

# Mrs Mary Hall & Ms Georgina Hall

# The Laurels

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 7 November 2017 and was unannounced. It continued on the 8 November 2017 and was announced. The Laurels 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.

The care home accommodates 18 people in one adapted building and specialises in providing care to people living with dementia. Accommodation is over two floors and access to the first floor is by stairs or a stair chair lift. Rooms on the first floor are not able to accommodate people who need the use of a hoist to support with moving and transferring.

The home has a registered manager. 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.

People were not protected from risks associated with the prevention and control of infection. Equipment such as bed rail bumpers were torn and dirty, not all staff were up to date with infection control training and infection control audits were not taking place. Staff involved in food preparation had not all completed food safety training. We found five rooms without hot water.

Environmental risks to people had not always been identified or actioned in a timely way which meant that people with cognitive or sensory impairments were at risk of avoidable harm. The physical environment had not been adapted to meet the needs of people living with a dementia. Signage and props were limited in helping people maintain dignity and independently orientate themselves to time and place. People, their families and staff told us that there was not enough activity and stimulation. We found the service had not been proactive in ensuring links with the wider community. Family and friends were welcomed and information had been collected on people's likes, interests and hobbies. Organised music and exercise activities took place and in-house games. .

Medicine was not always stored or administered safely. Medicine had been stored in the main kitchen fridge rather than a separate locked medicine fridge. Protocols were not in place for medicines that had been prescribed for as and when needed. Topical creams were in people's rooms and administered by care staff but there was no supporting documentation to ensure the creams had been applied to the right place and to the right frequency.

Statutory notifications had not been made to CQC. A statutory notification is a legal requirement for the provider to inform CQC of certain situations as part of their oversight of care provision. Records relating to staff and people using the service had not always been stored securely. The registered manager had not kept their knowledge up to date or had robust quality monitoring systems in place to ensure regulations

were being met.

A complaints log had been maintained by the registered manager but actions had not always been completed. A complaints policy was in place that people and their families were aware of and felt able to use.

People and their families described the care as safe and were supported by staff that had been trained to recognise signs of abuse and knew what to do if abuse was suspected. People were protected from discrimination as staff had completed equality and diversity training. People were supported by enough staff to keep them safe and who had been recruited safely including checks to ensure their suitability to work with vulnerable people. Staff had received an induction but were not always up to date with on-going training such as infection control and food safety. Staff felt supported through supervision and had opportunities for professional development.

People had individual care and support plans that explained how they liked to be supported and included information about their health, how they liked to communicate and emergency details. Risk assessments had been completed and included falls, skin damage, malnutrition and mental health and actions had been put in place to minimise any identified risks. Reviews took place weekly and an on-going action plan was shared with staff to keep them up to date and aid learning and development. People were involved in decisions about their care and when they were assessed as not having the capacity to make specific decisions these were made in their best interest within the framework of the Mental Capacity Act. People had access to healthcare when needed.

People described staff as kind, caring and felt their dignity and privacy was respected. They were encouraged to express their views and be involved in decisions about their day to day lives. People's individual communication needs were understood and when needed an independent advocate could be accessed.

People, their families and staff described an open culture that empowered them to share ideas and raise concerns. Staff felt listened to and felt able to share their views on service development. Positive relationships had been developed with health and social care professionals.

We have made a recommendation that the service consider NICE guidance on dementia friendly care home environments or similar professional guidance when reviewing decorations and adaptations to the home. Also we recommended the service consider NICE guidance on improving the mental wellbeing of older people with a dementia living in care homes or other professional guidance when reviewing activities.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Environmental risk assessments had not been completed which meant people with cognitive or sensory impairments were at risk of avoidable harm.

Infection control processes and systems were not in place to ensure people were protected from avoidable harm.

Medication was not always stored or administered safely or in line with best practice guidance.

People were supported by enough staff to provide safe care.

People had their risks assessed and reviewed regularly. Actions were in place and understood by the care team to minimise the risk of harm.

People felt safe and were supported by staff that had been trained to recognise signs of abuse and knew the actions needed if they suspected abuse had taken place.

