

The Green Nursing Homes Limited

# The Green Care Home with Nursing, Dronfield

## Inspection report

2 Green Lane  
Dronfield  
Chesterfield  
Derbyshire  
S18 2LZ

Tel: 01246291515

Date of inspection visit:  
11 December 2017

Date of publication:  
22 January 2018

## 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?

Good 

# Summary of findings

## Overall summary

We inspected this home on 11 December 2017. At our last inspection we found the provider was meeting the regulations and we rated the home as Good overall; however we asked the provider to make some improvements to the topic area in the responsive section. At this inspection not all the improvements had been made, and further improvements were identified.

The home is a purpose-built care home providing nursing care. It is situated adjacent to a residential care home owned by the same provider. The majority of the rooms have en-suite facilities and some are available with inter-connecting rooms for double occupancy. There are three lounges, two situated downstairs and one upstairs. There is also a dining area adjacent to the larger lounge on the ground floor. The garden is accessible.

The service had 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.

People who lacked capacity were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible.; The policies and systems in the service did not support this practice. We have made a recommendation about decision specific assessments to support people when they lack capacity.

There was not always sufficient staff to support people's needs and to respond to call bells when they were activated. Some people did not receive a positive meal experience, however others enjoyed the choices provided. People's diets and preferences had been considered.

People's care and their records was not always inclusive to consider people's disability, diversity or sexuality needs and their last wishes.

People felt safe and protected from harm by staff who had the skills and training to support them. Staff had received training in medicine management and provided safe administration. Risk assessments had been completed and provided guidance when equipment was used to transfer people. The home was clean and there was a schedule to ensure the risk of infections was reduced.

Staff had received training for their role, in a range of areas and specific health conditions had been offered as additional training to raise awareness. Referrals had been made to health care professionals to support people's ongoing health needs or their wellbeing.

People felt they had developed positive relationships with staff who provided a kind and caring environment. Staff respected people's wishes and were developing skills to achieve the dignity award. People's feedback had been obtained and information shared through messages in the reception and at meetings for people who use the service. There was a complaints policy and we saw any concerns raised had been addressed formally and the registered manager was developing a system to ensure all concerns

are recorded and responded to.

Staff were supported by the manager and the home had good links with the provider. The registered manager completed a range of audits which reflected the needs of the home and people receiving the care. There was a positive link with the local schools and colleges to develop recruitment and partnership working in other areas.

We saw that the previous rating was displayed in the reception of the home as required and it was visible on the provider's website. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken

This is the first time the service has been rated Requires Improvement. We found a breach 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

There was not always sufficient staff working in the service to meet people's needs. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. Following any accidents lessons were learnt to minimise the situation reoccurring. People received their medicines as prescribed and systems were in place to recruit staff that were suitable to work with people. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

When people had not got the capacity to make a decision, there had been no assessments completed or best interest decision meetings to consider how the decision was made. People received meals that met their nutritional needs; however some people did not have a positive meal experience. Staff had received training for their role and when required referrals had been made to health professionals. People were able to personalise their space.

**Requires Improvement** ●

### Is the service caring?

The service was caring

People received support from staff who were kind and caring. Relatives and visitors were welcomed and people were treated with dignity and respect. People had an opportunity to follow their faith.

**Good** ●

### Is the service responsive?

The service was not always responsive

People had not always been supported to remain independent and their wishes for end of life care had not been always considered. People received a range of stimulation to support their daily living. Complaints had been addressed.

**Requires Improvement** ●

## Is the service well-led?

Good 

The service was well led

People knew the registered manager and felt supported. People and relatives feedback had been obtained and any changes or improvements shared with them. Audits had been completed across all areas of the home and elements affecting people's care. There was a clear link with the community and other professionals to enhance and develop the service on offer for people. The registered manager understood their registration and we saw the previous rating had been displayed.

# The Green Care Home with Nursing, Dronfield

## **Detailed findings**

### Background to this inspection

We carried out this inspection visit 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.

