Oldfield Residential Care Ltd

Norton Grange Nursing & Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection visit took place unannounced on 23 January 2019.

Norton Grange Nursing and Residential Care Home is a two-storey residential home which provides care to older people including people who are living with dementia. Norton Grange is registered to provide care for 29 people. At the time of our inspection visit there were 27 people living at the home. Care and support was provided across both floors and each floor had its own communal lounge and dining area. All rooms were en-suite and people had shared use of communal lounges, dining areas and bathroom facilities.

People in care homes receive accommodation and nursing and/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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At our last inspection we rated the service Requires Improvement overall, and in each key area, except for caring that was rated good. We found people's choices and decisions about their care were not made in line with the Mental Capacity Act and some people had unnecessary restrictions placed on their freedom. We found the providers audit systems and processes were not thorough so improvements were not always identified and/or actions taken. This meant there was a breach of the Health and Social Care Regulations for safe care and treatment and good governance. The provider sent us an action plan telling us how they would improve in these areas. We completed this inspection visit to check improvements had been made.

At this inspection visit we found improvements had been made and the provider was not in breach of the regulations. Further improvements and time to embed processes and systems of audits was still needed for the registered manager and provider to be confident actions resulted in the quality of service being improved. A range of current audits and checks helped ensure people received safe care that was delivered in a safe environment.

People and relatives were complimentary and satisfied with the quality of care provided at the home. People felt safe living with other people in the home and they were supported by a consistent, kind and caring staff team.

Staff were available at the times people needed and there were enough staff to respond to people's needs and requests for assistance. Staff were trained but further training was planned to ensure people's care and support needs were met by staff who knew how to support them safely and effectively. Staff understood their responsibility to safeguard people from harm and to report any concerns they had to the management

team. Staff were confident actions would be taken.

People's changing needs were responded to by staff and other healthcare providers were contacted when needed. People were treated with respect by staff who addressed them by their preferred names and who supported them in line with their personal preferences and wishes.

No one at the time of our visit received end of life care. The registered manager said care was given so if people wanted, 'this was a home for life'. Anticipatory and pain relief medicines were arranged so if people's condition quickly deteriorated, their care could remain as pain free and dignified as possible.

The registered manager worked in partnership with other healthcare professionals to ensure people received effective care that was responsive to their needs. The registered manager had built new relationships with support networks, other healthcare professionals, the local authority, commissioners of services and the local community. This helped people and staff receive better access to supporting people with good outcomes. People's medicines were stored and managed safely and people received them when required.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service had improved and best interest decisions were made, however there was limited records to show how those decisions were reached. The registered manager understood their responsibility to comply with the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made and they were supported by mental capacity assessments that showed why a restriction was required. People's right to make their own decisions about their care, were supported by staff who understood the principles of the Mental Capacity Act 2005.

People had mixed opinions about the quality of the food and lunchtime experience. Staff supported those people who needed more encouragement to maintain their food and fluid intake. Where people had specific dietary needs, such as soft and pureed foods, vegetarian and culturally, these needs were met.

Staff knew and understood how to limit the risk of cross infection and followed safe infection control practices.

People needed more stimulation and encouragement to be involved to pursue their hobbies and interests. The registered manager recognised supporting people's interests was important and had plans to improve this within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

At the last inspection we found medicines were mostly given as prescribed and risks associated with people's care continued to not always effectively be managed. At this visit, medicines management had improved and people's risks to their health and wellbeing were assessed and planned for. There were enough staff to keep people safe and people felt safe with staff who understood their safeguarding responsibilities. Accidents and incidents were recorded by staff and learning from such events was encouraged and acted upon.

Is the service effective?

Good

The service was effective.
At the last inspection we found the provider did not work within the Mental Capacity Act. At this visit, staff recognised the importance of seeking people's permission. Care was provided and considered alongside best interest decisions. Where people's liberties were restricted, necessary approvals had been requested. Staff supported people to ensure they maintained a balanced diet and people had choice of what they wanted to eat and drink. People received support from other health care professionals.

Is the service caring?