Accidents and incidents are reviewed and lessons learnt when things go wrong.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff received an induction but were not always up to date with on-going training requirements.

The physical environment had not been designed to support people with a dementia maintain independence in orientating themselves to time and place.

People had their care needs assessed and regularly reviewed. Care and support plans were individual and care staff understood their role in supporting people.

People were supported to make decisions and choices and when

**Requires Improvement** ●

assessed as unable to decisions were made in their best interest within the principles of the Mental Capacity Act.

People had their eating and drinking needs understood and were provided with a balanced diet.

People were supported to access healthcare and information was shared to ensure peoples health, safety and welfare.

### Is the service caring?

Good ●

The service was caring.

People and their families described the care team as kind and patient.

Staff had a good understanding of people's individual communication needs and this ensured people could be involved in making decisions about their day to day care.

People had their dignity, privacy and independence respected.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Activity, stimulation and involvement with the local community was limited.

A complaints process was in place but actions taken to resolve a complaint had not always been sustained.

People had their end of life wishes met.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Statutory notifications had not always been sent to CQC which meant we did not have information to support our monitoring of the service.

The registered manager had not kept their knowledge up to date or had robust auditing processes in place to enable them to recognise areas of service delivery that required improvement.

Records were not always stored securely.

Good communication systems were in place with staff and they

described a culture that empowered them to share views and ideas. Areas identified that required improvement were shared with staff and provided opportunities for learning and development.

Positive, transparent relationships had been developed with health and social care professionals.

# The Laurels

## 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.

The inspection took place on the 7 November 2017 and was unannounced. It continued on the 8 November 2017 and was announced. The inspection was carried out by one inspector.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners and safeguarding teams to gather their experiences of the service.

The provider was not asked to complete a Provider Information Return prior to our inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

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.

During our inspection we spoke with four people who used the service and three relatives. We spoke with the registered manager, deputy manager, four care workers, the chef and housekeeper. We also spoke with a visiting district nurse and student nurse to gather feedback on their experience of the service. We reviewed three people's care files and discussed with them and care workers their accuracy. We checked four staff files, care records and medication records, management audits, staff and resident meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

# Is the service safe?

## Our findings

People were not protected from risks associated with the prevention and control of infection. Some people needed bed rails which had padded bumpers fitted to keep the person safe. We found four that were torn and dirty. We discussed this with the registered manager who purchased and fitted new ones during our inspection. Wheelchairs were dirty, the registered manager arranged for them to be cleaned during our inspection. We spoke with a relative who told us "I've spoken to (registered manager) and suggested they need to step up on the cleaning". We looked at training records and six staff had completed infection control training and 13 were out of date. The registered manager told us they would ensure all staff were up to date by the end of November 2017.

Ten care staff had not received food safety training. During our inspection we observed a care worker preparing food who did not have food safety training. We checked the kitchen rota against trained staff and in the preceding week three untrained staff had prepared food. The registered manager told us they would ensure only staff trained in food safety would work in the kitchen and that all staff would be food safety trained by the end of December 2017. The kitchen had been awarded a four star rating by the Food Safety Agency in December 2016. The registered manager told us they would review best practice guidance on infection control, introduce a cleaning schedule and infection control audits.

Environmental risks to people had not always been identified or actioned in a timely way which meant that people with cognitive or sensory impairments were at risk of avoidable harm. A boiler was situated in a cupboard on the first floor. A sign on the door stated 'Keep locked'. The cupboard doors were not able to shut preventing them being locked. The registered manager told us the door hadn't been able to be locked for about a year following a new boiler being installed. A door on the same corridor had a sign displaying it was a bathroom. The door was unlocked and when we opened it the floor space was covered with a range of items being stored on top of each other including boxes of archived files containing information about staff and people using the service. One bedroom provided access to an external fire escape. Signage on the door stated 'Push the bar to open' but there was no bar on the door. Another room had a free standing uncovered radiator but no risk assessment had been completed to assess if it placed people at risk of tripping or burning themselves.