The Green Care Home is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Green accommodates 41 people, at the time of our inspection there were 27 people using the service.

This inspection visit took place on the 11 December 2017 and was unannounced. The inspection visit was carried out by one inspector and two experts 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.

The Green is a purpose-built care home providing nursing care. It is situated adjacent to a residential care home owned by the same provider. The majority of the rooms have en-suite facilities and some are available with inter-connecting rooms for double occupancy. There are three lounges, two situated downstairs and one upstairs. There is also a dining room adjacent to the larger lounge on the ground floor. The garden is accessible.

The inspection was informed by feedback we had received from the public through 'share your experience' and notifications the provider had sent to us about significant events at the service. The provider completed a Provider Information Return as part of the Provider Information Collection. 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. We also reviewed information from the quality monitoring report that the local authority had sent

to us. We used all this information to formulate our inspection plan.

After the inspection we asked the registered manger to provide us with some contact details of professionals they worked with to support peoples needs. We made contact with the church minister, the nurse assessor and a local GP. Their comments have been reflected within the report.

We spoke with six people who used the service and five relatives or visitors. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff, the administrator, the cook, the nurse, the registered manager and the provider. We looked a range of information and care records for six people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service, these included audits relating to accidents and incidents, infection control and the maintenance of t the home. We looked at three employment records, staffing schedules and information relating to training the staff received.

# Is the service safe?

## Our findings

People told us and we saw there was not always enough staff to support people's needs. One relative said, "Quite often I feel there are not enough staff, there are only four and if two are attending to someone there is not enough for the others." We observed that within the lounge there were periods when people were unsupervised, periods of 10 and 15 minutes throughout the day. There were no call bells available accessible to enable people to request support if they needed it whilst sat in the lounge areas. We asked people how they would request support if they needed it, the response was to either shout, bang on the table or hope the staff walked past. This meant we could not be sure people were supported when they needed it. A relative said, "I come every day and it is unusual for staff to be in the lounge at this time of day. The time was 2.15pm." Relatives told us they often had to get the staff to attend when a person had request to go to the bathroom. A relative said, "I think there should be staff in this main living room all of the time, but that doesn't always happen."

Call bells were not always responded to in a timely manner. One person told us, "I can wait up to ten minutes and most days at least once I wait up to twenty minutes." They added, "When I have to wait too long I have accidents." We saw during the inspection that call bells were not always responded to quickly. For example, we noted a call being activated at 1.00pm at 1.20pm the staff member turned the call bell off and said they would return shortly. At 1.30pm the person pressed the call bell again, the staff attended to the person's needs at 1.55pm. A relative had also recognised this as a concern they said, "I was with my relative and they waited 45 minutes to 1 hour for the toilet; we'd ring the buzzer or call and eventually they came." We spoke with staff about their ability to respond to the call bells. One staff member told us, "We need an extra person as many people require two of us." They added, "We are not able to respond, there is a delay and some people then have an accident which takes longer to support them." Another staff member said, "It's not fair on people as we don't get to the buzzer quickly enough." We discussed the staffing levels with the registered manager and the provider. There was a dependency tool which was used to consider people's needs, however people were identified as medium support, even when they required two staff members to support them at regular intervals. This meant we could not be sure people's needs had been assessed correctly for their level of support. The provider and registered manager agreed to review the dependency tool along with the staffing levels and how they were deployed to support people's needs.

This demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were protected from harm as staff understood how to recognise abuse and how to act if they were concerned. One relative said, "I think they have always been safe here. They tell me straight away if they are unwell." Staff we spoke with had undertaken training in safeguarding adults and was able to describe different forms of abuse and what they would look for. One staff member said, "We have had training and the new electronic records system enables you to raise a concern which then goes directly to the nurse." They added, "They are very supportive and they action what they say." We saw that where any concerns had been identified the provider had cooperated with the lead authority in safeguarding investigations to ensure



people were protected from further potential harm. The staff were aware of the whistle blowing policy and said that they would have no hesitation in reporting anything if they had concerns. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace.

