

Church View (Nursing Home) Limited

Church View (Nursing Home)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of Church View Nursing Home on 20 and 21 July 2016. The first day of the inspection was unannounced.

Church View Nursing Home provides accommodation, personal care and nursing care for up to 40 people, including people living with dementia. At the time of this inspection there were 26 people living at the home.

The service is set in a detached building in a residential area in Accrington in East Lancashire. Accommodation is provided on the ground floor and there is a separate self-contained unit for people living with dementia. Both units have their own lounge and dining room. Bedrooms do not have en-suite facilities; however there is access to suitably equipped toilet and bathroom facilities on both units. There are gardens and a car park for visitors and staff. The home is close to local amenities.

At the time of our inspection the service did not have 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. The service was being managed by the general manager of Church View Nursing Home and another nearby nursing home, which was also owned by the service provider. The general manager told us that the service provider was in the process of recruiting a new manager for Church View Nursing Home. Additional management support was in place which had been arranged by the local authority, to assist the home with making necessary improvements.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

People living at the home told us they felt safe. People living at the home and staff felt that staffing levels at the home were sufficient to meet people's needs.

We saw evidence that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

There were appropriate policies and procedures in place for managing medicines. However, we found that medicines were not always managed safely.

People were happy with the care they received and felt that staff could meet their needs. We found that staff received an appropriate induction and effective training when they joined the service. Staff told us they received regular supervision.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action where people lacked the capacity to make decisions about their care.

The people we spoke with told us they were involved in decisions about their care.

People living at the home and relatives were happy with quality of the food provided. They told us they had lots of choice.

We received positive feedback from community healthcare professionals who were involved with the service about standards of care at the home.

We observed staff communicating with people in a kind and caring way. People told us staff respected their privacy and dignity and encouraged them to be independent.

Activities were provided by a dedicated activities co-ordinator and people told us they were happy with the activities available at the home.

We saw evidence that the general manager requested feedback about the service from people living at the home and acted on the feedback received.

People were happy with the management of the service. However, the home did not have a full, effective management team at the time of our inspection.

Many aspects of care at the home were audited regularly to ensure that appropriate standards of care and safety were maintained. However, medicines audits had not included people's prescribed creams, which were not always managed safely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People told us they received their medicines when they needed them. However, medicines were not always stored securely and prescribed creams were not always managed safely.

The registered manager followed safe recruitment practices when employing new staff.

Most people we spoke with were happy with staffing levels at the service. We found that there were sufficient staff available to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff received an appropriate induction and effective training which enabled them to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions.

People were supported well with nutrition and hydration and their healthcare needs were met.

Is the service caring?

Good 

The service was caring.

People and their relatives told us staff were caring. Staff treated people with care, compassion and respect.

People told us staff respected their privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be independent and staff provided support to them when they needed it.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and their needs were reviewed regularly.

People were supported by staff to take part in a variety of activities within the home and to access the community.

The general manager sought feedback from people living at the home and their relatives and used the feedback received to develop the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service did not have a full, effective management team in place at the time of our inspection. However, a manager and deputy manager have now been recruited and have commenced employment at the home since our inspection.

Staff understood their responsibilities and received regular supervision.

The general manager and care supervisor regularly audited and reviewed the service to ensure that appropriate levels of care and safety were maintained. However, medicines audits had not been effective in ensuring that people's medicines were being managed safely.

Church View (Nursing Home)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 20 and 21 July 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service including complaints, concerns, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We contacted three community health agencies who were involved with the service for their comments including a district nursing team, community mental health team and local community link nurses. We also contacted Lancashire County Council contracts team for information.

As a result of concerns about standards of care at the home, in April 2016, the service became subject to Lancashire County Council's Quality Improvement Planning (QIP) process. As a part of this process and in light of the fact that the service did not have a registered manager or a deputy manager in post at that time, arrangements were made for managers from the Council's older people's service to provide support. This was to enable the service provider to achieve the improvements identified as necessary for people living at the home to receive safe and effective care. Prior to this inspection we contacted the Lancashire County Council managers who had been supporting the service for feedback.

Is the service safe?

Our findings

The people we spoke with told us they received safe care at the home. One person said, "It feels very safe here".