The kitchen was centrally located on the ground floor. A keypad was in place and staff told us when the kitchen was not staffed the door was kept locked. During our inspection this did not consistently happen. We were told that an external contractor had been painting and decorating at night whilst people were in bed. A risk assessment had not been completed to ensure safe working around vulnerable people. The registered manager told us they would immediately review environmental risks.

Five bedrooms were without hot water. A member of staff told us that staff were collecting hot water from other rooms in washing up bowls. The registered manager told us they had not been aware of this and would introduce water temperature checks.

Medicine was not always stored or administered safely. We found medicine stored in the kitchen fridge rather than a separate secure fridge solely for medicines. We discussed this with the registered manager who told us this had happened due to building works and immediately reinstated a separate securely stored



medicine fridge. Some people had medicine prescribed for as and when required (PRN). Protocols were not in place to provide staff with the information needed to ensure safe administration. One example was a person had a PRN medicine for chest pain. When we spoke with staff about how long they should wait for it to be effective one said two minutes and the second said 15 minutes. Information had not been provided on how quickly the medicine should take effect in order to determine if medical assistance was required. Another person had PRN medicine for pain. The PRN instruction was one or two tablets as required. The medicine had been given every day but records did not always indicate how many tablets had been given or the reasons for the decision to administer the medicines.

People were at risk of not having their topical creams administered safely. The creams that were stored in people's rooms and applied by care workers had no supporting records to demonstrate this was happening in line with people's requirements. There were no body charts or instructions indicating where a cream needed to be applied or how often. One person had eight separate creams in their bedroom two had not been entered on the Medicine Administration Record. A care worker told us "If I'm unsure I ask the team leader or manager". The registered manager told us they would introduce PRN protocols, clearer guidance for topical cream application and a pain assessment tool to support staff in safe and appropriate pain management administration.

Risks identified for people in relation to infection control and safe premises had not been consistently managed or actions taken in order to minimise the risks. People were at risk as medicine administration was not always carried out in a safe way. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People and their families described the service as safe. One person told us "Staff smile at you; there's nothing nasty or horrible". A relative said "The staff are helpful and don't impose themselves on you". Staff had completed training which gave them the skills to recognise signs of potential abuse and they understood the actions they needed to take if abuse was suspected. People were protected from discrimination as staff had completed training in equality and diversity. We observed interactions between staff and people that respected people's individuality and religious practice.

Risk assessments had been completed for people and when risks had been identified actions had been put in place to minimise the risk of harm. One person had a risk of falling and actions had included moving the person to a ground floor room and supporting them with daily exercises to improve walking strength. Some people were at risk of skin damage and actions had included providing pressure relieving equipment such as an air mattress or chair cushion. We saw that people had the equipment they needed. Another person had been losing weight and was at risk of malnutrition. Discussions had taken place with the person's GP and family to look at how it could be managed and a food supplement drink had been prescribed.

Accidents and incidents had been documented and were reviewed by the registered manager. For example, one person had fallen sustaining bruises. A review had taken place weekly with the person until they had fully recovered and included updating a body map showing where the bruises were, details of the effectiveness of pain management and actions needed to support the person emotionally with regaining their confidence.

Service and maintenance records for hoists, the boiler and fire equipment were up to date. People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

People were supported by enough staff to keep them safe. One relative told us "There's always plenty of

staff and they're always helpful". A care worker said "I feel there's enough staff and there's time to read care plans". Staff had been recruited safely including checks to ensure they were safe to work with vulnerable adults. Processes were in place to manage unsafe practice and we saw when implemented had been effective.

## Is the service effective?

### Our findings

The service was not always effective as it did not keep up to date with current legislation or evidence based best practice guidance that would support the best outcomes for people. Examples included infection control, medicine administration and a dementia friendly environment.