The staff knew about people's individual risks and any equipment they used to support people safely. When equipment was required there was a care plan in place to provide guidance on how to use it safely. A relative said, "We've seen the staff use the hoist and they seem to do it safely and they seem really caring when they do it." We observed staff using equipment to transfer people; this was carried out safely with the staff member who explained the process and they offered reassurance. Some people required a hoist and the registered manager told us they were in the process of purchasing individual slings for people. They said, "Some people already have their own which is much better and more in line with infection control requirements. By early next year all the people will have been assessed and have their own."

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs.

The provider checked staff's suitability to work with people before they commenced employment. We looked at the recruitment checks in place for staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. Staff told us they were unable to start work until all of the required checks had been done.

People told us they received their medicine regularly. One person said, "The nurse brings it at breakfast, lunchtime and teatime." We saw the nursing staff were responsive with medicine, for example, we saw the nurse took a person's temperature and then discussed giving them their inhaler as they seemed a little breathless." We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. Medicines were stored securely and were not accessible to people who were unauthorised to access them. Clear records were in place that demonstrated people received their medicine as prescribed and if not, the reason why.

Staff understood the importance of protecting people from the risks of cross infection. One staff member said, "We have access to gloves and aprons and any equipment we need." Another staff member told us the provider had purchased latex free gloves as this had been identified as a need for some staff members. We saw infection control audits had been completed and any areas which required attention had been followed up and completed. For example, some chairs had been identified as having rips in the fabric, the registered manager told us these were planned to be replaced and we saw this was recorded on the homes action plan. The home had been subject to two occasions of an infection. Following these events the provider had increased the cleaning schedules. The registered manager told us they also planned to visit the local hospital for some additional guidance on infection control. This meant we could be sure people were protected by the prevention and control of infection.

The registered manager told us they were continually learning and developing systems to make improvements. For example, when the local authority visited they had discussed the way the home

completed their accident and incident analysis. The registered manager had taken the advice on board and designed a new spreadsheet which would provide a clear trend analysis and details of the actions taken.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. Some people had been identified as being restricted and had been referred to the local authority. However, the assessments completed to reflect people's level of capacity were not clear in identifying how the decision had been made. The assessments did not reflect the decision the assessments related to and no best interest meetings had been completed. Staff we spoke with had received training, however not all could provide an understanding of the requirements or details of people who were subject to a DoLS. This meant we could not be sure people received the correct support in line with the Act.

We recommend that the service seek advice and guidance from a reputable source, to assess the capacity in relation to specific decisions for people living at the home.

Some people required support with their meals. We saw that food was not kept at the required temperature. For example, three meals were left prepared and covered on a table. One staff member supported a person with one meal, whilst the other two meals remained on the table. The meals remained there for 20 minutes before the staff provided the support to the person to receive their meal. The third meal and person waited even longer. We saw another person's meal remained in their room for two hours after the mealtime had been completed. The meal was removed uneaten. We saw this person's record reflected the person had eaten their meal. We discussed this with the registered manager and they followed this up with the staff member. The home had introduced protected meal times; this meant people's relatives and visitors were discouraged from attending during mealtimes. One relative said, "When [name] is ill I want to be with them to make sure they eat. It doesn't seem right that people can't stop with their relatives."

People's weights had been recorded and we saw if there were any concerns these had been referred to the speech and language team for guidance. When this occurred we saw this information was shared with the staff and the cook. The cook was able to provide the details of people's needs and there was a variety of meals made available to support people's needs.

People told us they enjoyed the meals. One person said, "Today it was Italian chicken, it was beautiful. We have quite a selection. I like it when we have chicken curry or sweet n sour. Every Sunday we have a roast." We saw that people had a choice; however there were no pictorial guides to support people who struggled

to understand the spoken word due to their cognitive ability. The registered manager told us they were in the process of developing a pictorial menu. We saw this process had begun.