Good

The service was caring.
At the last inspection we found staff time pressures meant staff did not always involve people or had limited time to support people's health and welfare. At this inspection, staff were kind, considerate and caring in their approach to people. Staff were more attentive to people, especially those who needed more support. Staff promoted equality and diversity to make sure people's beliefs were supported.

Is the service responsive?

Good

The service was responsive.
At the last inspection we found people were not involved in their care decisions and they received limited stimulation through

hobbies and interests. This time, people and relatives felt more involved and the registered manager had increased and was planning to improve further, people's access to pursue their hobbies and interests. People knew how to complain and were confident in approaching the registered manager if concerns were raised.

Is the service well-led?

Requires Improvement

The service was not always well led.

At the last inspection we found the provider's audit systems and processes did not identify the concerns we found. At this inspection, the registered manager had implemented a system of audits that had begun to identify and drive improvements, although some improvements were still needed. The registered manager had made a positive difference to the home. People and staff were complimentary of the improvements being made.

Norton Grange Nursing & Residential Care 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.

We undertook an unannounced comprehensive inspection visit of Norton Grange on 23 January 2019. This inspection visit was completed to check improvements to meet legal requirements planned by the provider after our previous comprehensive inspection had been made. The team inspected the service against the five key questions we ask about services: is the service safe, effective, caring, responsive and well led. The inspection visit was completed by two inspectors, a specialist nurse who had nursing experience of older people and an expert by experience. An expert by experience is a person who has experience of someone using this type of service.

Before our inspection visit, we reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners did not share any concerns about the service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR enabled us to review the information provided during our inspection visit. We found the information in the PIR highlighted what the service did well and how they planned to drive improvements.

To help us understand people's experiences of the service, we spent time observing and talking with people in the communal areas of the home, or their bedrooms with their permission. This was to see how people spent their time, how staff involved them in how they spent their time, how staff provided their support and what they personally thought about the service they received. We spoke with six people who lived at Norton Grange and two visiting relatives. Some of the people we spoke with could only give us limited responses due to their communication or cognitive condition.

We spoke with the registered manager, two nurses, one senior lead carer and five care staff. We looked at six people's care records and other records relevant to their support, such as medicines records, care plans, risk assessments and daily records. This was to see whether the care people received was recorded and delivered according to people's care plans.

Good

Is the service safe?

Our findings

At the last inspection we rated this area 'requires improvement' because there were times when changes in the risks to people, had not been updated or written in records to support staff in their knowledge. This time, risks assessments and recognised national risk assessment tools were completed and therefore the rating has changed to, Good.

People told us they felt safe and secure living at Norton Grange because staff and people at the service were 'on hand to help'. One person told us they felt safe because, "There is no problems here and staff check on me in my room." Relatives had no safety concerns and were confident their relative would not come to any harm.

Staff protected people from abuse and poor practice. Staff received training in safeguarding people from abuse and they understood their responsibilities to protect people from avoidable harm and neglect. Staff were confident to raise any concerns with senior staff, the registered manager or senior management within the organisation. If staff felt no action was taken, staff would feel confident to 'whistleblow'. Staff told us they had not witnessed any poor practice they felt needed to be referred to the provider or to us. The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

We did not look at recruitment files, however the registered manager said they completed pre- employment checks, including criminal record checks before new staff started work at the home. This helped ensure staff were of good character and safe to support people.

People and relatives said there were enough staff to meet their needs. One person said, "There seem to be enough staff although at weekends it seems quieter, but we can still find someone if needed." Staff told us there were enough of them to meet people's needs. The registered manager was confident staffing levels were correct, and they too, were on hand to support staff where needed. Agency staff use had reduced, but still supported permanent staff. The registered manager used the same agency staff to maintain consistency. On the day of our inspection visit we saw sufficient numbers of staff to provide safe care to the people who lived at the home. However, we told the registered manager about a number of call bells that were out of reach, so not everyone could summon help. The registered manager assured us staff would be reminded and they would check people could raise help if needed.

