Central England Healthcare (Great Wyrley) Limited

Conifers Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 18 and 20 July 2018, and was unannounced. At the last inspection on 15 March 2017, we rated the service as requires improvement. At this inspection we found the service had made the required improvements. However, further improvements were needed to ensure people's needs were met.

The Conifers 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. Conifers Nursing Home accommodates up to 40 people in one adapted building. At the time of the inspection there were 39 people living in the care home.

There was a registered manager in post at the time of the inspection. 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.

Medicines were not always stored safely. We found medicines had been stored at the wrong temperature and people were at risk of receiving medicines that may be unsuitable for use. Checks on the quality of the service provided to people were not always effective. This was a breach of regulations; you can see what action we told the provider to take at the back of the full version of the report.

People were protected from abuse. People had their risks assessed, identified and managed appropriately. The home and equipment were maintained to minimise the risk of cross infection. People were supported by sufficient staff that were safely recruited. People received their medicines as prescribed. The registered manager had systems in place to learn when things went wrong.

People had their needs assessed and care plans were in place to guide staff. People received consistent care and had access to health professionals as required. New staff were provided with an induction into their role and their competency was checked. The staff received updates to their training. People had a choice of meals and were supported by staff to eat and drink sufficient amounts. The environment was suitable to meet people's needs. 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 supported this practice.

People received support from caring staff. People were supported to make choices and retain their independence. People's communication needs were assessed and systems were in place to support them. People were treated with dignity and respect.

People received support from staff that understood their needs and preferences. People's life history and

interests were understood and they had access to activities which were of interest to them. Staff understood how to provide end of their life. People understood how to complain and these were responded to.

People and their relatives had the opportunity to share their feedback. Staff felt supported by the management team.

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 always safe.

Medicines were not always stored safely.

People were protected from abuse.

Plans were in place to reduce risks to people.

Staff were recruited safely and there were sufficient staff to support people.

People were protected from the risk of infection.

The manager had systems in place to learn when things went wrong.

Is the service effective?

Good

The service was effective.

People had their needs assessed and plans were in place to meet them.

Staff were trained and had their competency assessed.

People received consistent care and support in an adapted environment.

People had enough to eat and drink and had a choice of meals.

People's rights were protected.

Is the service caring?

Good

The service is caring.

People were supported by caring staff.

People were offered a choice and supported their independence.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Good

The service is responsive.

People's preferences were understood by staff.

People had access to activities.

End of life care was understood by staff.

People's complaints were investigated.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems in place to drive improvements were not always effective.

People, relatives and staff were engaged in the service.

The registered manager understood their responsibilities.

Conifers 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 20 July 2018 and was unannounced. The inspection team consisted of one inspector, a nurse advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners about people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with 10 people who used the service and 13 relatives. We also spoke with the registered manager, the managing director, three operations managers, the cook, the house keeper and four care staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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 reviewed the care records of seven people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 15 March 2017 we found the service was safe and we rated the service as good. At this inspection we found some improvements were needed to medicines management and rated the service as Requires Improvement.

We found medicines were not always stored safely. For example, we saw one trolley which was used to store medicine could not be anchored to the wall as the policy required. This had been identified in an audit, but no action taken to address this. We also found medicines storage area temperature checks were in place, there was a fan in place to reduce the temperature but this had not had the required effect. The temperature exceeded the maximum recommended temperature of 25 degrees between the 9 July 2018 and the 18 July 2018 where had reached 29 degrees. We found despite advice from a pharmacist being sought, action had not been taken to check if medicines were compromised during this period. This meant people were left at risk of receiving medicines which may have been compromised in their effectiveness. We spoke to the registered manager and operations manager about this and they took immediate action to seek advice from a pharmacist and a doctor for all people with medicines which may have been affected. On day two of the inspection we saw the suggested action from the pharmacist and doctors had been followed and were able to confirm all medicines were in the process of being replaced and people had their health checked and had not come to any harm. The operations manager told us they had also ensured additional checks had been put in place and a portable air conditioning unit had been purchased for the medicines storage area. We will check the medicines storage systems at our next inspection to confirm these improvements.

