St Marks Care Home Limited

St Marks Residential Care Home

Inspection report

38-40 Wellesley Road
Colchester
Essex
CO15 3PW

Tel: 01255421750

Date of inspection visit:
18 February 2016
19 February 2016
04 March 2016

Date of publication:
24 May 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

St Mark's Residential Care Home provides accommodation and personal care for up to 17 older people, some living with dementia.

There were 13 people living in the service when we inspected over three days. This was an unannounced inspection.

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

During our inspection we found multiple breaches of the health and Social Care Act 2008 (Regulated Activities) regulations 2014. The registered manager was also a director of St Mark's Care Home Limited was clear that they would be taking action to make improvements. You can see what action we told the provider to take at the back of the full version of this report.

Staffing numbers were not assessed to reflect people's dependency needs and impact of the layout of the building. As a result the service could not demonstrate that there were enough staff to ensure people were provided with care that was safe and promoted their independence and autonomy as far as possible.

Improvements were needed to ensure people's environment and equipment, including bedroom furniture, provided by the service were maintained, safe and fit for purpose.

Staff understood their responsibilities to ensure people were kept safe and knew who to report their concerns to within the service. However, if the need occurred, not all were aware of the external agencies to contact. People were supported to keep safe when using the service and when out in the community, without taking away their independence. There were appropriate arrangements in place to safely support people with their prescribed medicines.

Staff received training to support people's needs. However where we identified shortfalls in staff's knowledge of supporting people with dementia, fire safety and providing clean and safe environment showed further work was needed. This was to ensure that staff put into practice what they had learnt, and where required given access to further training. We recommend the service explores available training and resources, based on best practice, in dementia care.

The service was aware of the changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). Where needed appropriate referrals were made to external professionals. Further work was required to record the level of people's capacity, and how they were supported to make daily decisions about their care and any restrictions made are lawful, and in the person's best interest.

Improvements were needed to ensure consistency in the quality of food provided to meet people's individual dietary needs, and preferences. We recommended that the service explores the relevant guidance on how to support people of poor appetite and weight to protect their health and wellbeing.

People and their visitors were complementary about the relaxed atmosphere of the service and welcoming, friendly staff.

Improvements were required to ensure people, or where appropriate, those acting on their behalf are consulted and encouraged to contribute to the planning of their care. This is to ensure that people received personalised care that was responsive to their needs and preferences.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate and on-going care and treatment.

Improvements were needed to support people with their mental and emotional needs by ensuring they had access to activities that provide mental stimulation.

Staff had good relationships with people who used the service and their relatives. The majority of staff's interactions with people were caring, respectful, supported people's dignity and carried out in a respectful manner. However improvements were needed to ensure all interactions were carried out this way. We recommended that the service explores the relevant guidance on best practice for promoting people's dignity and independence.

Quality assurances systems were in place but were not robust enough to pick up the shortfalls we identified. In addition the service was not up to date with best practice to ensure people were provided with good quality care, within a clean safe environment at all times.

A complaints procedure was in place to ensure people's comments, concerns and complaints were listened to and addressed in a timely manner and used to improve the service.

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 consistently safe.

There were not enough staff to meet people's needs.

Risks to people's welfare were assessed. Staff knew how to keep people safe from harm. However, not all staff were aware of the role of external safeguarding agencies and how to contact them.

People were provided with their medicines when they needed them in a safe manner.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received training but not always put into practice. We found shortfalls in staff's knowledge of supporting people living with dementia.

People did not always have access to quality food and snacks which met their dietary needs and preferences.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were kind and compassionate, however improvements were needed to ensure all interactions were respectful and supported people's independence.

People were not always involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were required to ensure all people had access to mental stimulation through meaningful activities.

Improvements were needed in how people's care was planned and provided.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The quality of the internal assurance systems in place were not robust enough to drive improvement.

Feedback from people and relatives were complimentary about the welcoming and friendly culture of the service.

St Marks Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place over three days, 18 and 19 February and 4 March 2016 and was carried out by one inspector. Prior to the inspection we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send to us by law. We also looked at information sent to us from other stakeholders, for example the local authority and feedback we had received through the Care Quality Commission 'share your experience' website.