Staff had received training for their role. Staff we spoke with felt there were plenty of opportunities to access training. The home used online training for many course, along with some face to face or attending outside courses. Training had been provided to consider some specific health care conditions. For example, one staff member told us they had received training on dysphasia, which they said had supported them to understand people with this condition. We saw that the registered manager had arranged for the dementia bus to attend the home. This is a training opportunity to improve staff awareness of the impact dementia has on people.

New staff who had no or limited care experience had been supported to complete the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Following the training staff completed a self-assessment tool along with observations by the senior team to ensure they had understood the training.

People were supported to live healthier lives, however some professionals felt this was an area which could be improved. One person said, "They are very good at getting the doctor out." A relative said, "If any professional like the social worker comes to see my relative, the home tells me straight away so I can come and be part of the process and support them."

A GP said, "Requests for home visits often come to us towards the end of the working day which puts unnecessary pressure on the on-call doctor. However, we do a regular 'ward round' for acute and anticipatory care." They added in relation to this, "Sometimes the handover between staff is inadequate and on arrival it's difficult for us to clearly ascertain the problem."

We saw that referrals had been made to different health care professionals in a timely manner and any guidance followed. The GP said, "The home does seem to have good working knowledge of the extended primary healthcare team." There was a collaborative approach to people's care and we saw that a range of professional had been included in peoples care. A nurse assessor told us, "There is a good rapport with the staff and they call if they require any support." They added, "Whenever I call the information is available for me and I am made welcome."

People had been able to personalise their own space. One person said, "I have a large table to rest my games on and a digital clock." We saw that people had family photos and personal items in their rooms. One person told us, "I have a beautiful room with a bay window, before I moved in; they put new curtains up and a new carpet and painted the walls." Other people told us they had been able to access the outside space during the summer. The home had been entered into the local garden in bloom competition and won a bronze award The registered manager told us they were looking to develop other areas of the environment to take it more suitable for people living with dementia. This included better signage.

## Is the service caring?

### Our findings

People felt the staff were kind and caring. One person said, "The staff are absolutely beautiful, very kind." A relative also commented on this, one said, "The staff are lovely with them and they are welcoming to us. They have nice banter with us and mum." Another relative said, "Staff are pleasant and if you want something they will try to accommodate you." We saw staff speaking brightly and politely to all people in the main living room.

Visitors and family member were made welcome. There were fold-down chairs for visitors to use so they could sit near to the person they were visiting. We observed visitors using these chairs.

One person said, "When my family come and visit, sometimes we chat here and sometimes we go to my room." A relative said, "The staff telephone every time to keep us informed."

We saw that people had been supported to follow their faith. One person said, "They come once a month to do a communion service. The home held a monthly service for people to receive support to pray or receive holy communion. The church minister told us, "People seem pleased to see us when we call. Staff know those who are interested. Those who are not interested are supported in a different lounge." They added, "I always have a staff member with me and if a person requires some personal care support this is responded to quickly."

People's privacy, dignity and independence were respected and promoted. We observed staff members knocked on a person's door. This included the domestic staff who asked before entering a room to make the bed. We saw during this activity the staff member chatted to the person as they made up their bed. The GP told us when people received care or required examination the staff ensured their dignity was respected. The registered manager told us they were working towards the local authority dignity award. They told us, "We always discuss in the handover and we have had exercises like role play and discuss reflectively how things could be improved." A staff member told us dignity was a standard item in their staff meetings.

## Is the service responsive?

### Our findings

Our previous inspection found whilst the provider was not in breach of any regulations when people required support this was not always provided promptly. During this inspection we found that the provider had not made these improvements. We have reported on some aspects relating to the staffing response in detail in our safe section.

