Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Warmley House Care Home

Tower Road North, Warmley, Bristol, BS30 8XN

Tel: 01179674872

Date of Inspections: 24 September 2014
23 September 2014

Date of Publication: December 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Lunan House Limited
Registered Manager	Mrs Susan Maria Horsewell
Overview of the service	Warmley House Care Home provides nursing and residential care for up to 58 people within the Bristol and South Gloucestershire area. The home also provides care to people with dementia.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Warmley House Care Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Meeting nutritional needs
- Cleanliness and infection control
- Safety and suitability of premises
- Staffing
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 September 2014 and 24 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

The purpose of this inspection was to follow up previous non-compliance where we identified serious failings in the home. Below is a summary of what we found. The summary is based on our observations during the inspection, seeking experience and views from people who used the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary, please read the full report.

Is the service safe?
People were protected from the risks of inadequate nutrition and dehydration. People were being supported at mealtimes so that they received sufficient amounts of food and drink.

The service was clean and hygienic. Appropriate guidance, equipment and facilities were in place for staff so that people were safe and protected from the risks associated with cross infection.

People lived in surroundings that were safe and promoted their wellbeing. Equipment provided to people was safe and properly maintained.

Additional cover was provided when there was any staff absence and new posts had been deployed to provide additional staffing. A staffing tool had been introduced to help determine safe staffing levels.

Is it effective?
Improvements had been made to ensure people received appropriate care and support by using effective systems to assess, plan, implement, monitor and evaluate people's needs.

People were involved when planning of their care. This ensured their needs were clearly identified and the support they received was personalised.

People were now being involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised.

Additional training had been identified since the last inspection that was relevant to people's needs and to promote best practice. Training had been booked and some training had been completed.

Is the service caring?
Staff treated people kindly and they were receiving care in a way that respected their dignity and independence. People were being supported at mealtimes with patience and by staff that were sensitive to their needs.

People have benefited from care that is delivered in an individualised way that promotes their independence.

The keyworker system and "resident" allocation had increased staff awareness of individuals' needs. Staff we spoke with were knowledgeable about people's lives, their likes and dislikes.

Is it responsive?
Improvements had been made to ensure people were involved in making decisions about the care and support they received.

Additional activity hours had been deployed to cover seven days per week to help enhance people's experience.

It was evident that the home was making every effort to respond to the failings identified at the inspection of June 2014 in order to improve the quality and safety of service provided.

Is it well led?
The provider had deployed a deputy manager in order to address previous non-compliance and to help support consistency and leadership in the home.

The quality monitoring systems in place had improved and were more effective in identifying where improvements were needed.

New systems had been implemented. The registered manager had looked at ways that staff would feel valued and be able to effect positive change and equally feel supported. Nurse's ideas and expertise were being sought through new bi-weekly meetings.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity, and independence was respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

At the inspection of June 2014 we saw examples throughout our visit to the home, where people were not treated with dignity and respect. People looked unkempt, some people had hair that looked dirty and did not look as though it had been brushed. There was also dried food and stains on their clothing. We also saw that two people had faeces on their fingers and under their nails. Two members of staff providing personal care to one person with the bedroom door open.

People were not treated with dignity and respect at mealtimes. We saw people who needed assistance with food left in their laps following mealtimes; clothes were not always protected from spillages from food and drink. People's clothes were left soiled and they were not offered or assisted to change.

At this follow up inspection improvements had been made. This was attributed to improving practice and consulting with people about how they wish to be supported with personal care. Spot checks were also being completed throughout the day by the registered manager, the deputy manager, nurses and senior care staff. Instant supervisions were conducted if shortfalls were identified. Equally staff were praised for good practice. Staff were reminded of maintaining people's privacy and dignity at the handover of each shift.

Following the inspection of June 2014 new care documentation had been introduced, staff had received training on how to use this. People's care plans with regards to personal care needs had been reviewed with individuals and where necessary their families. Staff had identified improvements were required around "personal grooming" and staff needed to change their approach. The level of detail reflected an individualised approach and people had been consulted. We spoke with a senior member of care staff. The staff member told us the detail had improved to provide staff with guidance on peoples personal preferences, likes and dislikes.