We spoke with the registered manager who was also a director of St Mark's Care Home Limited, the provider for this service and four members of staff including care and management staff.

We spoke with nine people who used the service, three relatives, one social care professional and a visiting healthcare professional. 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. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed four people's care records and other information, for example their risk assessments, diet and fluid intake charts and medicines records.

We looked at three staff member's recruitment paperwork and records relating to the management of the service. This included training, fire evacuation plans and systems for assessing and monitoring the quality of

the service.

Requires Improvement

Is the service safe?

Our findings

A relative described the staff as, "Hard working," but felt they didn't, "Have the time to interact," with people. People told us that care staff were very busy at times as they had lots of different tasks to do. Besides supporting people with their personal care, and giving them their medicines, they told us staff also did the cleaning, laundry and cooking as part of their role. One person who told us the service, "Badly," needed more staff spoke about being disturbed by, "Hearing call bells going off early in the morning."

The staff rota was not clear about who was on duty. Names of staff who had left the service had not been removed. Staff confirmed that the staffing levels were set as three during the day time, 7am to 8pm, consisting of one senior and two carers. That their role included cleaning and laundry, and as the vacant posts of cook and activity person had not been recruited to, they also undertook these tasks along with their care duties. At night, one waking carer, supported by a sleeping in carer who could provide support if needed. The night carer also had cleaning tasks to complete during the night. Staff confirmed that at the time of our inspection, no one required two staff to assist at night.

With one waking night staff, there was not enough staff on duty to ensure people's safety and welfare. Records showed that people needed care during the night including those, living with dementia, who routinely woke up early and were supported with their personal care. This included two people who were high risk of falls. The call bell system required carers to go to one of the two call bell location points on the ground floor.

When we returned to the service on the 4 March 2016, the registered manager was in the process of recruiting to the post of cook and activities person. Support had also been given with cleaning, which we saw included addressing the shortfalls in the cleanliness of the kitchen. However, no action had been taken to increase the staffing level at night which put people at potential risk. There was no effective system in place to demonstrate how the leadership calculated the staffing levels to ensure it was safe.

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

Relatives told us they felt people were being provided with safe care. One relative told us how different members of the family visited at, "Different times," and had, "Never walked away feeling concerned," was a good indication that the person was receiving safe care. Another remarked, "They are all so kind and [person] is in safe hands."

Staff told us that they had received training to support them in recognising and protecting people from potential abuse. A carer provided examples of what would trigger a concern, such as noticing a bruise or red mark to the skin of unknown cause, and the action they would take to report and record it. All staff said if they had concerns that they would report it to the management. However, not all staff where aware of the external agency responsible for safeguarding, or how to contact them. This showed that although staff had received training, improvements were required to ensure that staff had a good working knowledge of who to report concerns to externally as well as internally.

A health professional spoke about how staff monitored health risks associated with a person's diabetes, and took action if they had concerns to ensure their safety and welfare. Risk assessments in people's care records were in the process of being updated to ensure that staff were given clear guidance on supporting people with any risks in their daily living. The registered manager told us once they had been completed, they would be checking with the person and staff, to ensure information provided an accurate record of their needs.

The registered manager provided examples of how they reduced risks when people were visiting the local community, without taking away their independence. This included using the same taxi firm, who got to know people living in the service, and people felt safe with. Where people, who could be forgetful due to their mental health, went out independently, staff were aware of their usual routines. If the person did not return at their normal time, they would contact the usual places they visited, or go in person to check they were alright. This was confirmed by staff we spoke with.

Improvements were needed in the management of risk to ensure the premises and equipment provided by the service were maintained, safe and fit for purpose. For example, where a person's towel rail had come away from the wall, the person told us that it had been like that, "For some time." The wardrobe chest of drawers were not fit for purpose as the bottom of the drawers were buckling, so the person could not open them. Consideration had not been given to fixing the unstable wardrobe to the wall to prevent the potential risk of it falling or a person pulling it on top of them.