People told us they received their medicines at the required times. Medicines that were identified as requiring stricter controls were accurately checked, recorded and dispensed. Medicines were stored safely within safe temperatures. However, we could not be confident, some medicines were given safely and as prescribed. For example, timings of some medicines were too vague – breakfast, dinner tea so the registered manager agreed to put a time so they could be confident enough time had passed between each medicine being administered.

Where people had medicines on an 'as required' (PRN) basis there were guidelines and policies to ensure

they were given safely and consistently. Some people received their pain relieving medicines via a trans-dermal patch applied directly to their skin. It is important the patches are rotated around the body in line with the prescribing instructions, to avoid people experiencing unnecessary side effects. Staff had completed records of where patches had been applied to ensure people were protected from these risks. Medicines audits were completed by an external pharmacy and the registered manager completed weekly checks to ensure any gaps were investigated and reasons known.

The environment was clean and free of odour, except for one area of the home which we discussed with the registered manager. The registered manager and staff understood the importance of safe infection controls and regular checks ensured safe standards were maintained. We did not see personal care provided, but staff knew when to use personal protective equipment to reduce the chances of cross infection. In some communal bathrooms there was no hand soap or paper towels. The registered manager assured us this would be rectified.

Staff recorded accidents and incidents and the registered manager analysed the reports to ensure appropriate action had been taken and any necessary referrals to other health and social care providers had been made.

Records showed regular safety checks were carried out on the premises and equipment used in the delivery of care, such as hoists, wheelchairs, and water quality checks. The provider had plans to minimise risks to people in the event of an emergency, such as a fire risk assessment. The registered manager showed us examples of completed PEEPS (personal emergency evacuation plans) that were updated so emergency personnel could provide the correct interventions to keep people safe.

Good

Is the service effective?

Our findings

At our last inspection in December 2017, we rated this area as 'Requires Improvement' because people's freedoms were unnecessarily restricted because mental capacity assessments were not completed. This resulted in a breach of the regulations and following this inspection, the provider told us what they would do to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations, therefore the rating has now changed to Good.

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. 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff followed the MCA principles by offering people the opportunity to make their own daily decisions. Staff told us, "It is important that we encourage people to make decisions for themselves. We might show them things and see which one they prefer." People felt involved in some of their decisions, for example one person told us, "The staff always ask my permission when they want to do something for me, especially to assist with personal care."

Where concerns about a person's capacity had been identified, capacity assessments were completed to determine whether people were able to make their own decisions. Some of these assessments lacked detail and did not provide sufficient information to show how those best interests decisions were reached, and who was present. The registered manager assured us they would record this in future. For people with a DoLS, there were 15 people with an approved DoLS and more applications to restrict someone of their liberty had been applied for. Where restrictions were authorised, conditions of those restrictions were followed and where applications had expired, these had been reapplied for.

New staff completed an induction which was linked to the Care Certificate which included working alongside experienced members of staff to enable them to get to know people. The Care Certificate sets out national outcomes, competencies and standards of care that care workers are expected to achieve. Records demonstrated gaps in staff training however the registered manager had identified areas where staff had not received their training within the provider's expected timeframe and had scheduled further training for those staff. Care staff said they had regular one to one supervision meetings with their manager. One staff member told us, "The registered manager is great, she really listens, I can talk to her." Nurse staff and care staff who administered medicines, had been assessed as competent. Nurses had not yet received supervision from their line manager as they had not been at the service that long, but these were planned for.

For all most everyone the lunchtime experience was good. People were shown visual choice of the daily options and people could sit where they wanted, such as at the dining table or on the sofa. Most people enjoyed their meal and a recent improvement was the chef asked for people's feedback about what they liked and what they wanted on future menu's. People received their meals in a way that supported their assessed and changing needs. Staff understood the cultural and religious food requirements for some people who lived in the home. One staff member said, "[Person] doesn't eat pork so it is important we know that." The chef said, "We have to monitor people closely as things can change quickly. We have some people here that are losing weight so we make sure they have fortified meals and snacks." Records demonstrated where people had lost weight, referrals had been made to other healthcare professionals such as the dietician and speech and language therapists (SALT). People had individual food and fluid charts that recorded what they were eating and drinking. Where people's intake was low, further advice would be sought. Records could be improved by detailing what quantities of food people had eaten.