We looked at whether people's medicines were managed safely. We watched some people being given their medicines and saw that the nurse gave medicines in a friendly and safe way. All the nurses employed by the home had recently been supervised to check they handled medicines safely. We looked at the medicine charts belonging to ten out of 26 people living in the home and found just two 'gaps' in the records of administration. This indicated that people were given their medicines in the right way. People could look after and take their own medicines (self-medicate) if they wanted to and could do so safely. This respected their right to choice and independence. No-one was self-medicating at the time of the inspection.

The home had a detailed, well written, up-to-date medicines policy. This meant that staff had all the information they needed about how to handle medicines safely in the home. We saw guidance for nurses on how to manage and record medicines prescribed for a person only when required. 'When required' management forms had recently been introduced to help ensure that each person got maximum benefit from their 'when required' medicines, and they were used safely. However, nurses were not always completing these forms. We discussed this with the general manager who assured us she would address this issue with staff.

The general manager carried out weekly medicines audits and areas for improvement were shared with nurses. However, audits did not include people's prescribed creams. We were told that nurses applied medicated creams and carers applied emollient and barrier creams when they helped people with their personal care. Carers signed a different chart when they applied a person's cream. When we looked at these cream charts we found that carers were applying medicated creams. We also found omissions in the records on cream charts and out-of-date creams in people's rooms. People's skin may be harmed if creams are not applied in the way the doctor intended them to be used. Creams were not always listed on the person's medicine chart. If the chart is not a complete record of a person's medicines this could result in unsafe or inappropriate prescribing.

Medicines, including those that are controlled drugs (liable to misuse) were not stored safely. Staff other than nurses could gain entry to the medicines storage room and the refrigerator and medicines cupboard inside the room were not locked. We brought this to the general manager's attention and immediate action was taken. All medicines were kept safely before we left the home. We checked the home's stock of controlled drugs and found that records in the controlled drugs register were correct. Medicines were stored at the right temperatures. However, the medicine refrigerator was not monitored properly as maximum and minimum fridge temperatures were not recorded.

The people we spoke with told us they received their medicines when they should. However, one person told us staff did not always confirm that they had taken it.

Medicines were not stored securely and people's prescribed creams were not managed in a safe and effective way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff training and found that all of the 29 care staff and nurses working at the home had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. The contact details for the local authority safeguarding vulnerable adult's team were included.

We looked at how risks were managed in relation to people living at the service. We found detailed risk assessments in place including those relating to falls, moving and handling and nutrition. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments had been completed by the general manager and were reviewed by nursing staff or the care supervisor monthly or sooner if there was a change in the level of risk.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. The records were detailed and were signed and dated by staff. Information included the action taken by staff at the time of the accident. We saw evidence that accidents and incidents were reviewed and analysed monthly by the general manager and appropriate action taken.

We noted that all staff had completed up to date moving and handling training. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references had been obtained. These checks helped to ensure the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service for a three week period, including the week of the inspection and found there were sufficient staff in place to meet the needs of the people living at the home. The general manager informed us that staffing levels were based upon the needs and the level of dependency of the people living at the home. She told us that staff sickness and annual leave was covered by existing staff where possible. However, where this was not possible, agency staff were employed. The general manager told us that the home used the same agency staff, as they were familiar with the needs of people living at the home.

We spoke with people living at the home about the staffing levels. Five of the six people living at the home felt that there were always enough staff on duty. One person told us, "They usually come straight away unless they're very busy". However, one person felt that there were not always enough staff available. All of the staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs.

We looked at the arrangements for keeping the service clean. The domestic staff member was on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found the standard of hygiene in the home during our inspection to be

satisfactory and this was confirmed by the people we spoke with, their relatives and staff. People told us, "My bedroom is lovely, it always smells nice. They keep it hoovered and dusted regularly" and "The home always smells nice. The bedding is changed as and when you need it. They clean the room at least once a week. If it needs cleaning, it gets cleaned".

Infection control policies and procedures were available, including those related to personal protective equipment, hand washing and laundry. Records showed that 90% of staff had completed up to date infection control training. Liquid soap and paper towels were available in bedrooms and bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing, including gloves and aprons were available and used by staff appropriately. There were appropriate arrangements in place for the safe disposal of waste.

Records showed that 66% of staff had received training in food safety and we noted that in July 2016 the Food Standards Agency had awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

We found that environmental risk assessments, including fire risk assessments had been completed and there were personal emergency evacuation plans in place for people living at the home. We noted that 59% of staff had completed health and safety training. This would help to ensure that the people living at the service were living in a safe environment.