Although staff had received training in fire safety, further work was needed to ensure they understood what was required of them in a fire to ensure people's safety. For example we were given conflicting information to leave people where they were, or wait for instructions from the fire brigade and what information should be given to the fire service on their arrival.

We looked at recruitment records of three staff members which showed that checks were made on new staff before they were allowed to work in the service.

People told us that their medicines were given on time and that they were satisfied with the way that their medicines were provided. One person remarked that staff were, "Very punctual, bring my medication morning and diner time." The person told us what medicines they took, and said that staff had never run out. We observed a senior staff member giving out the evening medicines. It was undertaken in an unrushed manner, which enabled people to receive individual support as required. Records showed that they had recently attended refresher training to ensure that they were competent to support people in a safe manner. The staff member showed us the system they used for ordering, storing and giving people their medicines. Where controlled medicine was given via a transdermal patch, staff followed good practice by using a body map. This enabled staff to ensure the site it was placed was rotated, to reduce the risk of skin irritation.

Requires Improvement

Is the service effective?

Our findings

Not all staff had the skills and knowledge to support people living with dementia, in a way that promoted their wellbeing. For example, when staff offered people a hot drink, they chatted to people as they handed them out, we heard them engage staff in friendly banter. However there was no verbal communication with a person living with dementia who sat quietly and needed support to drink. The carer supported them but did not engage in any way with them.

All staff had attended three hours of dementia training provided by the registered manager. When we spoke about the need to ensure that training was sufficient to underpin good practice, they said they would use 'observation' sessions to reflect on staff's competences. This would support them in identifying further training requirements for individual staff.

People told us that staff had the skills to meet their needs. One relative told us that staff had the necessary skills, "That is why I'm happy to leave [person] there."

Staff told us that they felt supported in their role and had regular one to one supervision meetings where they could talk through any issues, seek advice and received feedback about their work practice. One member of staff who told us they were, "Quite satisfied," with the induction training they had received, and one to one time spent with their supervisor, as it, "Enables them to discuss any work or personal problems."

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.

We saw that the registered manager had made applications under DoLS to the relevant supervisory body, and were waiting for applications to be authorised. They understood when application should be made and the requirements relating to MCA and DoLS. We saw practice that could be considered as restrictive for one person. The registered manager said they would update the records, and if found to be restrictive, would take appropriate action in line with the MCA to ensure any restrictions are lawful and in the person's best interests.

Care records provided information on people's mental capacity, but used generic statements in the summary of care paperwork, 'Doesn't have the capacity to decide.' This didn't reflect our observations where people living with dementia could make simple decisions, such as when offered a bowl of fruit, choosing what they wanted.

People's views on the quality of the food were mixed. One person said that, "Some nice, some not so nice [meals], depends who is cooking…enjoyed the fish and chips today." Another person remarked, "Some can't cook, even oven chips come out hard."

When we inspected at tea time, where a person had not eaten their evening meal of filled bread rolls, they remarked, "Just didn't like it dear, tried to eat it, took out the middle and left the one with egg in." Another person who had also left their roll described it as, "Shocking." They told us that they had found it hard to chew. That they would have preferred to have been given a choice of a sandwich, or a softer roll. Staff told us if people didn't like what was on offer that they could ask for an alternative. However this was reliant on the person's mental ability to understand the choices being offered and/or having the confidence/ability to ask for alternatives.

People's records showed that their nutritional needs were assessed, and where concerns had been raised about people losing weight, a dietician had been contacted for advice. Where weight loss was linked to problems with swallowing, advice had also been sought from a speech and language therapist. Care records, based on the recommendations given by the dietician, held guidance for staff on supporting people with their nutritional intake. This included for a person who was already recorded as low weight and having a decreased appetite, to encourage snacks and fluids. When we met the person they commented that they, "Were hungry." Their relative confirmed that they often said this. Records showed that staff had increased the person's calorie intake by adding double cream to the person's breakfast cereal, and offering second helpings at lunch time. However, records showed that nutritious snacks were not being routinely offered between meals, to boost calorie intake and satisfy the person's hunger. Improvements were needed to support people in having access to suitable snacks to promote weight gain and wellbeing.