People received their medicines as prescribed. Staff received training in medicines administration and had their competency assessed. This ensured they had the appropriate skills to support people with their prescribed medicines safely. A medicines policy was in place which guided staff on how to safely administer medicines. Staff were following the medicines policy when giving people their medicine and ensuring all records were updated. Medicine Administration Records (MAR) were in place and were accurately documented. A MAR is a record of people's prescribed medicines which are signed by staff when medicines have been given to the individual. People had pain assessments conducted to help manage their pain and where topical medicines were in use there were guidance documents for staff including body charts to show staff where to apply the medicine. Where people had 'as required' medicines there was a protocol in place which told staff when the medicine should be administered. These medicines are prescribed to be given only when needed, for example for the treatment of pain.

People and their relatives told us they felt the service kept people safe. One visitor told us, "We are always very confident when we leave here [person's name] will be getting the same care as when we are visiting." Staff were able to describe how they would recognise the signs of abuse and the procedures in place to report it. One staff member said, "If I had any concerns, I would report them straight away to the registered manager." We saw where incidents of alleged abuse had taken place these had been reported to the appropriate authorities for investigation. This showed people were safeguarded from abuse and protected from the risk of harm.

People were protected from the risks to their safety. One person told us, "The staff regularly help me re-position in bed as I can still get sore despite my special mattress." A visitor told us, "[Person's name] was admitted with ulcers on their lower legs, but these have now healed and the staff reposition [person's name] every two hours." Staff described in detail how they supported people to manage risks to their safety. Care plans and risk assessments were reviewed and updated on a monthly basis or sooner if required. Staff followed information contained in the risk assessments to ensure people were safe. We observed staff supporting people to transfer safely. Staff explained to people exactly what they were doing and why, checking all the time that people understood what was happening and that they felt safe. We found guidance for staff was in place to manage risks. For example, one person had a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube (PEG tube) is passed into the person's stomach to enable them to have food when they cannot eat orally. Guidance was in place to ensure staff supported the person safely and monitoring was also in place. This showed people had their risks planned for and managed to keep them safe from potential harm.

People told us staff were always around to offer them support when needed. Staff also confirmed they thought there were sufficient staff in place to support people with their needs safely. One staff member said, "There is enough staff, nobody has to wait for things, we are busy but everyone has the support they need." Staff were observed supporting people in a relaxed way and took time to speak with people to ensure they were comfortable. We found people did not have to wait for any aspect of their care. For example, one person asked staff if they could call their relative for them. The staff member went away and returned within minutes to share the information from the call with the person, there was no delay despite this being at a busy time during the day. We observed another example, where a person used the call bell to ask staff to support them to the toilet. The staff answered the call straightaway and gave the person the support they needed. This demonstrated there were sufficient staff to meet people's needs safely.

People received support from staff that had been safely recruited. Staff told us checks were carried out to ensure they were suitable to work with people and the records we looked at confirmed this. The provider checked to ensure staff were safe and suitable to work in the home. A Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People were protected from the risk of cross infection. Staff received training in how to minimise the risk of infection. The staff we spoke with understood how to minimise the risk of cross infection. Staff were observed to wear appropriate personal protective clothing when offering personal care. The home was clean and we saw there were checks in place to ensure this was maintained. The registered manager told us there was an infection control champion at the home, this meant they had a lead role to ensure the risks of cross infection were minimised through safe practices. This showed people were supported to live in a clean home which helped to minimise the risk of infection.

The registered manager had systems in place to learn when things went wrong. We saw there were systems in place to monitor and track any accidents or incidents. Incidents were analysed and reviewed to determine if there were any lessons to be learned and to track any repeat incidents for people to allow for a broader review of the person's care plan. We saw this was driving changes and improvements and preventing incidents from reoccurring.

Good

Is the service effective?

Our findings

At our last inspection on 15 March 2017 the effectiveness of service required improvement. This was because we could not be assured the principles of the Mental Capacity Act were always followed. At this inspection we found the improvements had been made and we rated this key question Good.