During lunchtime staff had asked people if they wanted their clothes protected. Some people declined the protectors and this was respected. People were encouraged to change their clothes if they became soiled or stained. Two people wanted to change their clothes when they realised the clothes were stained. People were being assisted sensitively and at their own pace at lunchtime, we did not see food in people's laps during our inspection.

At the inspection of June 2014 one person and their relative told us that their aid was dirty and staff didn't always clean it. Following the inspection the registered manager sought professional advice from an audiologist about cleaning hearing aids effectively. Staff were advised not to pass anything down the tubing if it got clogged with wax and that it should be replaced when this happened. Training had been booked to increase staff awareness when caring for hearing aids, glasses and dentures.

At the inspection of June 2014 we were told by a visitor that their friend was wearing another person's dentures. At this follow up inspection the registered manager told us this was not the case. Following the inspection a dentist had visited the person and confirmed that the dentures did belong to them but they were a poor fit and required replacing.

At the inspection of June 2014 it was identified that staff required an update in moving and handling. All staff received this within a short timescale following the inspection.

At the inspection of June 2014 people did not always have opportunities to be involved in social or community activities. At that time there were 20 hours deployed for activities over a four weekday period. Following the inspection this had been increased to provide weekend activities and an extra day during the week. One position had been filled and recruitment was ongoing.

Following the inspection of June 2014 a dementia care expert conducted a Dementia Care Mapping exercise in the dementia unit. Dementia Care Mapping is a set of observational tools, designed to evaluate quality of care from the perspective of the person living with dementia. It promotes a holistic approach to care, supporting the well-being and psychological needs of the person with dementia.

The report highlighted some positive engagement and interaction between individuals and the staff during activity sessions. The report also identified where good practice could also be enhanced. One person was seen enjoying a "rummage box" and was putting on jewellery items. It was recommended in the report that a "rummage box" for men would be meaningful and it could contain DIY and military themes, cars, planes and other items according to their personal interests.

There were other areas for improvement and recommendations. These were being addressed through, supervisions, additional training and observation and shadowing of staff. Staff on the dementia unit told us things had improved and there was more choice in activities for people and they "seemed more content since the changes had been made".

Three people liked to join in with activities taking place in other parts of the home. The activity coordinator visited the dementia unit twice a week to ensure that staff had the resources they needed. There was craft equipment available, playing cards, colouring books, musical bingo, scrap books and cake decorating supplies. The staff told us that one person preferred more physical activities such as dancing and going for walks. People's social needs were being met in an individualised way taking into consideration their

interests

During our visit on the dementia unit people were talking with staff individually and reading. One person was using wooden blocks as an activity. A Sing-a–long session was taking place and staff asked people what music they would like by offering them a choice of three musical artists. All but one person chose Tom Jones to listen to and the activity was enjoyed. It was recorded during the Dementia mapping exercise that it would be useful if staff knew the words to the songs so they could join in more effectively.

A new "My Choices" document had been introduced to capture peoples life history and to record their preferences with regards to activities and hobbies. These had been completed for those people who had the mental capacity. Families were being invited to help complete these for people that required more support. We saw that some families had been involved through telephone discussions because they lived further away and could not visit regularly. The deputy manager was overseeing this new initiative.

We met with the activities co-ordinator. They had previously worked in the home for five years providing care and they knew people well. They were pleased that additional hours were being deployed for activities and felt this was positive move.

The coordinator arranged a programme that included weekly entertainers, one to one sessions and group activities. They also told us about events that had taken place since the inspection in June 2014. This included, coffee mornings, a shopping trip, a dominos club, flower arranging, trips to the local pub garden and themed parties. People were able to visit a shop in the grounds in the warmer months, in the winter the home had an internal "trolley shop". People could purchase toiletries, cards, sweets, jewellery and various other items.

The coordinator took photographs of people enjoying activities and special events and put them into albums so they could be shared with family members and visitors. They asked for feedback from people following activities and events and comments were recorded in people's journals. The coordinator attended "residents and relatives" meetings. Activities were always discussed as part of the agenda so that people were consulted and could influence the activities that took place.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At the inspection of June 2014 the written quality of the care plans varied. The care documentation lent itself to a holistic approach to care, however the records were incomplete. People's psychological and emotional wellbeing had not been considered and these sections had not been completed.

At this follow up inspection we found that improvements had been made. Care plans contained information that would help inform staff about how people wanted to be supported so that their choices would be respected. Each person had a detailed social profile which provided staff with a story of important significant events in people's lives.