The registered manager told us that the concerns regarding the quality of the food, and people being offered suitable alternatives, it would be addressed when the new, qualified chef started work. Their role would include preparing fortified snacks as well as getting to know people's likes and dislikes and adapting the menus accordingly. However, they were unable to provide say when the chef would start their employment.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us that they had, "No problem," seeing a doctor when they needed to, and that they could visit the surgery in person if they preferred, "Look just across the road there." Another person said they were looking forward to having their nails cut by the chiropodist who was visiting that day.

Relatives told us that staff were good in keeping them updated on any changes that affected the person's health. The registered manager said, to reduce any anxiety, they would always ensure a relative or a member of staff supported people in attending health care appointments. Records showed that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

We recommend the service explores current guidance from a reputable source about available training and resources, based on best practice, in dementia care. For example National Institute for Care Excellence (NICE) guidance for supporting people to live well with dementia.

We recommend that the service explores current guidance and seeks advice from a reputable source relating to how to support people in meeting their individual nutritional needs, particularly those with specialist needs including dementia. For example Social Care Institute for Excellence (SCIE) guidance on

Eating well with dementia and Nutrition for older people in care homes.

Requires Improvement

Is the service caring?

Our findings

Improvements were needed to ensure the more physically and mentally frail people were supported to maintain their independence. For example, a person who remained in bed did not have access to a call bell. The registered manager told us it was because they would be unable to use one but no assessments had been undertaken to check their ability. When we spoke with them they felt they could use one, they told us, "Are times when I could have done," and that they would gain comfort from having access to a call bell, "If I am anxious about something, I like to know they [staff] are there if needed." The registered manager said they would talk to the person and act on their feedback.

Improvements were needed as not everyone was being supported to keep their possessions safe. Two people told us how they had keys to their bedrooms, and ensured it was kept locked when they were not in there. They said it was important to them as previously, one person "Had things go missing," and another had found another person in their bedroom. However, when we spoke to another person, we saw they had no lock on their bedroom door. They told us it worried them as they were unable to keep their, "Valuables," safe. The furniture supplied by the service had no lockable compartments. The registered manager made a note of our feedback and said that they would look into the situation.

All the people we spoke with described the atmosphere within the service as welcoming. One person told us, "Staff are very good, have a laugh." Another said, "They [staff] are good here, there is a relaxed feeling." They were positive about the care they received, providing names of individual staff who they got on especially well with. This reflected a relative's comment about a couple of staff who had, "Been excellent and have a good relationship with," the person. A health professional said, "Everyone seems so happy here."

A relative told us that the friendliness of staff would be one of the reasons they would recommend the service to others. Another described, "The loving kindness," they always observed during their visits. Relatives told us that people always looked well cared for and supported for example To reduce any anxiety, records showed that care staff accompanied people during hospital visits. This was also reassuring for family members who could not be present.

A staff member said that when encouraging people to feedback their views talking on a one to one basis, or in small groups working through a survey, "Was better than holding a meeting." They felt it worked better as people, "Tell me what they want." They showed us the results of the recent food survey, and how they had listened to what people said and brought about changes. For example where people felt a two week turn around in menus was too quick, they had changed it to a four weekly menu. A relative told us they had seen improvements in the menu choices offered to people.

One person told us how they could, "Come and go as we please." They told us how they were able to continue their relationship with their partner, going out and spending time together. Further discussion showed that they spent the day how they wanted and choosing what time they got up or went to bed.

We saw people's relatives being welcomed, and that they knew staff's names. That they felt comfortable to

let staff know that they would take over a care task, such assisting their relative to eat. A relative described staff as, "Compassionate," and provided us with examples linked to the person's care.

A relative provided an example of how staff supported a person in a respectful and dignified way. How, having identified the person had soiled their clothing, patiently supported the person to have a shower and return with fresh clothing.