People's consent was obtained before they were provided with assistance with their personal care needs. One person told us staff always sought consent before they offered them support to meet their needs. The person commented, "They always ask." We observed staff seeking consent from people when offering them care and support. For example, we heard a staff member say, "Can I help you with that" when offering people assistance. We saw nurses sought consent when they offered people their medicines. People who had capacity and were able to do so, signed a consent form agreeing to their care plan. Staff told us if people did not give verbal consent they would go away and try again later. This showed consent was obtained from people to make decisions about their care and treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people were unable to make decisions about their care and support a mental capacity assessment had been undertaken to determine whether the person had the capacity to make a decision and to find out what support they may require to help them make a decision. Where a person lacked capacity a decision was made in the person's best interests. For example, one person lacked capacity to consent to their care. A best interest's decision had been made, which involved the appropriate people. We saw plans indicated how staff could seek consent and which decisions people could make for themselves, staff understood these plans and were able to describe how they used them to guide how they supported people with consent and the provision of their care. This demonstrated how staff applied the principles of the MCA and promoted people's human rights.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were authorised Deprivation of Liberty Safeguards (DoLS) in place where people had restrictions to ensure they received the appropriate care and treatment. We saw people had their capacity assessed and an application made to the authorising body. The documentation showed there had been consideration of the least restrictive options. Staff were able to describe what this meant and were observed providing support in line with the authorised DoLS. This meant that people were supported in the least restrictive way and in line with the MCA.

People and their relatives were involved in completing care assessments. The assessment process included a section called 'getting to know me'; we found this aspect of the assessment was designed to gain

information for staff about the person's strengths, attributes and personality. The assessment also identified people who were important to the person, significant events and considered cultural and religious aspects of their needs. This information was gained from the person and those close to them. Assessments and care plans were in place to meet people's individual needs. For example, people had their needs assessed and risks identified with regards to nutrition, their skin integrity, falls and moving and handling. Where required people had individual plans in place and these were reviewed monthly. For example, one person was living with diabetes there were specific guidelines for staff to follow to support the person to monitor and manage their condition. This demonstrated how people's needs were assessed and effective care was planned to meet those needs.

People told us they felt staff were well trained. One person said, "The nurses have all been trained in how to change my catheter." They went on to explain that staff had also been trained about how to monitor for signs of infection. Staff told us they received an induction and had regular updates to their training. One staff member said, "The training is good here, we have a good training program with regular updates." The registered manager told us the provider had their own trainer who delivered training to staff and they had recently completed 'train the trainer' courses for some staff to offer training in manual handling. This ensured staff had the skills to assist people with their mobility safely. The cook told us they had recently attended an intensive nutrition course which had an emphasis on 'make every mouthful count' and also covered nutrition in dementia which they found really useful and they had got some good ideas on presentation to encourage people to eat. We saw staff using the skills they had been taught when delivering people's care. For example, when they offered people meals and when they supported them with their mobility. There was a training matrix in place which monitored when staff were due to renew their training and lists created of training that was due. This ensured that staff received refresher training in a timely manner so they had the up to date skills to meet people's needs.

People were able to access food and drink whenever they wanted to and had a choice of meals. One visitor told us their relative was not eating well and was losing weight before they were admitted. They went on to say, "[Person's name] is now eating three meals a day and sometimes has two portions. They were now gaining weight, which, they haven't done for a number of years." Staff were aware of suitable meals for the individual and their preferences. Information was detailed in care plans to guide staff on managing risks associated with peoples diets. Monitoring charts were in place where people needed them. The cook told us they provided home cooked food and made homemade milkshakes with fresh fruit and full cream milk. They went on to say all the food was freshly prepared including cakes and puddings. When reviewing the menus, the cook carried out taster sessions first, recently they had introduced steak and ale pie which has become very popular. The cook was notified on admission of people's dietary needs and preferences, this included information about any allergies, health conditions and requirements relating to peoples culture or religion. Plans were also reviewed on a monthly basis. We saw where people had specific dietary needs, staff ensured these were followed and where people needed support and encouragement to eat and drink this was given. This demonstrated people's dietary needs and preferences were understood and they were supported to maintain a healthy diet.