The physical environment had not been adapted to meet the needs of people living with a dementia. This meant that people with a cognitive impairment did not have visual prompts to help their understanding of time and place. Signage was limited to help people stay orientated to place and promote independence. No information was visible to help people orientate themselves to the day, date or season. We found two rooms where clocks were not working or set incorrectly which meant people did not have effective prompts for orientating themselves to time. Signage was limited to toilets and bathrooms but one door had a bathroom sign displayed which was used as a store cupboard.

A programme of refurbishment was underway but areas around the home remained in need of repair and improvement. During our inspection new upholstered furniture arrived for the communal lounge area. The room had been decorated and people living at the home had been involved in choosing colours and wallpaper. Space in the communal lounge was limited and the registered manager explained the aim was to eventually have a small extension in order to accommodate more space for people with their family and friends to meet and socialise. Space in the dining area was also limited and provided seating for 12 people. We observed one person getting upset as there was not a seat available for them and they instead needed to have their lunch in the lounge area. The registered manager said this was not normally a problem and was due to a visitor sitting with a relative. Outside space was a small courtyard. People had requested a wheelchair ramp to aid access from the lounge into the courtyard and we saw this had been fitted.

Staff spoke positively about their induction. One care worker told us "I felt a little unsure when I started but they took really good care of me". Another told us "My induction was both classroom based and here. It gave me all the basic knowledge I needed and I'm still learning. I've started my level 2 diploma (health and social care)". Induction included completion of the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training.

A training matrix recorded the training each staff member had taken and where appropriate the date it needed retaking. The matrix highlighted that staff were not up to date in training such as infection control and food hygiene. We found that 13 staff were out of date with infection control training and 10 staff had not received food safety training. This meant staff were not up to date with training needed to provide them with the knowledge needed to carry out their roles safely. This meant people were placed at risk of avoidable harm. Training had taken place that was specific to people living at the home. One care worker told us about their dementia awareness training. "It gives me more of an idea of how to talk to people; talking in short sentences, clearly, and explaining everything you are doing. Reassure and make them feel they are safe and being taken care of". Another told us "I like our dementia training sessions; they are really in depth. I learnt not to get flustered if people don't understand what I'm saying; I now know just too perhaps change my vocabulary". Staff had monthly supervision and told us they felt supported. Records showed us that people had opportunities for professional development.

Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. Staff were able to explain their role in meeting people's needs and one care worker told us "I get time to read through and I always read a new residents just to see what I need to do as everybody has different levels of help". Another told us "Any changes (to peoples care) are told to us during handover. I feel were kept up to date". Care and support plans had been reviewed at least monthly. A care worker told us "There is a review of all files every month and we all sign to say we have read them". We spoke with a relative who had been involved in a review. They said "(Relative) weight loss was discussed with me and I had input into how it's managed".

People had their eating and drinking needs met. One person told us "The food is lovely, there's always a big choice and always a sweet". People had a choice of hot or cold nutritious food at each mealtime and could choose to take their meals in a dining room or other areas in the home. We observed family and friends enjoying meals with people. Catering and care staff were knowledgeable about people's dietary requirements including any religious needs. One person needed a soft textured diet and a care worker told us "We mash each ingredient and then put them on the plate separately to make it look more appealing".

People had access to healthcare when needed and this included GP's, district nurses, specialist health teams, chiropodists, and opticians. When people needed to access other health services information was provided to ensure their safety and health and welfare. This included emergency contact details, medicines and basic details of how the person liked to be supported and how they communicated.

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 take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

The service was working within the principles of the act. Mental capacity assessments had been completed for people and DoLS applications had been submitted to the local authority. Best interest decisions had been taken for people and had included input from staff, families and health and social professionals. One relative told us "I've been involved in making decisions as (relative) was unable to consent and it wasn't safe for them to leave the building without support". Staff had had a good understanding of the legislation and how to put it into practice when supporting people. We observed staff obtaining consent before helping people with care and offering them choices about their day to day activities.

We recommend that the service consider NICE guidance on dementia friendly care home environments or similar professional guidance when reviewing decorations and adaptations to the home.