We saw evidence that 90% of staff had completed up to date fire safety training. There was evidence that the fire alarm and emergency lighting, which would be activated if the normal service failed, were tested regularly. We noted that a fire risk assessment had been completed by Lancashire Fire and Rescue service in September 2011 and the actions identified had been completed. The general manager arranged a further risk assessment which took place on 10 August 2016 and the service was found to be compliant with the relevant legislation. These checks helped to ensure that people living at the service were kept safe in an emergency.

Records showed that equipment at the service was safe and had been serviced and portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. This helped to ensure that people received care in a safe environment.

Is the service effective?

Our findings

The people we spoke with were happy with the care they received at Church View Nursing Home and with the staff who supported them. They told us, "It's a very good place", "The staff are very good who look after us" and "I'm very happy here. I get on with the residents and staff. It's a good place. I'd recommend it to anyone". One relative told us, "[My relative] seems very, very happy. They're very contented". However, one relative was not happy with the personal care provided to their family member. We discussed this with the general manager who took appropriate action.

Records showed that all staff had completed an induction programme which included safeguarding vulnerable adults, moving and handling, infection control and fire safety. The staff we spoke with told us they had been given the opportunity to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff provided safe care and were able to meet people's needs.

There was a training plan in place which identified training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, most staff had completed training in dementia awareness and challenging behaviour.

The general manager showed us an employee handbook that was given to all staff when they started working at the service. We noted that the pack included information about health and safety, confidentiality and whistle blowing (reporting poor practice). This helped to ensure staff knew how to provide safe care.

A staff supervision policy was available and we saw evidence that staff received regular supervision on an individual or group basis. The staff we spoke with confirmed this to be the case.

Staff told us that verbal and written information was handed over between staff prior to shift changes. We reviewed handover records and noted they included information about people's personal care, pain levels, fluids, mood and any visits from relatives or healthcare professionals. In addition, any concerns were clearly recorded. This helped to ensure all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was generally good.

We looked at how the service addressed people's mental capacity. 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 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

MCA and DoLS policies, procedures and guidance were in place. The staff we spoke with had a good understanding of the main principles of the legislation, including the importance of gaining people's consent when providing support and ensuring people are encouraged to make decisions about their care when they could. During our inspection we observed staff supporting people sensitively when they were upset or confused.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one place to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. They also recorded whether the decision had been discussed with the person and/or their relative. Where a DNACPR decision was in place, staff could identify this quickly and easily in the front of the person's care file. This helped to ensure any medical treatment was provided in line with the decision.

We looked at how people living at the service were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home and told us there was plenty of choice. One person told us, "The meals are very good. If you don't like something, you can have something else". Another said, "The food is really excellent. I enjoy my meals. We're not rushed. I like the kitchen staff, they're very nice". Menus were displayed in the dining room daily.

We observed lunch and saw that dining tables were set with table cloths and condiments. The meals looked appetising and hot and the portions were ample. The atmosphere in the dining room was relaxed staff interacted with people throughout the meal. We saw staff supporting people sensitively and people were given the time they needed to eat their meal. We noted that people were able to have their meal in their room if they preferred.

People's dietary requirements were documented, including when people needed soft or pureed meals or finger food. Any change in people's nutrition or hydration needs was communicated to staff prior to the shift change. This ensured that the kitchen staff were kept up to date with people's needs and any risks. We spoke with the cook and it was clear that she knew people and their dietary needs. The people we spoke with told us they had plenty to drink and we observed staff offering people drinks during mealtimes and throughout the day.

A nutrition assessment had been completed for each person living at the home and people's weight was recorded regularly. Records showed that appropriate professional advice and support, such as referral to a dietician, was sought when there were concerns about people's weight loss or nutrition.

We looked at how people were supported with their health. People living at the service and their relatives felt staff made sure their health needs were met. They told us, "The doctor comes very quickly when I need him" and "I went to see my GP the other day. I was taken by staff, there and back". We found that care plans and risk assessments included detailed information about people's health needs.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses and community mental health teams. We found healthcare appointments and visits were documented. This helped to ensure people were supported appropriately with their health.

We did not receive any concerns from the community healthcare agencies we contacted for feedback about the service. One agency told us, "Church View Nursing Home is improving. The home feels calmer and more organised. The staff are proactive and positive".