Individuals and their families were being invited to care reviews and keyworkers were attending these to assist with continuity and consistency of care. A new key worker allocation had been set up. Each staff member had been allocated a group of people.

Their role included making sure that people had toiletries that they preferred to use, they had plenty of clothes and underwear and that these were labelled and in good repair. The keyworker was also responsible for keeping in contact with family members and attending any appointments with the people they were supporting. One member of staff told us about how the keyworker role had enhanced a personalised approach.

At the inspection of June 2014 two people on the nursing unit had a pressure ulcer. Photographs had been taken of the wounds but the quality was poor and staff would not be able to see what the pressure sores looked like or where they were. The wounds had not been measured. The photographs were not dated or signed so staff would not be able to monitor progress or deterioration, to decide on any further necessary action by using these photographs.

This had been immediately rectified after the inspection. Photographic paper had been purchased and the quality of the pictures had improved. We looked at the records for a person who was receiving wound care during our visit. There was effective monitoring, evaluation and recording at every dressing change

At the inspection of June 2014, staff were not always completing care records which evidenced any care/support intervention during the day. Following the inspection staff received supervisions and accurate record keeping was discussed so that staff knowledge was updated. One staff member told us, "It was useful and made you think about your own accountability, we have improved".

At the inspection of June 2014 not all staff we spoke with understood how to meet specific needs of people with dementia in a way that promoted their rights and choices. They told us that they had not received any training on supporting people with dementia.

Following the inspection Four Seasons Health Care provided staff with training to raise their awareness in a personalised approach that met specific needs for those people with dementia. We spoke with staff about the training to see if it was effective. Comments included, "The training was very useful and helped me understand how people with dementia need to be supported", "It was quite an eye opener for me and made me question my practice" and "We had role play and then discussions about how it made us feel when some of us were pretending to be residents. It was a great way to learn and I feel I provide care that will support people better".

At the inspection of June 2014 some people looked unkempt, people we spoke with had an unpleasant odour, they had dirty teeth and their hair was visibly dirty. Care plans and other care documentation was not personalised and had not been completed to tell us what personal care people received on a daily basis.

At this follow up inspection this had improved. This was attributed to improving practice, reviewing daily routines and consulting with people about how they wish to be cared for and supported. We spoke with a care staff member who was a senior. They felt the dementia and personalised approach training together with the keyworker allocation had contributed to "raising standards and people's experience". They showed us examples of "personal grooming" care plans. These contained very specific detail about how people wanted to be supported. This included, preferences about the frequency of baths and showers, wet or dry shaves, preferred toiletries, applying creams and what people wanted to do with their hair.

At the inspection of June 2014 staff had limited understanding of the Deprivation of Liberty Safeguards (DoLS). These protect people from unlawful restrictions being placed upon them. Staff told us they had not received any training. People on the dementia unit were unable to leave without staff support because there was a key pad in place and they did not know the code. The registered manager confirmed after the inspection that no one was subject to an application under DoLS. However, they told us this was under review in light of the recent Supreme Court ruling and they were planning to submit applications for people who were living in dementia unit.

At this follow up inspection we spoke with the registered manager about the progress that had been made. Group supervisions with all staff had been taking place to discuss DoLS. Training had also been provided for staff about decision making and how these should be made in people's best interests. Applications had been submitted for those people on the dementia unit.

One member of care staff spoke with us about how they had been involved a recent best interest meeting. They described a multi-agency approach and that a social worker, a professional from the community mental health team and a GP were involved in helping

support a person to make a decision that they couldn't make independently. The person and their family were also part of the decision making process. The staff member described the process as a positive experience and that they had supported this person effectively.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People told us they "liked the food and they didn't ever feel hungry". Comments were generally positive and included, "It's quite tasty, very much like home cooked traditional food", "More homemade cakes would be nice" and "My relative never complains about the food".

At the inspection of June 2014 the selection of menu choices was not always offered to people consistently throughout the home. This particularly related to people living in the dementia unit and on the day of our visit they were not offered any choice during lunchtime.

After the inspection the registered provider sent us an action plan outlining what action they would take. The action plan told us it was the homes policy that everyone in the home should be offered all the options available at mealtimes. It was unclear as to why this had not happened on the day of our visit.