People received consistent care and support. Staff told us they had a handover at the start of each shift. Handover documents gave staff key information about the person and their needs and noted any areas where issues had taken place or changes to their care plan. Staff said this was helpful in keeping up to date about people's needs. There were opportunities for staff to come together and meet as a department and we saw this enabled staff to discuss how the home operated. The home had a system in place to discuss all aspects of people's care plans once a month. The process was called 'resident of the day' and this allowed all staff across the home to check if the person's needs had changed and address any changes to their planned care. Staff told us they felt they were able to support people consistently as they had a good

understanding of people's needs. The care records we looked at and our observation confirmed people's needs were being met.

People had access to health professionals when they needed and referrals were done promptly. One person told us they had a catheter in place which, despite regular checks, required changing. They told us nursing staff were able to do this for them. We confirmed with nurses they had received training to change the catheter as required and records showed there was clear guidance in place for staff and nurses to support the person with monitoring and changing the catheter when needed. We saw where people required additional support or advice from a healthcare professional this was sought. For example, one person had been admitted to the home with a pressure sore, staff told us, and records confirmed, advice had been sought from a specialist tissue viability nurse on what treatment was required to help the person's skin improve. We observed that this advice was in the person's care plan and staff understood what they needed to do to support the person. Daily records showed the person's care had been delivered in line with the care plan and advice from the healthcare professional. This showed people were supported to maintain their health and engage with health professionals as and when required.

The environment was adapted and decorated to meet people's individual needs. There were pictures on the walls and people could bring in their own personal possessions. We saw there were adapted bathrooms and toilets for people to use and handrails were in place in corridors. This assisted people who had reduced mobility. We found there was easy access to routes to a garden area which people enjoyed using. Some bedrooms had en-suite bathrooms in place. We saw there were evacuation chairs available to support people on the first floor to evacuate in cases of an emergency, and there were clear plans in place to guide staff in when and how these were to be used by people.

Good

Is the service caring?

Our findings

At our last inspection on 15 March 2017 we found the service was caring. At this inspection the service continued to be caring and was rated Good.

People told us they had a good relationship with staff and they provided support in a caring way. One person told us, "The staff are always in and out they are really good." One visitor told us their relative was unwell and had been very distressed during a visit. The staff had supported the person and once they had managed to encourage the person to rest and finally go to sleep they contacted the relatives to tell them. The relative added, "The staff pulled out all the stops to keep [person's name] calm and care for them, they really did. Today they are like a different person sat up smiling and looks really well again, we can't thank them enough, I don't know how they do it." We saw staff spend time with people and were kind and considerate in their interactions. For example, staff were observed and heard to be discreet when people needed assistance. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively. The registered manager told us about the scheme they had introduced called the 'butterfly scheme'. There were butterfly stickers placed on the door of those people that preferred to stay in their bedrooms but had elected for joining the scheme to encourage staff to pop in for a chat. People told us staff used this and were always in and out with a conversation. Staff were all aware of how important this was to people and told us they used the butterfly as a visual reminder to go in. This showed people were supported by caring staff and reduced the risk of isolation.

People were encouraged to make their own choices and decisions and were supported to maintain their independence. People told us they had a choice about where to spend their day and what type of things they liked to do. They said they had a choice of when they wanted to have their meals. Staff told us they offered choices to people and our observations through the inspection supported this. For example, we saw people had a choice of drinks throughout the day and different meal options. One person was given a choice of whether they wanted to go to the dining room for their meal. The person chose to stay in the lounge; staff respected their choice and ensured the person had access to a tray table to enable them to eat their meal independently. People were encouraged to retain their independence. Care plans identified where people were able to do things for themselves. There was a focus on maintaining independence and the plans guided staff about what aspects of care people could do for themselves.

Staff communicated with people in a way they could understand. The registered manager told us about a scheme they had introduced called 'communication corner'. This was an area in the home where different communication tools were available to support people with their communication needs. There were picture cards to help people point at their preferences and a board with a pen for them to write what they wanted. There was also a computer and an electronic tablet which people could use to help with communication. People had their communication needs assessed and plans were in place to guide staff on how to support people. Staff were aware of people's needs and could describe how they supported people. For example, one staff member said, "Most people here can make themselves understood but we have things in place like the board and the pictures which can help."