However, during our visit we saw two people whose mealtime experience was not person centred. One person was presented their meal whilst they were still asleep. Staff did not attempt to wake or help the person for over 30 minutes. When they did, no consideration was given to the length of time the food had been there which would have been cold. The person did not want the food and it was discarded, with no alternative option given. Another person was supported to eat by an agency staff member. This person made frequent attempts to try and get up from the sofa but the agency staff member positioned their chair in such a way, it made it difficult for the person to leave. We discussed this with the registered manager who was disappointed. Since they became registered manager, they told us they had started to improve how meals were provided, such as playing soft background music people wanted, giving visual choices and helping people who needed support. They did their own mealtime audit which had previously identified what we saw and they had already reminded staff to make the mealtime more pleasurable for everyone. They assured us they would take action to ensure everyone had a positive experience.

People were supported by other health care professionals and records showed people's health needs were continually assessed and monitored. Where a need was identified, people had been referred to appropriate healthcare professionals such as their GP, district nurses, chiropodist, falls prevention teams and social workers. People were also supported to attend regular checks to maintain their overall health and wellbeing such as with the dentist and optician.

The environment enabled people to move freely around their own room and communal areas. People and relatives felt Norton Grange had a 'homely atmosphere'. Improvements had started, such as redecoration to personalise people's bedrooms. For example, some bedroom doors were painted different colours and had pictures of interest on the door. The registered manager felt further improvements were required to the design and decoration of the premises to promote people's wellbeing and further improvements were planned.

Good

Is the service caring?

Our findings

At our last inspection, we rated this area as 'Good' and at this inspection, we continued to find people were cared for by a staff team who they felt were kind and considerate. Therefore, the rating continues to be Good.

People were supported by staff who were kind and caring and people were positive in their comments about staff. One person told us, "The staff definitely have a caring attitude." Another person told us, "They speak to me when caring for me and they treat me with respect." Throughout our visit we saw examples where staff treated people with compassion and offered emotional support when needed. For example, one person was upset and told staff, "I have nothing to live for." Staff reassured the person by kneeling to the persons level and rubbing their hand as they reminded the person of all the positive things in their life. This clearly made the person feel better as they continued to talk about their family.

People in the communal areas were relaxed and comfortable within the presence of staff and we heard staff talking with familiarity with people. For example, one staff member was talking to a person about their previous job as a cook and they chatted about things they both enjoyed cooking. Another person asked a staff member to 'give me five' as they both clapped hands and exchanged laughter. Staff were motivated to support people well. One staff member told us, "I wish I had done this sooner. I think the staff here really care and the staff and the senior really put people first." Relatives comments supported this.

Staff respected people's privacy and dignity. One staff member told us, "Maintaining a person's dignity is important. We always cover the residents up when we are helping them with their personal care." Personal care was provided behind closed doors but we heard one staff member who was supporting a person in the bathroom say, 'I will wait outside to give you some privacy'. People felt their personal space and privacy was respected, one person told us, "The staff always knock before entering my room." People told us they were not offered a choice of gender of care staff, but felt happy with those who helped them.

Staff had a good understanding of people's likes and dislikes. One staff member told us, "We know that [person] likes to have their dinner plate hot because they told us, so we make sure that it is always hot." Staff encouraged people to be independent whilst respecting their differing capabilities. One staff member said, "We try to encourage people to be independent, like during meal times we will try to get them to hold the spoon." Another staff member told us we always talk to them during things like personal care and explain what we are doing and try and involve them. I say things like 'what do you reckon' to try and make it light hearted. This was echoed by people living at the service.

People who needed support with personal care told us they received this from staff whom they felt comfortable with and that staff made them feel relaxed. The registered manager was respectful of people's relationships with their families and friends which was encouraged. The registered manager had an open house policy and visitors were welcome at any time of the day, without restriction. Relatives could choose to visit their family member in their bedroom or in communal areas of the home.

