relative said, "Visitors, any time!"

We observed staff interacting with people throughout the day of our inspection. Staff cared for people respectfully. We saw many warm exchanges between people and staff. Staff addressed people by their first names in a friendly and respectful way. They knew people well and some had time to stop and chat with people. People appeared relaxed and comfortable around staff. Staff knew people well and they adapted their approach and manner to suit each person.

Some people were unable to find words to express their views or wishes; however staff patiently listened to them and tried to understand their expressions and words. Staff were able to tell us about their needs and gave us examples of how they supported people if they become upset. Staff showed a great deal of compassion and understanding for those people who became agitated and called out as they were unable to vocalise their needs.

People's bedrooms were large, well maintained and furnished. People had personalised their own rooms with photographs and objects of interests. Plans were in place for one floor to become a dementia unit. We were told that sensory items would be added in the unit to enhance the environment for people who have dementia or cognitive impairments. People were encouraged to remain independent and staff gave the appropriate amount of support so people could retain their mobility and skills of activities in daily living. For example, one person was given a plate guard for their plate which assisted them to eat independently.

People's dignity and privacy was valued. One person said, "I think they (staff) manage alright. My dignity has never been encroached upon." Staff knocked on people's bedroom doors before they entered and helped people with their personal care behind closed curtains and doors. We saw staff talking to people in a confidential manner if they were amongst other people. Staff provided us with examples of how they supported people with dignity and how they had made a difference to people's lives.

Staff had worked towards the Gold Standards Frame work of end of life care and were waiting to be accredited for their caring practices. The registered manager and staff recognised the importance of ensuring people were kept comfortable and pain free during the last few days of their life. People at the end of their life were reviewed at the end of each week to ensure their needs are being met and any anticipatory medicines were in place for the weekend. Health care professionals told us that relatives had confided in them and told them how pleased they were about the approach of staff and the caring manner especially during the last few days of people's lives.

Good

Is the service responsive?

Our findings

People had been assessed before they moved to the home to ensure staff could meet their needs. Their specific activity of daily living needs was assessed by senior staff and any specific needs or risks were further assessed and documented. Information had also been sought from the person, their relatives and health care professionals involved in their care. People's care plans were personalised and centred round their care needs and preferred routines such as how they liked to have their personal care; eat their meal and actions that staff needed, for example how they liked to sleep such as the door open and a hot drink. Records gave staff guidance and showed that people who were at risk were consistently monitored. For example, records showed people who had been assessed as being at risk of pressure ulcers were being regularly re-positioned to prevent pressure damage to their skin. Staff had sought guidance and support from other health care professionals when required. Most people's progress was evaluated monthly and their care plans reflected their needs. However, we found some information from some people's monitoring charts and daily evaluation notes had not always been transferred and updated into people's care records. We spoke with staff and were assured that they were knowledgeable about people's needs and that this had no negative impact on people's wellbeing. This was raised with the registered manager who told that their auditing systems had highlighted that some people's care plans did not always reflect people needs and that this was being addressed with staff who review people's care records.

At our previous inspection we had found some people were socially isolated in their bedrooms, however the home had recently employed two activity coordinators. They had started to capture information about people's backgrounds, interests and hobbies and had plans to implement a range of group activities as well as one to one personalised activities and meaningful moments. Some people told us that they felt activities had started to improve in the home. We received comments such as "I can sit here all day and speak to no-one, if I want to, or they will chat if I want them to" and "Look at my nails! The carer did this yesterday, because I was a bit down." Some relatives also commented and told us," Staff took Mum to Tewkesbury to go to the hairdressers, because that's what she wanted. I think that's over and above!" and "If the staff are going to Asda, they take Mum in a wheelchair." People had the option to attend the home's cinema, hairdresser and weekly church service. Some people told us they enjoyed the therapy dogs visiting with their owners, sitting in the garden and chats with staff. The home also engaged with children and groups from the local area such as local schools. A spring fair was being planned to invite the local community and to launch the new provider and name of the home.

Staff routinely listened to people comments about the service they received. Records showed that staff had received several compliments about their approach and caring manner. One relative had written an endearing poem about the staff at Whittington House. People and their relative's told us their day to day concerns and issues were addressed immediately. One person said, "If I had did have a gripe, I'd get a civilised answer." Relatives said that they felt free to express their opinions and that their concerns would be acted on. One relative said, "I've not had many complaints, but anything of that nature goes straight to the top." People and their relatives also had opportunities to raise any concerns or make suggestions at the home's 'relatives and residents meetings', however the registered manager told us the meetings were poorly attended so were looking into other methods to help the communication between people, their relatives

and the home.