During the inspection and supported by comments from people and relatives or those important to people we spoke with. We noted staff were not always able to respond to people's needs. One family member noted their relative had not been supported to improve their mobility. The relative said, "When they came to the home they could walk a little, we choose a room near the bathroom so they could promote them to walk. However they have put a commode into their room and now they don't walk at all. We have asked the manager about encouraging them to walk, but nothing has happened." Another relative said, "They don't encourage people to walk, they put them in a wheelchair instead because it is easier. My relative used to be able to walk." We observed when people required the bathroom they were transferred to a wheelchair and not encourage to mobilise with walking aids.

People's information was not always stored securely. For example, there was a box situated in the main reception area for people's personal mail. We saw peoples post had arrived and it had been place in the box for people or their family to collect. Staff told us they take the post to people if they had not been collected; however we saw some mail which was post mark over four weeks ago. The post was a range of personal mail and some from the local authority as it was identifiable and could contain confidential or important information. We saw other information for people was kept securely and the electronic devices were all individually password protected.

As part of our inspection we assess the support provided when people approach the end of their life. We saw there was a mixed response from people we spoke with about this., One relative told us, "They talked to me all about choices when we thought my relative was dying." Another relative said, "In the hospital they asked about end of life care, but they haven't here." We saw within the care plans there was limited information. The registered manager told us they were working towards the Derbyshire end of life quality award (DELQA). The lead for this award told us, "The DELQA has been revoked at present. I am going back to the home on 4 January 2018, to deliver some training around Advanced Care Planning. This is an area they are not confident with at the moment and so do not engage with the conversations when people are admitted. It is a criteria for DELQA that is important as it sets out the persons wishes for their future. In addition they needed to complete the end of life register. Once we are happy all this is completed we can reinstate the award." This meant we could not be sure that people's last wishes had always been considered.

The registered manager had recorded people's preferences, however they had not considered peoples disability, diversity or sexuality needs. There was no information recorded about how people expressed their sexuality, their preferred clothes style and how they liked their hair styled. Some people had a sight impairment and the care plan had not identified how they could be supported in making choices or playing

an active part in their care. People and those important to them had been involved in planning their care. One relative said, "The home asked about their needs and choices when they moved in. The social worker comes each year to assess them again and see if their needs have changed." Another said, "When they moved in, they asked all about preferences and needs." We saw that before people moved to the home a pre assessment had been completed. This ensured the registered manager was able to establish they could meet the person's needs before they moved to the home.

The staff completed a handover when they finished their shift.. Since the introduction of the new electronic records, any aspect recorded during the shift automatically dropped into the next handover. Staff told us, "It's really good as you don't forget anything that's happened." This demonstrated that the information needed was passed onto the next staff group to support the provision of consistent care to people. People felt there was a wide range of activities on offer. One person said, "We play bingo, they have a big ball, hoopla. They do it every week day. Donna is good at making things happen" A relative said, "Whenever we go into the big lounge, they always seem to be keeping people busy, interacting well with everyone." Another said, "The activity staff organises the activities and entertainment. They have good energy and try to draw out those people who don't say much." Some people chose to stay in their own room. These people were encouraged to keep active. A relative said, "[Name] watches the television and they have their own activities they like." One person said, "I can choose to stay in my room, but I have enjoyed the pantomime last week and the local choir are coming. I went to Bakewell and have been to the garden centre. During our inspection there were no activities as the activity staff was providing care due to staff shortage for the day. However the comments and information on display supported us to conclude that stimulation was available. People had been engaged in making products to sell at the Christmas Fayre. We saw there was a stall in the reception with items to sell which identified they had been made by the people using the service. In the PIR the registered manager told us they held an annual lights switch on. We saw the home were preparing for this event. The provider told us they planned to move to a different way to offer wellbeing. The plan is to develop people's interests and wishes and then as they developed these to see if they had a positive impact on the individual.