At this follow up inspection we observed lunchtime on the dementia unit. Six people were having lunch that day. One person was stood near the trolley looking at the choices. Four people seated at a dining table were shown the option of sausages or chicken casserole. A person waiting for a new hearing aid had the choice of food written down for them. One person told the staff they wanted less potato and staff told us they knew what people preferred regards portion size. Staff gave them more if they asked.

The registered manager spoke with us about one person who was a vegetarian and had "very limited preferences" when it came to choice of foods. This was the case prior to moving in to the home. They told us about how they had sourced a favourite unique pudding from a private supplier. The person enjoyed these on a daily basis.

At mid-afternoon there was a small plate of cake and biscuits offered to people with a cup of tea. We asked if more finger foods were available. In response to our question a plate of savoury snacks were provided. These were all eaten. The registered manager told us that additional snack items were available in kitchenettes for everyone in the home and they would remind staff to offer these to people in between mealtimes.

At the inspection of June 2014 we were concerned that people were at risk of thirst or

dehydration as they were not supported or encouraged to drink sufficient amounts for their needs. In the dementia unit we saw beakers of orange juice were put in front of people during lunch time and then removed without people drinking the fluid. The jugs of fluids in people's rooms had not been refreshed during the day. We did not see evidence of people being encouraged to drink fluids during the day other than tea or coffee at 11am, juice at lunch time and then a further hot drink at 3pm.

At this follow up inspection we saw that improvements had been made. People were being offered drinks throughout the day and during mealtimes. There were large jugs of an assortment of juices in the communal areas that were in people's reach. The registered manager and senior care staff conducted spot checks to ensure fluid intake was being maintained.

At the inspection of June 2014 we saw that fluid intake was not totalled at the end of a 24 hour period for those people who were on fluid charts. We were unclear about how staff would be alerted to a poor intake. At the time of the inspection staff on duty were unable to clarify this for us. Following the inspection the registered provider sent us information in their action plan about their policy on monitoring fluid intake and recording.

The policy of the home was that "target intakes for people were only set if there was a medical reason". The intake expected for individuals to drink was based on their initial pre admission assessment and what would be a "normal" intake for them prior to moving in to the home. If there was any variation on this intake it would be reported to the GP for advice.

People had care plans for their nutrition needs and the home used the Malnutrition Universal Screening Tool (MUST). The tool was used to determine whether people were at risk of malnutrition. We looked at nutritional care plans for two people on the dementia unit. They contained guidance to staff about the risk of choking and the actions to reduce the risk were clear.

An example was seen where the required texture of food was recorded and fluids were to be given using a teaspoon. The staff we spoke with were aware of the type of food and fluids each person had. The monthly care plan reviews were informative and summarised the progress people had made.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

The provider had taken steps so that people were protected from the risk of cross infection and appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

At the inspection of June 2014 we found people were not always protected from the risks of cross infection. Staff were not following the homes policy and procedure for infection control.

Staff were not wearing protecting clothing when providing personal care to people. They were also seen staff carrying dirty laundry through the home without wearing protective clothing. Laundry skips were stored in bathrooms and were not being used. There was a soiled continence pad on a person's bedroom floor along with their nightwear, towels and wet flannels.

Following the inspection the provider sent us their action plan to tell us how they were going to address this. A programme of re-training in infection control was undertaken. All staff attended the training, completed a questionnaire and completed work books. In addition to this the registered manager and deputy manager conduct "competency checks" throughout the home to observe staff practice. Where they had seen staff not adhering to the policies and procedures, "instant supervisions" were conducted with the staff member. Disciplinary action would be taken for continued bad practice. Staff told us, "It was a useful update", "It made me realise how we forget to do simple things that are really important" and "It's raised my awareness and improved my practice".

New colour coded laundry skips had been purchased. We did not witness poor practice during our two day visit and staff were following the homes infection control policy and procedure. Staff were wearing aprons and gloves and using the laundry skips throughout the home.

At the inspection of June 2014, protective coating on four wooden toilets seats and toilet plinths had worn away, exposing the wood. This meant that urine could penetrate the wood making it difficult to clean and increase the risks of infection to people living in the home. At this follow up inspection we saw that the toilet seats had been replaced and the wooden plinths and been re-painted.