We received feedback from one of the Lancashire County Council managers who had been involved in supporting the service over a six week period during June and July 2016. They told us that improvements had been achieved at the home during that time. Care plans had been improved, relevant assessments were being completed, staff were happier and people living at the home were receiving the care they required. They told us they felt the home was running more smoothly and the necessary structures and processes had been put in place to enable the home to provide safe effective care.

Is the service caring?

Our findings

Everyone we spoke with told us that the staff at the home were caring. People living at the home told us, "The staff are smashing" and "The staff are very caring". One relative told us, "On the whole we're very happy with the way staff treat [our relative]. [Our relative] is not an easy person to deal with". Another relative told us, "[My relative] is very happy here. Some of the staff go above and beyond".

During the inspection we observed staff supporting people at various times and in various places around the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful.

The atmosphere in the home was relaxed and conversation between staff and the people living there was often light hearted and friendly. It was clear that staff knew the people living at the service well, in terms of their needs and their preferences.

People told us they could make choices about their everyday lives. Most people told us they could get up in the morning and go to bed at night at a time that suited them. However, one person told us they could not always choose what time staff supported them to get ready for bed. We discussed this with the general manager who assured us that this would be addressed with staff. People told us they could choose what they wore every day and they had plenty of choice at mealtimes.

People told us they were encouraged to be independent. One person told us, "I'm very independent. I only need help with showering and going out" We observed staff supporting people who needed help to move around the home or with their meals and noted that people were encouraged to do as much as they could to maintain their mobility and independence.

People living at the home told us staff respected their dignity and privacy. We observed staff knocking on bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines, supporting people with their meals or helping people to move around the home. People told us, "Staff always knock on my door" and "Staff make sure the door is closed when I'm having a shower".

A poster advertising local advocacy services was displayed on a notice board in the entrance area. Advocacy services can be used when people want support and advice from someone other than staff, friends or family members. The general manager told us that none of the people living at the home were using an advocacy service at the time of our inspection.

Is the service responsive?

Our findings

Everyone we spoke with felt that they received personalised care and told us their needs were being met at the home. They said, "When I press the buzzer staff come straight away", "I don't like being undressed by male staff and the staff respect that" and "Overall it's smashing, the staff are really nice". However, one person told us there was sometimes a delay in staff responding when they pressed the call bell.

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. People told us their care was discussed with them, which helped to ensure staff were aware of how people liked to be supported. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted. Each person living at the home was allocated a key worker, which helped to ensure the care provided was consistent and staff remained up to date with people's needs.

Care plans and risk assessments were completed by the general manager and were reviewed monthly by the care supervisor or by nursing staff. The care plans and risk assessments we reviewed were individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Information about people's interests and hobbies was included. People told us they were involved in planning their care and said their care needs were reviewed with them monthly. We saw that people had signed their care plans to demonstrate this. We noted that relatives had been consulted where people lacked the capacity to make decisions about their care.

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment, they could move around the home freely and choose where they sat in the lounges and at mealtimes.

During our inspection we saw that staff were able to communicate effectively with the people living at the home. People were given the time they needed to make decisions and answer questions. Staff spoke clearly and repeated information when necessary. When people were confused staff reassured them sensitively and gave them the information they needed to make decisions. Conversation between staff and people living at the home was often light hearted and friendly.

A list of activities for the week was on display on the notice board in the entrance area of the home. Activities available at the home included memory games, hand massage, reminiscence, bingo, arts and crafts, music, board games, baking and nail painting. The home had a dedicated activities co-ordinator, who supported people with activities each morning and afternoon. We noted that a hairdresser also visited the home once a week. The people we spoke with were happy with the activities available. They told us, "I Like the music and the sing-a-longs" and "The sing-a-longs are good and I use the hairdresser and get my nails painted". One relative was happy with the activities provided. However, one relative told us that activities often did not take place as the staff were too busy.

We observed activities taking place on both days of our inspection. We noted that the activities co-ordinator encouraged participation and the people taking part seemed to be enjoying themselves. On the second day of our inspection a singer visited the home and people seemed to enjoy this entertainment.

A complaints policy was available and included timescales for investigation and providing a response. The policy was displayed in the entrance area of the home and information about how to make a complaint was included in the service user guide. Contact details for the local authority, the Commission and the Local Government Ombudsman were included. We noted that 10 complaints had been recorded so far in 2016 about a variety of issues including personal care, staff attitude and standards of care. We saw evidence that the complaints had been addressed and responded to within the timescales of the policy. We noted that the home did not have a process in place for the management of minor concerns. We discussed this with the general manager and a process was introduced shortly after our inspection.