A complaints, compliments, recommendations and appreciation comments book was available in reception. This contained a copy of the complaints policy and any thank you cards that had been received. People we spoke with felt able to raise concerns, one relative said, "I would speak to the manager, they would rather you speak up rather than bottle it up." We saw that complaints had been addressed. People who had raised the concerns had responded to confirm they were happy with the outcome. The provider and the registered manager had met with relatives to support a conclusion which resolved the concerns made. Some verbal complaints had not been recorded, however the registered manager had developed a system to record any future concerns raised. This meant we could be sure people's concerns would be recognised and responded to.

## Is the service well-led?

### Our findings

There was a registered manager at The Green Care Home and everyone we spoke with said they knew her. One relative said, "I spoke with them a couple of weeks ago. When we want to see them they are available." Staff also felt the registered manager was supportive, one said, "They listen to what is being said and do something about it. If we need anything they get it, like new mattresses for people." The staff we spoke with also commented that they received supervision and guidance. One staff member said, "I have mine last month, it was good we talked about training." The registered manager told us they felt supported by the provider. They said, "They are on the telephone constantly, they expect a lot, but provide brilliant support." We saw that equipment had been provided when required and the provider supported the manager during the inspection.

The provider looked to make changes and use technology to support the processes at the home. In the PIR they told us they would be introducing an electronic approach to the care plan and recording. We saw this was in place. Staff told us they had received training on the system and further training would be available as they developed the system. The system aims to have all the persons care needs on a phone hand set, which they can review at any time. When they have provided care to a person this is recorded. A staff member said, "The new system is good as it more personal and better than paperwork. If a person should be turned at two hour intervals, if that time has elapsed it shows as red as reminder that it needs doing." Another staff member said, "It feels more instant, you know what needs doing." The registered manager said, "It is all new and we are still developing it and its use. It's a good system you can pull reports off for everything." The provider acknowledged that they need to complete some audit and checks on the system to ensure it was effective and that staff were recording accurate and timely information. Other develops were to provide a report in relation to the call bell system. This used with electronic devises which provide a picture of the support a person receives and how best to support them in the future.

We saw that people and relatives had received a survey to reflect on the service and care they received. We saw the results of these had been displayed in the reception as 'you said', 'we did' these included, people asking for more drinks. We saw that drinks dispensers had been purchased and contained juice which was available for people. People told us there were residents meetings, one relative said, "I don't go very often. It's difficult with people living with dementia. If I have any concerns I tell the staff who organises activities or I'd tell the manager." Another relative said, "They do have a relatives meeting, but it's the wrong time for me. I've seen the notes from the meeting."

The registered manager understood their role in ensuring we are informed of events and incidents which occurred at the home. For example, when people required hospital support. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and offered the rating on their website as required.

We saw audits had been used to reflect the service and to drive improvements. For example, the audit



identified one person had several falls. The registered manager considered how they could support this person to reduce the risk of them falling in the future. They had completed a medicine review with the GP to consider any underlying medical issues and had made a referral to the falls team. The falls team review each person and consider what other elements could be used to reduce the person falling. The registered manager had an action plan which used to reflect areas which required addressing. We saw this had been updated as areas which required addressed had arisen. For example, the replacement of some chairs following the infection control audit.

The registered manger had been working with the local college and the job centre to support their recruitment programme. One relative said, "They have a Christmas fayre and summer fayre, I come and help on a stall. They have singers and dancers from the school who come and entertain and the school children will come and chat to people too." Other aspects of working with education including supporting teenagers to complete their duke of Edinburgh award. This demonstrated that the registered manager worked in partnership with the local community.

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 18 HSCA RA Regulations 2014 Staffing   |
| Diagnostic and screening procedures                            | There was not always sufficient levels of staff to respond to people's needs. The provider had not deployed sufficient numbers of staff to make sure they could meet people's needs. Staffing levels had not been continuously reviewed to adapt to the changing needs of people. |
| Treatment of disease, disorder or injury                       |   |