People and visitors told us that staff treated people with respect and maintained their privacy and dignity. People said staff took time to get to know them and listened to them and always were caring and respectful when they engaged with them. Staff could tell us about the training they had received to support them to recognise how to maintain people's dignity. Staff gave examples of what they did when people were having personal care to ensure their privacy was protected. We saw staff were respectful and maintained people's privacy. For example, when bedroom doors were closed staff were observed always knocking doors and identifying themselves before they entered the room. People's care plans and daily records were written in a way that was respectful and offered guidance to staff on maintaining the person's dignity. This showed people were treated with respect and their privacy was maintained.

Good

Is the service responsive?

Our findings

At our last inspection on 15 March 2017 we found the service was not always responsive. This was because people were not always receiving personalised care. At this inspection we found the service had made the required improvements and we rated the service as Good.

People's preferences were understood by staff. One person told us they preferred to stay in their bedroom and staff respected their choice. They told us, "The staff are like my friends and they come and talk to me, I can relate to them because they are nearer my age." A visitor told us, "This is a real home and there is a sense of an extended family, everything is just right for [person's name] I could not be happier with them being here. The staff understand [person's name] as a person, I visit at all times of the day and night and the care is always the same, I often hear them singing with [person's name] when I arrive, the staff are so cheerful and caring." Staff could describe the things people liked and disliked and could give examples of details they had learned about people and their past history. One staff member said, "One person has a love of singing and we sing together." Staff could describe people's past interests and their working roles and understood about the people and events that were important to them. We saw staff were able to engage with people and have conversations. Staff took time to find out what people wanted and to offer a choice, this included understanding people's individual needs and preferences with regards to their culture, beliefs and sexuality. We found care plans had details about people's preferences included to guide staff on how to deliver peoples care and people and their relatives were involved in assessments, care plans and reviews. This demonstrated staff were aware of people's preferences and used this information when providing care and support.

One person told us, "The activities staff ask me if I can think of anything I would like to do, I do jigsaws and watch television. The staff all have lovely personalities, they are my friends." Another person told us about a recent event at the home to celebrate Royal Ascot. They commented, "We have been treated like royalty, we had a long table down the middle of the lounge and had our meals there." Staff were employed specifically to support people with engaging in activity which was of interest to people. People we spoke with said staff engaged in providing activities were good and they had enjoyed the things on offer. We saw a schedule was in place of different activities for people and that the activities staff also spent time with people on a one to one basis to have a chat. The activities coordinator told us, they spent time getting to know people and finding out what they wanted to do and used this information to develop the schedule of activities. They commented, "The most important thing we do is the one to one." Reminiscence was enjoyed by everyone and the activities staff told us they use the session to try and find out what people used to like to do and introduce it back into their lives. We saw gentle keep fit and pot planting was done and people confirmed they had introduced some ideas themselves. Two people were involved in sharing an activity which they enjoyed to make stuffed animals which had been given to charity and sold to raise money for the home. Staff told us the individuals were unable to do this alone as there were aspects of the process which their health prevented them from completing so they had been paired to do this together. This showed people were engaged in meaningful activities.

People and their relatives understood how to make a complaint. People and their relatives told us they felt if

they had concerns these would be addressed. There was a complaints policy in place and we saw where complaints had been received these had been investigated and a response provided in line with the policy. For example, one complaint had been investigated, we saw a record had been kept of the actions taken, which included witness statements and a letter of apology. This showed people's complaints were investigated and responded to.

The home was not supporting anyone that was at the end of their life. However, there were systems in place to assess people's needs and preferences and put specific care plans in place should this be required. Staff understood how to support people that were at their end of life to have a comfortable, dignified, pain free death. They described additional checks and making sure people were comfortable. One staff member said, "We do additional checks on the person we carry out oral care for example and reposition the person to ensure they are comfortable and pain free. We also check on the people around them, their family, making sure to offer drinks." This demonstrated staff understood how to ensure people were supported at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 15 March 2017 we found the service was not always well led. At this inspection we found the service had made some improvements, however there were other areas that needed improvement and we have rated the service as Requires Improvement.