The majority of interactions we saw were respectful and supported people's dignity; however improvements were needed to promote staff awareness and understanding. This is to ensure all their interactions are promoted in a dignified and respectful way. For example some staff practice did not promote this by using a disposable glove for a person to take a piece of cake away with, This did not look respectful or hygienic as gloves may be associated with personal care. When a staff member was walking alongside a person in the lounge, assisting them to the toilet, people could see that they had disposable gloves on in readiness for contact with bodily fluids, which did not support the person's dignity.

We recommend that the service explores current guidance on best practice for promoting people's dignity and independence. For example SCIE guidance and resources for Dignity in Care.

Requires Improvement

Is the service responsive?

Our findings

Feedback from people using the service, their relatives and our observations showed that improvements were needed to ensure people received mental stimulation to enhance their well-being.

One person told us, "I am bored." Another person said that, "They used to do activities like bingo, nothing since [activities person] left, only television… did come and ask last night when you came [18 February 2016] and ask if we wanted to do exercises and quizzes today, but cancelled it this morning." Another person told us they were happy to occupy themselves reading and doing word puzzles. One person said, "Sometimes, someone will spot a movie and put it on."

When we inspected on the 4 March 2016, we noted that the notice board in the lounge advertised on 3 March 2016, 'Quiz and exercises.' When we asked a person if they had joined in, they replied, "I wasn't aware of it happening," and that there hadn't been any activities that day.

A relative said that they had visited when people were doing a quiz, but couldn't remember how long ago. Another relative told us that they were happy with the personal care, but, "Never seen anything happening, no mental stimulation." They felt this was provided by other people living in the service, who had built up friendships, rather than staff. They provided examples of the positive interactions they had seen, and how it enhanced their relative's wellbeing. This was our observation.

People living with dementia had no sensory objects to stimulate their senses. For example we observed one person spent their time, looking, staring around and closing their eyes. The only stimulation came from another person sitting close by, who called out to them by name, instigating a one sided conversation. Care records did not provide information on how their level of dementia impacted on their ability to take part in activities, and what action staff could take to support them to join in. Where people were not supported to access / provided with mental stimulation, it put them at risk of social isolation.

People's care plans held basic guidance for staff on supporting people's individual needs in a safe manner. However, further improvements were needed. There was a lack of information to demonstrate that people, and their families/advocate had been involved in developing the care plan. A relative told us that they were not aware of having seen one. Spending time with the person and their relative, discussing the contents, identified if the service involved people more, would support the service in tailoring care plans to the individual person. For example, there was no information on a person's life prior to moving into the service. It was just recorded a few years ago and they were not ready to share that information. As people become more mentally frail, it is important that staff know about the person, to help them engage. Where we saw families had been involved, it provided a good insight into the person's life.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were in the process of 'revamping' all the care plans. They showed us

the work they had undertaken, which included new 'quick read' summaries of people's care needs, as well as the more detailed information held in the main care plan. Staff would be fully consulting people and where applicable their relatives to ensure the information given were tailored to the person. A relative told us that staff had already approached them, asking more in-depth questions about a person's care needs.

People received care and support which was responsive to their personal care and health needs. One person said, "Look at my nails lovely short and clean," they told us how staff supported them with their personal care. Relatives spoke positively about the support people were given with their personal care and presentation. One relative told us the person wore, "Clean clothes every day."
People told us if they had any concerns they would raise it with staff at the time. One person told us, "If I didn't like anything here I would tell them [management]."

The complaints procedure was not user friendly. There was no information informing people who were social care funded that they could complain direct to the local authority. It was not clear where people should escalate their concerns to if their compliant had not been resolved. The registered manager looked at the copy and felt it was more the guidance used by staff. They said they would review the information, use a clear format and include the information that had been discussed.

The complaints policy informed people 'every complaint will be welcomed and taken seriously'.
There were also complaint forms available in the entrance, which people could fill in and hand to staff if they had any concerns. Records showed that there had been no formal complaints received during the last 12 months. The registered manager provided examples of concerns that had been raised, and dealt with at the time. They felt this had prevented concerns turning into formal complaints. Where concerns had been raised and dealt with, the registered manager said they had not kept records to show the types of concerns raised, and what action they had taken. They said they would take action immediately to address this, as it would support them in identifying any themes. The information would then be used to make changes and drive improvement.