However, during our visit we found people's right to privacy in communal areas of the home had not been considered or reviewed. The provider operated visual surveillance within the communal areas of the home in the form of CCTV. We spoke with the registered manager about how they sought people's consent for the use of this surveillance. The registered manager told us it was used primarily to protect people living at Norton Grange as it could be used to review events should an incident have occurred. The provider displayed signs outside of the home and in the entrance hallway, warning visitors to the use of CCTV, but people living in the home rarely used this area and may not have understood the signs and their meaning. There was no evidence that people had given their consent to be monitored in this way or that the use of CCTV continued to be necessary. The registered manager agreed that people's views of CCTV had not been considered. The registered manager assured us that this would be followed up with the provider to consider the ongoing use of CCTV, as well as speaking with people living at the home about the use of this type of monitoring.

Good

Is the service responsive?

Our findings

At our last inspection we rated this area as 'Requires Improvement' because staff did not always have time to sit and engage with people. People were not fully involved in care planning or reviews of their care and there was minimal stimulation for people. At this inspection, we found some improvements had been made and the rating has changed to Good.

People and their relatives told us their care and support needs were met and most were happy with the way they were supported. Staff knew people's individual preferences. We saw people's needs were met on the day of inspection and staff continually checked people in communal areas and their own rooms to see if they needed any help or support. Staff were seen to spend time with people and staff told us they had more time to talk with people more than before. Staff felt recent changes and better teamwork made shifts run more effective. Staff told us they could respond to meet people's needs much better. Clinical management and responding to changes in people's health needs had improved. Continual monitoring and recording evidenced what support and treatment people received and if there was no improvement, staff responded by referring to other health professionals for advice.

People's care records contained descriptions of the care they required to meet their needs. Staff were provided with guidance regarding the type of support people required, the individual approach people preferred and any specific information which would make the person feel more comfortable. Care plans covered areas including personal care, moving and handling, daily routines and nutritional needs, as well as more clinical plans around skin integrity and catheter care. In addition, profiles were completed which gave staff an overview of people's preferences and social history. Staff were knowledgeable about people's needs and how people preferred their care and support. Staff used this information to help people become less anxious or to help them remain calm when people were moved or transferred through the home.

Some care records contained the necessary information. However, some examples we saw were difficult to follow because records for an incident were not always kept together which made it difficult to fully understand the chronology and actions taken. The registered manager assured us staff would be reminded of the importance in recording important information in a timely and structured way.

Care plans and assessments were regularly reviewed monthly but changed more regularly when an emerging need was identified. People and relatives were not routinely involved in care reviews, although relatives felt involved. One relative said, "There is always someone here to answer questions relating to my (relative's) care, staff keep me informed."

At the time of our visit, no one was in receipt of 'end of life' care. The registered manager said they could support people to spend their final days at the home, if it was their wish to do so. The registered manager said they had anticipatory medicines available to help manage pain relief and they had worked in partnership with other health professionals to support people to have a pain free and dignified death.

People told us they did not feel discriminated against and people said staff were responsive in helping them

to follow their cultural and religious preferences and beliefs. Comments included, "They (staff) ask me if I want Asian food, they do give me halal chicken though and different selection on vegetables and pakoras." "I do think that the staff understand my culture and beliefs and if I was to ask, they would take me to the mosque" and "I am happy what they do for me in regard to my religion."

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. People's care choices and daily choices were given to people in their preferred way, some were shown visual choices using picture cards for meal choice, or staff spoke directly to people so the person could see what they were saying. Staff made sure people wore their spectacles and hearing aids which helped them to be involved in making choices.

People gave us mixed feedback regarding activities and hobbies. Some people chose to spend time in their room, in their own company and were happy to watch television, listen to music or read books. For others, people were not stimulated. One person's comment to us was, "I have no hobbies, they bring us colouring books or jigsaws fitting for three to five year olds." The registered manager recognised there was a limited programme of activities and had plans to improve this. There had been a designated activities staff member, but they had not been at the home since before Christmas. Therefore, staff were involving people in some activities such as arts and crafts, in between supporting them with personal care. To improve this, the registered manager was planning to attend another care home that had received an award for dementia care to learn and share good ideas and best practice. Initiatives to include working with students who were doing NVQ in care, has seen students visiting the home to read books and talk to people. The mobile library now visits the home and pet therapy regularly visits people at the home.