## Is the service caring?

### Our findings

People and their families described the staff as kind and caring. One person told us "The girls (carers) are so nice; they are all so pleasant". A relative said "Staff understand (relatives) dementia. I am happy with the staff they treat (relative) well. It's really family orientated and people are treated as an individual. It's a small home and (relative) gets the attention he perhaps wouldn't get in a bigger home". Another told us "Kindness is so important and the staff are all kind". A compliment card read 'I felt from the minute (relative) arrived at The Laurels they were with people who genuinely cared for (relative) and loved her like one of their own'.

We observed people relaxed with staff, sharing stories and having fun. One person had their hair washed and a care worker was styling it for them. They were chatting away together really happily. One care worker told us "We know about people past life's and it comes up in conversations. It helps make a good conversation". Staff had time to listen to what people were saying and provided support patiently at the persons pace. A relative told us "The staff always make me welcome and organise tea and biscuits which I share with my (relative)".

People were supported to express their views. We observed one person asking the registered manager if they could have a certain member of staff support them with an activity as they found them easy to talk with and this was arranged. Throughout the inspection we observed staff explaining their actions to people, giving people time and listening to what they had to say.

Some people needed additional support with communicating their decisions. A care worker explained "Sometimes we have to use non-verbal ways of communicating. One person understands what you are saying and they can nod or shake their head. Another person was deaf and we had cards with pictures and would use them". We observed staff using appropriate non-verbal communication to demonstrate listening and to check people understood them. For example talking with people at eye level and using hand gestures and facial expressions.

People who needed an independent representative to speak on their behalf had access to an advocacy service.

People had their privacy, dignity and independence respected. One relative told us "(Relatives) personal hygiene is always really good". In shared rooms privacy curtains were in place and people had separate areas for their personal belongings such as toiletries and clothes. We observed staff knocking on doors before entering people's rooms and addressing people in a respectful manner. People's clothes and personal space reflected a person's individuality. People were supported to retain skills. One relative told us "(Relative) uses the stairs and it's good that they still have that independence". We observed another person helping prepare the dining room for lunch. Families told us they were always made to feel welcome and could visit whenever they wanted.

## Is the service responsive?

### Our findings

Complaints had been recorded and the registered manager had a log detailing any issues raised and the actions taken. In September 2017 an entry referred to cleanliness. The action recorded as taken was the introduction of a cleaning audit, however, this had not taken place. A complaints procedure was in place and people and their families were aware of it and felt able to use it if needed. The procedure included details of how to appeal against the outcome of a complaint and provided details of external organisations such as the local government ombudsman.

Relatives and staff told us that there was not enough activity and stimulation. One relative told us "Activities are limited and most of the time (name) gazes out of the window". Another explained "I'm not sure how (name) spends their day. They are not the sort of person who likes to participate; I don't feel there is enough stimulation". A care worker told us "Staffing is OK for meeting people's needs in the home but not always to take them out and it would be nice for them to have a change of scenery". Another explained "It's a lot for staff to do activities and would be nice to have somebody dedicated to activities. More work is needed on activities as their minds need more stimulation". One person told us they had been asking everyday if they could go out. The registered manager told us "(Name) is desperate for an outing and it hasn't been organised. It was going to be last Friday but the carer felt unwell". During our inspection the person was offered a trip out in the afternoon but this didn't happen as they went and had an afternoon sleep. The registered manager told us they would discuss with the care team additional hours to support with trips outside the home.

The service was not proactive at maintaining or creating links with the wider community. The registered manager told us a local school had asked if they could visit and spend some time with people but this had not started. People were supported to maintain links with family and friends who were able to visit at any time and told us they were always made to feel welcome.

Information had been collected on people's interests. A care worker told us "We have files that tell us what people like to do and their hobbies which I've read through". We observed one person being given a magazine relating to their hobby. Their face broke into a big smile when they saw the cover. In the afternoon of our inspection a singer provided entertainment. We had been told that one person found music calming and one song particularly. We noted the song was included in their repertoire which demonstrated the entertainer had a good knowledge of people's likes and music choices. Other organised activities had included exercise classes and in-house games and an activity planner was on the wall detailing the months timetable. We observed people receiving manicures which enabled them to spend one to one time with staff.