A person's relative, who told us about the concerns that they had raised, and how the management had addressed them. The way their concerns were dealt with, "Put my mind at rest," and felt confidant, that if they needed to raise a concern again it would be responded to in the same manner. Another relative said they were not aware of the complaints policy, but said they hadn't needed it.

Requires Improvement

Is the service well-led?

Our findings

The audit and monitoring systems in place were not robust enough to independently identify and address shortfalls to drive improvement. This included shortfalls in how the numbers of staff were determined and reviewed. In addition there was no analysis or consideration of the impact on the quality of care linked to the numbers and/or deployment of staff in the service. A person shared their concerns with us about the impact on health of a member of staff who had worked long hours. When we looked a the rota it showed them as working every day in a two week period as well as sleeping in as a second night member of staff.

We discussed this with the management team but the potential risk had not been picked up. We found the risk assessment in place was not effective enough. Instead the onus was on the staff member to report if they were not physically and mentally fit to provide safe care.

The culture of the service did not encourage or support staff, to recognise where improvements were needed and take prompt action. For example we saw staff walk past a blocked fire door which would not have closed in the event of a fire. This was not addressed until we spoke with the manager. Staff practice was task based and there was scope to improve the quality of care people experienced. Best practice was not being explored to influence how care was being delivered. For example effective engagement with people living with dementia, providing mental stimulation and activity and ensuring that risks linked to poor nutrition were addressed proactively.

Because of this this we were not assured that the service had a consistent approach to governance that ensured the quality of the care they received.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and visitors knew the management team and how to contact them. They told us they had a visible presence and staff encouraged open communication. They knew the names of staff and how long they had worked at the service. When visitors arrived we heard staff greet and where required update relatives on a person's welfare.

People were involved in developing the service and were provided with the opportunity to share their views. Formally through the completion of surveys and informally though senior staff sitting and talking with people, asking their views and completing a report on their findings and acting on them. For example changing suppliers when people complained about the quality of the meat. A relative told us how they had seen ongoing improvements during the last 15 months, which they also attributed to the additions to the management team.

The recent survey feedback questionnaires completed during October 2015 to January 2016 had not been analysed. We saw a lot of the responses people had rated as 'excellent' or 'good'. One person had added a comment when rating the quality of care they received as 'excellent', "I get everything I want." The registered

manager told us that they would use the feedback to look at the areas they were doing well in, and which areas they needed to improve. For example where a person had commented that the service was, "A bit dated needs brightening up," this would be addressed as part of their on-going refurbishment plan. We saw as part of updating the quality of people's environment, a shared bedroom was being redecorated, and new flooring being laid in a communal room.

Staff told us a meeting had been planned following our inspection, so the leadership could feedback the outcome. The registered manager said it would enable them to talk through the new fire evacuation plans with staff and ensure they were aware of where they were located. The minutes of the January 2016 meeting provided information on who had attended and what had been discussed. Staff were asked to sign to confirm that they had been read. The meeting provided staff with a forum to raise any practice issues and keep staff updated.

The registered manager had a clear vision for developing the service by providing nursing within the service, and to run a Domiciliary Care Agency from the same premises. They wanted to provide continuity of care for people by providing this flexible service. They also shared how they were keeping their own skills and knowledge updated to support them in meeting this need. We met the consultant who was advising the service on the nursing care elements, including care planning. A member of the management team told us how they would be involved in the running of both services, which would provide further continuity. The current systems in place needed to improve to ensure the quality of the service overall is effective. Any future development of the service would benefit from this.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People are at risk of their emotional and social needs not being met through lack of mental stimulation. Regulation 9 (1) (3) (b)(c) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not robust enough to independently identify shortfalls and take action to improve the service. Regulation 17 (1) (2) (a) (b) (c) (f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People are at risk because there are not sufficient numbers of suitably trained, competent, skilled and experienced persons deployed in the service to meet people's needs. Regulation 18 (1) (2) (a)