The registered manager told us any concerns and complaints about the service were taken seriously. Records showed that all complaints had been discussed with staff and reflected on and where necessary staff had been disciplined. From conversations with the registered and regional manager, we were reassured that all concerns and complaints were explored and responded to in accordance with the provider's policies. For example, the regional manager and registered manager were in the process of investigating and managing one complaint. They were taking actions to investigate and address the complainants concerns and had taken advice from significant other such as health care professionals as well as meeting with the complainant. During our inspection we reviewed information relating to the person concerned including their complaint and found that appropriate actions were being taken.

Good

Is the service well-led?

Our findings

Whittington House Nursing Home (formerly known as Summerfield Nursing Home) had recently been taken over by Caring Homes Group. People and their relatives were all positive about the takeover and the felt the home was improving. We received comments such as "The management has improved the care, I've no complaints at all" and "The standard of care is very good. Caring Homes, they tick all the boxes."

The registered manager shared with us that the takeover had been a challenging period; however they were confident that the new provider would assist them with improving quality of life of people. They went on to tell us how they supported and recruited new staff and had a good staff team now in place. The registered manager said, "It's important we get the right staff. We have been quite rigid with new staff and carrying out probation reviews." They explained the benefits of a corporate provider but also wanted to ensure they could still influence local decisions about the running of the home such as training staff using local resources.

Staff were positive about the new provider and the support they received from the managers and senior staff and described them 'as always being available and on hand'. One staff member said, "I feel confident in the new owners, they know what they are doing. It's a lot more professional." A nurse who spoke with us and said, "Whenever I ask for anything they are really helpful. Care is excellent here." Another staff member said, "The registered and deputy managers are brilliant. It's so much better now. The nurses are great; they give us a lot of support and will roll up their sleeves and help. We are a good team." Staff and people complimented the approach of the registered manager and told us they were approachable and were always seen around the building. One person described the registered manager's style positively as 'leading from the front' and a relative said "We've met the manager and we have faith in the service provided."

Since the acquisition, the provider's policies and procedures were being discussed with staff and implemented by the representatives of the provider, the registered manager and senior staff. The registered manager was aware that some of the provider's polices required additional statements to support the practices and systems of Whittington House.

Soon after the acquisition of the home, the new provider carried out a clinical governance audit to understand the quality of the service being delivered. Subsequent audits have indicated that the home had made progress in all areas. Records showed that the provider carried out audits of the home in line with CQC key lines of enquires. The regional manager said, "The registered manager and all staff have really worked hard to turn things around and take on the Caring Homes Group procedures and systems." They went to explain the systems to support people have significantly improved such as the implementation and completion of monitoring charts where people need to be monitored. Records showed that other regular checks and audits were being carried out such as night and weekend checks; health and safety and infection control audit's as well external checks from health care professionals as the pharmacist. The audits helped to identify shortfalls and inform the home's action plan.

The registered manager met with the heads of departments and key senior staff most days for ten minutes

to discuss and raise key information such as concerns relating to people, the home or the care being provided. The registered manager also ensured they walked around the home most days and had a good insight into the progress of people and staff.

The registered manager received regular support from the regional manager and other representatives from the provider. The registered manager met monthly with the managers of the provider's regional homes to discuss policies, reflect on incidents and share information and practices. The managers were also asked to peer review each other's care services. This helped to identify concerns and also share and highlight good practices which could be implemented into their own service.

Since taking over the home, the provider was engaging and consulting with people, their families and other key stakeholders to drive improvement within the home. They had had recruited key staff members such as a new administration team, activity coordinators and a chef to enhance the staff teams that supported people. The provider ensured the 'voice of staff' were heard and had requested staff representatives from Whittington House Nursing Home to join the provider's staff council to discuss and raise issues concerning all staff employed by the provider.

The provider and staff also valued people's opinions and views of the service they received. A survey had recently been sent out to people, their relatives and other key people regarding the home. We were told that the completed surveys would be analysed and any trends or negative feedback would be acted on. People and their relatives were also encouraged to complete feedback cards which were sealed and sent to an independent online care homes website. The sealed comments were then verified before they were submitted onto the website.

People and their relatives told us staff were responsive to any concerns raised. The registered manager was considering alternative ways to communicate with people and their relatives as their quarterly meetings were poorly attended. However, planned for people to represent the home and attend the providers 'residents council' to discuss issues and hear about any changes in the provider's services. The new provider had plans in place to refurbish the home and had also reviewed the 'homes pride' to ensure the gardens, reception area and other communal areas were well maintained and presentable.