People and their families had been involved in decisions about their end of life wishes and these had been clearly detailed in care and support plans. A district nurse told us "There was a palliative care person and the staff were really on the ball with pain management". We read a note a family had written following a bereavement which included 'You calmed and reassured (relative) to make sure her needs were met as best as (relative) would allow'.

We recommended the service consider NICE guidance on improving the mental wellbeing of older people with a dementia living in care homes or other professional guidance when reviewing activities.

## Is the service well-led?

### Our findings

The service was not always well led. Statutory notifications had not been made to CQC. A statutory notification is a legal requirement for the provider to inform CQC of certain situations as part of their oversight of care provision. This meant that CQC had not received information to support their monitoring of the service. This included a notification for a person who had experienced a serious injury and notifications about deprivation of liberty safeguard applications. We discussed this with the registered manager who told us they would review CQC statutory notification guidance.

The registered manager and the provider had not kept up to date with their knowledge on infection control, health and safety and medicine administration which had led to a breach in regulation of the Health and Social Care Act (2008). We discussed this with the registered manager who agreed they needed to keep up to date with regulatory requirements and best practice. They told us they had registered with an external consultancy that would provide information on quality compliance systems.

Auditing processes were not robust and had not been effective in recognising areas requiring improvement found at this inspection. Medicine audits were completed weekly but had not included the management of medicines prescribed for when required or topical creams administration and recording. Infection control and health and safety audits had not been completed.

Records relating to staff and people using the service had not been stored securely. We found files stacked in an unlocked empty bathroom.

Systems and processes were not effectively assessing, monitoring and reducing risks to people related to their health and welfare. Records were not stored securely for staff employed to carry out a regulated activity. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information provided on a noticeboard in the foyer to inform the public was out of date. This included a copy of a newsletter dated January 2014 and an out of date public liability insurance certificate. The registered manager replaced the insurance certificate with an updated copy. They told us they had plans to reintroduce a newsletter as relatives meetings had not been well attended. A relative who told us "A quality assurance form was sent out and it asked how could things be improved. I said I would rather speak to (registered manager) and that happened". Another relative told us "(Registered manager) is wonderful and knows everything". Feedback from a relative had been that a wheelchair ramp into the garden would be helpful and we saw this had taken place.

Staff told us they felt listened to and felt able to share ideas about improving the quality of care people received. One care worker explained how they had felt the coloured beakers people used at meal times were not age appropriate and they had been changed to a clear glass. Another care worker told us "(Registered manager) will come and ask our opinions such as what residents like and more sensory things. We can also share ideas at staff meetings; it's really important". Communication with staff was described by



a care worker as good. "Communication is good and we have a noticeboard in the kitchen which keeps us up to date with what's happening each day". Another care worker said "Communication is really good. I've never come across anybody who feels there not being kept informed".

Staff had a clear understanding of their role and responsibilities and were supportive of change. An example had been a cleaning schedule that had begun to be developed as an outcome of findings at our inspection and included tasks for the night team. They had completed tasks allocated to them on the first night of our inspection and the registered manager told us it had been welcomed and they had some additional helpful suggestions.

Learning had taken place following accidents or incidents. One person had acquired skin damage due to an air mattress being accidentally unplugged. The incident had been reviewed with the persons family and local authority safeguarding team. A system had been introduced to check air mattresses and staff understood the importance of this. The registered manager audited each person's care and support plan and risk assessments weekly and shared the findings with the staff team. An action plan was on-going and was kept up to date and included what had been done and the final outcome.

Records showed us that the service was open and transparent with health and social care agencies. Safeguarding incidents had been appropriately reported to the local authority. A district nurse told us "They (registered manager) communicate really well with us".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks identified for people in relation to infection control and safe premises had not been consistently managed or actions taken in order to minimise the risks. People were at risk as medicine administration was not always carried out in a safe way.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not effectively assessing, monitoring and reducing risks to people related to their health and welfare. Records were not stored securely for staff employed to carry out a regulated activity.</p>