At the inspection of June 2014, people were placed at risk of cross infection because appropriate standards of cleanliness had not been maintained. We saw that commodes, toilet seat raisers and shower chairs were dirty and ingrained with dried urine and faeces. The furniture, fixtures and fittings and soft furnishings in some of the people's bedrooms were dirty. We saw dried food, urine and faeces stains on beds, chairs, door handles, doors and carpets. There was dried food on some of the chairs in the lounge areas.

At this follow up inspection improvements had been made and achieved due to several new initiatives. People and staff told us, "Cleanliness has improved especially in the dementia unit", "More domestic staff has helped and this has improved morale because we feel like we are doing a good job" and "This is a large home and I think the staff do a great job, my relatives room always looks like the staff have really cared to keep it special and clean".

The housekeeper's role had been changed to incorporate two days supernumerary. This enabled them to enhance their role and responsibilities. They told us this had made them feel in greater control of maintaining improved standards around cleanliness and they could "keep a better handle on things". They were conducting a daily "walk around and spot checks" on all areas of the home. Findings were discussed with domestic staff and any problems were dealt with immediately. Bi-monthly meetings for all domestic staff were taking place so that staff felt supported to discuss any problems and share new ideas.

In June 2014 there were vacancies for domestic staff. New staff had since been recruited and this had helped maintain consistency in cleaning routines and schedules. Deep cleaning had been completed in certain areas of the home. The registered manager had made it clear to staff that they all had equal responsibility for maintaining cleanliness of equipment after use, including wheelchairs, commodes and furniture. Where it had been identified some things were beyond cleaning they had been replaced. This included commodes and new flooring. The home was clean and fresh during our two day visit to the home.

At the inspection of June 2014, two bathrooms had tiles missing exposing the plaster. In a shower room on the nursing unit the tiles had lime scale and mould on them. This meant these areas were difficult to clean and posed an infection control risk to people. Deep cleans and remedial works had been completed following the inspection. We were told that finance had been agreed for two bathrooms and a wet/shower room to be refurbished and redecorated. Quotes for outside contractors were being sought.

The kitchenette in the dementia unit had cracked tiles and peeling grout. The sealant around the sink was peeling around the edges of the draining board and units. The sink was stained and the floor was sticky. The fridge was not clean and encrusted with dirt and grime. Staff were using this area to make drinks for people and their visitors. At the follow up inspection we saw this kitchenette was being refurbished and redecorated.

At the inspection of June 2014 a sluice was cluttered making it difficult to access the hand washing facilities. There were no hand towels for the use of staff in this area once they had washed their hands. At the follow up inspection we saw clutter had been removed and a hand towel dispenser had been installed.

At the inspection of June 2014 waste disposal bins did not have lids and the home did not have clinical waste bins for continence products with a foot pedal. Where there was a bin with a foot pedal the action opener this was broken. Following the inspection all broken

bins were replaced and additional new bins had been purchased.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The provider had taken steps so that people who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

At the inspection of June 2014 we were shown around the home. We saw evidence that some of the areas of the home were not safe and suitable in relation to the fixture, fittings and furniture. The concerns were found in the residential and dementia unit.

Concerns included trailing electrical wires; radiator covers were loose and not fully attached to the wall. There were broken items of bedroom furniture in some of the bedrooms and a head board that was resting on the floor and not attached to the bed. These concerns were brought to the attention of the Area Manager on the day of our visit and we received confirmation the following morning that they had been addressed.

Peoples wall lights had exposed light bulbs and we were concerned people may be at risk of injury. Following the inspection the Area Manager contacted the Health and Safety advisor, their advice was that the bulbs did not pose a risk because the bulbs did not get hot enough. To provide the safest solution the provider decided to remove the wall lights and install dimmer switches to all room. This work had commenced and was ongoing at the time of the follow up inspection.

At the inspection of June 2014 storage and linen supplies were inadequate. Bedding was old and threadbare, towels were ripped and faded. Following the inspection we were told in the provider's action plan that staff had checked all laundry supplies and everything was replaced that was unsuitable. This was confirmed through our observations at this follow inspection.

On the dementia unit there was clutter in the hallways and no clear signs for people to enable them to identify areas such as bedrooms and bathrooms. These surroundings would make it difficult for a person with dementia to find their way around safely and independently.