The people we spoke with knew how to make a complaint and told us they would feel able to raise any concerns. They told us they would speak to the care staff or nurses if they were unhappy about anything. Relatives also told us they would feel able to make a complaint or raise a concern. One relative told us they had raised concerns with the previous management but there had been little improvement. We discussed this with the general manager who took appropriate action.

We looked at how the service sought feedback about the care being provided, from the people living there and their relatives. People told us they were asked for feedback about their care during care plan reviews and the monthly residents meetings.

The general manager told us that satisfaction questionnaires were given to people and their relatives regularly to gain their views about the care being provided. We reviewed the results of the questionnaires given to people living at the service and their relatives in April 2016 and saw that 10 people had responded. We noted that a high level of satisfaction had been expressed about most issues including the quality of the care provided, the cleanliness of the home and the activities available. The choice of meals was one of the lowest scoring issues and we noted that a further questionnaire was issued in June 2016 to gather further feedback about the meals at the home. As a result of this changes were made and during this inspection we received positive feedback about the meals at the home from everyone we spoke with.

Is the service well-led?

Our findings

The people we spoke with were happy with the management of the home and felt the staff were approachable. One person told us, "The home is well managed. People really try to make it nice". Four people told us they felt the general manager was approachable. However, two people did not know who the general manager was. One relative told us, "The home is very good. It's an environment that takes a lot of time to cater for [my relative's] needs and problems".

Prior to our inspection, the service provider had experienced long standing problems with recruiting and retaining effective management at the home and this continued throughout 2016. During our inspection we found that the Lancashire County Council Managers who had provided support to the home during June and July 2016 had helped to improve standards of care at the home and had created the structures and processes needed to provide safe, effective care. We found that the recently recruited care supervisor, who had previously worked at the home, had helped to clarify staff responsibilities and was monitoring standards of care at the home on a daily and weekly basis. This had also led to an improvement in standards of care at the home.

At the time of our inspection the home was being managed by the general manager, who was also the general manager of another local residential home owned by the service provider. A deputy manager had been appointed and was due to commence employment at the home at the end of July 2016. Shortly after our inspection the general manager contacted the Commission to advise that a manager had been appointed and would be starting at the home on 15 August 2016. Both the manager and the deputy manager commenced employment at the home as planned. The general manager told us she was hopeful that a new, effective management team would support further improvements in the standards of care being provided at the home.

The service's mission statement advised that the home aimed 'To provide service users with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance'. We saw evidence that this aim was promoted by the general manager and by staff at the home.

The general manager informed us that the service provider was supportive and made available the resources necessary to achieve and maintain appropriate standards of care and safety at the home.

We saw evidence that staff meetings took place regularly. The issues addressed included care standards, meals, infection control, health and safety and any concerns. The staff we spoke with confirmed that regular staff meetings took place and they felt able to raise any concerns.

We reviewed the results of a staff satisfaction survey in May 2016 and noted that a low level of satisfaction had been expressed about a number of issues including the management structure, staff supervision and the service's response to staff complaints. The staff we spoke with during our inspection told us that previously there had been a lack of effective management support at the home. They felt that significant improvements had been made at the home in recent weeks. They told us the recently recruited care

supervisor had clarified staff responsibilities, that clear processes and procedures had been introduced and standards of care at the home had improved.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident they would be protected if they informed the general manager of concerns about the actions of another member of staff. This demonstrated the staff and general manager's commitment to ensuring the standard of care provided at the service remained high.

During our inspection we observed that people and their visitors felt able to approach the general manager directly and she communicated with them in a friendly and caring way. We observed staff approaching the general manager for advice or assistance and noted that she was supportive and professional towards them.

We noted that the care supervisor and the general manager audited different aspects of the service regularly, including infection control, personal care, accidents/falls, equipment, the home environment and medicines. All audits included action plans where improvements were required and actions were updated when completed. We saw evidence that the audits completed were effective in ensuring appropriate standards of care and safety were being achieved at the home. However, the weekly medicines audits did not include people's prescribed creams. We discussed this with the general manager who assured us that prescribed creams would be included in future medicines audits. We discussed with the general manager the importance of effective internal audit systems, to ensure that the positive changes in the home were built on and sustained.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water or disruption due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

Our records showed the general manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. A notification is information about important events which the service is required to send us by law.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People's medicines were not being managed safely.
Treatment of disease, disorder or injury	