The systems in place to check on the quality of the service people received and ensure safety were not always effective. For example, checks on medicine storage were not effective in ensuring medicine was stored safely. Checks had been carried out on the temperature of the medicines room and the temperature was found to have exceeded the minimum temperature set. Advice had been sought about this from a pharmacist who said the medicines were most likely ok to administer however the provider should carry checks out using the individual data sheets for medicines potentially affected. However, the operational manager confirmed the advice had not been followed and the data sheets had not been checked. This meant people had continued to receive medicine which may not have been safe to administer.

In a further example, the environment was checked regularly to identify concerns. However, action was not always taken promptly to address the issues found. For example, we found a carpet had been identified as unsafe in the lounge area in April 2018. The carpet was loose in some areas which created a trip hazard for people, placing them at risk of falling. Investigations had been undertaken to look at the cause however action had not been taken to obtain a repair or replacement on the day of the inspection. An external infection control audit by the infection prevention and control team in May 2018 also identified this as a potential infection control issue. We spoke to the operations manager about this and they confirmed they would now be obtaining a replacement carpet and they had arranged for a temporary fix to be done until the new carpet could be fitted. We will review this at our next inspection.

We found there was a system in place to review incidents and accidents to ensure any learning and updates to people's risk assessments and care plans were completed. However, we found this was not always consistently completed. For example, one person had a near miss incident, where they had been found walking downstairs. The incident form was not completed for this incident as it should have been; this meant the person's risk assessment and care plan had not been updated. Although actions had been taken to safeguard the person and minimise the risk of reoccurrence. This showed the processes to monitor incidents were not always used by staff effectively.

Care plans were checked 72 hours after admission and were then repeated monthly. However, one plan we looked at had not had the 72 hour checks completed. We found some guidance for staff in this persons care plan was not in place. This meant staff may not have up to date information about how to meet people's care and support needs. We saw on day two of our inspection that the care plan had been updated and the file had been audited, the registered manager told us this would have been identified when the persons care file was looked at in the monthly resident of the day audit process. In another example, we found some audits had identified actions to update care plans. However, these had not been completed. The registered manager was aware of this and said there was now a plan in place to have outstanding actions completed by August 2018. This meant the processes for auditing care plans were not always followed by staff. We will

review the use of this system at our next inspection.

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

Other audits and checks in place were identifying areas for improvement and were effective in driving change. We found the provider had developed an action plan which helped them monitor their actions to make improvements to the service. We saw this was driving improvements. For example, the environment checks had identified a problem with one of the bathroom floors; this created an odour which could not be cleaned away. There had been investigations done over a long period of time and replacement flooring. However, this had not solved the problem. The registered manager told us there were plans in place to completely replace the floor and the bathroom was out of action until the work could be arranged. People were still able to access a bathroom for use so it had no impact on them. We will check on this at our next inspection.

The registered manager understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. The registered manager was supported in their role by operational managers and the provider.

People, relatives and staff were kept up to date with things in the home and were able to raise any concerns. People told us they had an opportunity to attend meetings. However, they felt these were more about learning things about the home and planned changes rather than a place to raise matters themselves. Everyone said they felt they could raise concerns individually. However, Relatives told us staff always made them feel welcome. Some had attended the residents meetings However; they agreed this was a place where information was shared rather than an opportunity to raise matters. Staff told us they felt able to make suggestions about how things could operate in the home. Staff were supported in their role. Staff told us they had opportunities to discuss things with the registered manager and had opportunities to raise concerns internally and externally if required. We saw there were regular opportunities for people, relatives and staff to speak with the registered manager. We found surveys were also done with residents, relatives and staff to obtain their views. These were analysed for ideas for improvement and feedback was given. This showed people, their relatives and staff had opportunities to express their views about the service.

We saw there was a system in place to record when staff had supported someone and made a difference to their lives. The staff made record using photographs, for example if someone had spent time with a visiting pet. This meant the registered manager and others could monitor how outcomes for people were being improved.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The governance arrangements were not effective in driving improvement.