Most people did not share any complaints with us about the service but told us if they did have any concerns, they would share these with the registered manager. One person told us they had raised a complaint and action was taken to prevent the issue from happening again so they were confident any complaints were listened to and a satisfactory response was provided. The provider's records showed there was five complaints in the last 12 months which had been addressed and resolved in line with the provider's policies and procedures.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection we rated this area as Requires Improvement because some aspects of the service provided, was not to the expected standards. A lack of effective checks and processes had not maintained standards and as a result, there was a breach of the regulations. At this inspection, sufficient improvement meant there was no longer a breach of the regulations. There had been a change in registered manager and some improvements had been made. People and staff were complimentary of the new registered manager and they felt improvements were made for the benefit of people using the service. However, these improvements need more time to embed to show their full effectiveness. Therefore, the rating continues to be Requires Improvement.

People and relatives were complimentary of the registered manager and management at the home. Comments included, "The staff seem to work as a team", "The manager has an open-door policy" and "I know who the manager is, and she is approachable and so are the staff." However, some people felt that the service provided did not offer them opportunities to provide valuable feedback. One person told us, "There are no meetings." Another person told us "I have never filled in a questionnaire or survey form or been asked for my opinion". We discussed this with the registered manager who told us that this isn't something that had been done yet but it was being planned for.

The registered manager took up this position from 10 January 2019 but had previously worked at this home as clinical lead and acting manager. They had good knowledge of people's needs and the staff who worked at the home. They told us their knowledge of working at the home helped them to plan and prioritise necessary improvements. The registered manager told us, "When I took this home on it was a bit of a mess, no cohesion, no order. The nurse's stations were a mess, you can't find anything and care plans were not good." To improve this, "I brought in new audits...I thought about what we needed." They said they wanted their audits to mean something to people and to nurture good ideas. The registered manager told us the previous culture at the home was not pleasant with staff feeling bullied and isolated. They said staff changes and clear processes and structure has improved the team spirit and enabled people and staff to start to share ideas. Staff were complimentary of the new registered manager. Staff told us they enjoyed and wanted to come to work. A typical comment was, "I love working here." The registered manager was strengthening their team and the support to them by the addition of clinical lead/deputy manager and an administration assistant.

The registered manager had an audit system which they said, "Made the home feel more professional, with a calmer atmosphere." The registered manager was supported from their peers and within the organisation. The registered manager told us they had improved the training which was now mostly face to face rather than e-learning. They used a training schedule which helped them to better plan training and refresher courses. Staff were complimentary of the training they received. Regular audits such as medicines, infection control, health and safety and fire safety were completed. Action plans for each audit were completed and were monitored and updated. A regional manager checked some of these audits but there was no evidence what was checked.

Some of the issues we found around staff practice, lack of consideration to review the use of CCTV, mealtime experiences, a lack of records to demonstrate best interest decisions and incomplete records had been identified through their audit processes but continued. The registered manager recorded their actions but in some cases, a lapse of staff practice continued. We were confident the registered manager would succeed in bringing about the changes to improve the delivery of care to people. Time to embed processes and new ways of working would help demonstrate their systems overall effectiveness.

The registered manager had worked to improve professional relationships, such as with the local clinical commissioning groups (contractors of services). The registered manager said they were involved in working with them in a number of pilots and projects, such as hydration and nutrition and dental care. They were working alongside Coventry City Council in a project called 'my home life' which records important information and knowledge about people's experiences and preferred choices. The registered manager took part in these projects because, "You learn – helps drive the home forward."

Staff knew how to report and record accidents and incidents and there was a system in place so that analysis could take place. There had been falls recorded and analysis of accident and incidents ensured actions were taken to minimise risks of reoccurrence. This included support from other health professionals and the use of specialist equipment.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed their rating. The provider has a website which provides information about their services and links to their latest CQC rating.