At this follow up inspection we saw that clutter had been removed. The manager contacted the Four Seasons Health Care dementia team for advice on "signposting" the dementia unit. Signage had been purchased for bathrooms, bedrooms, toilets and the lounge. The registered manager told us that the dementia care advisor would be visiting the dementia

unit to consider the environment to support people with dementia more effectively.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the inspection of June 2014 there were four domestic vacancies. This was having an impact on the people who were living in the home in relation to ensuring it was clean and risks relating to cross infection were minimised. At the follow up inspection the cleanliness had improved and the risks of cross infection had been reduced. This was partly because new domestic staff had been recruited.

At the inspection of June 2014 there was little stimulation for people. An activity co-ordinator was employed in the home for 20 hours a week over working four days. People told us there was very little in the way of activities. One person said "I am bored, I sleep most of the time and hardly see anyone". Following the inspection the home had deployed additional hours for activities so that people would have access to activities seven days per week. The new staff had not commenced employment at the time of the inspection so we were unable to determine if this had been effective to people.

At the inspection of June 2014 the home was unable to evidence how they determined staffing levels. They did not use a staffing tool which took into consideration the dependency levels of people. The provider was unable to be assured sufficient staff were working in the home to meet needs safely and effectively.

At this follow up inspection we saw that improvements had been made. A tool was now in place to help support and evidence adequate staffing levels. The manager made every effort to ensure there was a suitable skill mix of staff including experience and qualifications. The staffing tool showed the dependency levels of people and the level of care and support they required.

This was kept under review by staff who notified the manager if needs increased or where people's health had improved and their level of needs had decreased. This had a positive impact for people. The tool had determined that there was an increase in people who required assistance at lunchtime. The registered manager had addressed this by providing extra staff cover at 12pm.

The registered manager and deputy were able to demonstrate their responsibilities in recognising changing circumstances within the service and used a risk based approach to

help ensure staffing levels and the staff skill mix was effective.

At the inspection of June 2014 two staff members supported ten people on the dementia unit. The arrangement in place was that when help was required a staff member from the residential unit would assist. This had been assessed by the manager. The residential unit was short staffed in the afternoon due to unforeseen circumstances. This had compromised staff in the dementia unit when they required assistance. Therefore we could not be satisfied that the systems in place worked effectively.

At the follow up inspection the residential and dementia units were calm and relaxed and staff were supporting each other when needed. There were six people living in the dementia unit and two staff were supporting people effectively. Staff told us there was sufficient staff. One staff member said "We have help from another unit for peak periods of activity in the morning and at bedtime".

A deputy had been appointed following the inspection in June 2014 who worked three days per week. One of their roles and responsibilities was to help support the registered manager with quality monitoring and assurance in the home. They also conducted "walk rounds and spot checks" to help ensure that staff felt supported to be able to meet people's needs. This included making sure there were enough staff deployed around the home.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people received.

Reasons for our judgement

At the inspection of June 2014 we looked at audits completed which linked to the outcomes we inspected. We found that these were not effective and had not identified the shortfalls that we identified at this inspection. Where shortfalls had been identified by the home they had not taken prompt action to rectify these.

The regional manager completed quality monitoring visits however infection control and cleanliness was not audited and checked as part of the regional manager's quality monitoring report. The cleanliness of the home was not effectively monitored by the provider during the monthly visits which put people at risk of health acquired illness due to the unhygienic premises.

The homes policy was to complete infection control audits every six months. The audits had not been fully completed. Where concerns had been identified these had not been acted on. This included the lack of effective cleaning of equipment.

At this follow up inspection we saw that the regional manager had included infection control as part of their monthly monitoring visits. The deputy was also completing thorough infection control audits and these were checked by the regional manager when they visited the home. It was evident the audits were effective because the home and equipment was clean.

At the inspection of June 2014 care files were not being consistently audited to ensure that information was up to date. Planned evaluations and monitoring of peoples care plans were not being completed so that support and care was effective and meaningful to people.

At the follow up inspection the staff spoke with us about new care documentation that was in place. Their comments were positive. Staff told us the documentation was simpler to use, focused and person centred. Care reviews had been completed for everyone in the home. The deputy told us one file per day was reviewed on a rotational basis. Written feedback was provided to staff and any actions that were required.

One new initiative included nurse meetings every two weeks. The staff had identified that each nurse had individual expertise and experience and they were skilled and equipped to write and develop certain care plans. One nurse was advanced in wound care management and clinical needs. Another nurse was trained in mental health and wrote good care plans that supported people's emotional and psychological needs.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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