Lakeshore Healthcare Limited

St David's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 5 and 6 January and was unannounced.

St David's Nursing Home provides residential and nursing care for up to 35 people. Accommodation is over two floors with most bedrooms having en-suite facilities. The home is situated in extensive grounds and is mostly purpose-built. At the time of the inspection 33 people were living in the home.

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

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's human rights were not always protected. We also found one breach of the Care Quality Commission (Registration) Regulations 2009. This was because the registered persons had not consistently reported incidents to the CQC that affected people's safety.

People were supported by staff who were safely recruited, well trained and committed to their role. They felt well supported by the management team and demonstrated an open and honest approach. There were enough staff to safely meet people's individual needs.

Staff understood how to prevent, identify and report abuse. People received their medicines on time and in the manner the prescriber intended. The storage and administration of medicines was safe and appropriate. The risks to people and the premises had been identified, assessed and regularly reviewed in order to keep people safe.

Staff received support, induction and on-going training to ensure they had the skills and competencies to support people in an individualised way. New staff were undergoing the Care Certificate and had received a training session on emergency procedures within the home. Staff demonstrated that the training they had received was reflected in the way they cared and supported people.

People benefitted from a staff team that worked well together and were committed to the service they provided. The service encouraged an open approach and was fully aware of its strengths and the areas where improvement was required. Staff were happy working at St David's Nursing Home and showed they knew the people they supported well.

Staff demonstrated kindness and compassion when assisting people and interacting with each other. People's independence was promoted and choice and privacy were respected. Staff respected people's dignity and understood the importance of it.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was not consistently working to the principles of the MCA DoLS and staff knowledge was variable. Some DoLS applications had been made to the supervisory body but no record of best interest decisions were in place. However, staff fully understood the need for consent and gained this when assisting people.

Care plans were detailed and easily accessible for staff. They sometimes lacked person centred detail, however staff demonstrated that they knew people's needs and preferences well. Whilst no formal process was in place to review people's care with them, people told us they had been involved in this.

People's health and wellbeing was promoted by having access to a variety of healthcare professionals. Staff demonstrated knowledge of people's medical needs and gained specialist advice as required.

The service encouraged people to maintain relationships with those important to them and visitors could visit at any time. A room with en-suite facilities was available to family members if required. The service provided activities but these were limited and did not always meet people's individual needs.

There was a registered manager in post who people found caring, dedicated and approachable. However, the registered manager had failed to report certain incidents to the CQC. These had, however, been reported to other agencies.

People felt comfortable in raising concerns and confident that the service would address them. People felt listened to although there was not a consistent approach in place to gain people's feedback on the service. People demonstrated a desire to contribute to the development of the service and quality auditing systems were in place to improve the quality of 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?

Good

The service was safe.

There were systems in place to protect people from abuse. This included staff who were able to identify potential signs of abuse and knew how to report any concerns.

Recruitment practices were in place that ensured only people suitable to work in care were employed. The service was recruiting further staff to meet people's needs.

Risks and accidents were identified, assessed and reviewed on a regular basis to reduce the risk of harm to people who used the service, visitors and staff.
People received their medicines safely, at the time required and in the manner the prescriber intended.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The human rights of people were not always protected as the service had not consistently followed the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

People benefited from being supported by staff who were knowledgeable and well trained in their roles.

People received a choice of food and drink and their nutritional needs were met with the assistance of specialist advisors as required.

People were supported to maintain their health by having good access to healthcare professionals

Is the service caring?

Good

The service was caring.

Staff demonstrated a kind, caring and compassionate approach when interacting with people they supported, each other and visitors to the home.

Staff had good relationships with those they supported as they knew people's life histories, preferences and wishes.

People's dignity, privacy, independence and choice was promoted and respected by staff who understood the importance of people's self-worth and autonomy.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs and preferences. Staff had a good understanding of the people they supported.

People had access to activities but these did not always meet people's individual needs.

People felt confident in raising any concerns they may have and that they would be listened to and addressed appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Not all incidents had been reported to CQC as they are legally required to be.

The service had limited systems in place to gather feedback from people in order to develop and improve the service.

The registered manager had a visible presence within the home. The culture was one of openness, transparency and commitment.

The registered manager carried out regular audits to ensure they had an oversight of the service and could identify any issues.

St David's 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 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 inspection took place on 5 and 6 January 2016 and was unannounced. Our visits were carried out by two inspectors 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.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During our inspection we spoke with 15 people who used the service and five of their relatives. Observations were also made throughout the two day visit.

We also spoke with the registered manager, two deputy nurse managers, one further registered nurse, two care assistants and the maintenance person. We also contacted the local safeguarding team and the local authority quality assurance team for their views on the service.

During the inspection we viewed the care and medication records for four people who used the service. We tracked the care and support two people received. We also looked at records relating to the management of the service. These included the recruitment records for three staff members, quality auditing records, risk assessments relating to the premises, staff training records and minutes from meetings held.

Good

Is the service safe?

Our findings

The people who used the service told us they felt safe living at St David's Nursing Home. One person said, "I feel very safe". The relatives we spoke with had no concerns in relation to the safety of their family members.

The staff we spoke with told us they had received training in how to protect people from abuse. Most staff were able to give us examples of signs that may indicate people were being abused. All the staff we spoke with knew how to correctly report any concerns and were able to tell us who they could talk to outside of the organisation. All staff knew where to find the information on the local safeguarding team and we saw this information on display in a number of locations throughout the home.

When we spoke with the manager about keeping people safe from abuse, they gave us two examples of incidents they had reported to the local safeguarding team. Feedback we had received prior to the inspection also demonstrated that the service had reported safeguarding concerns promptly and appropriately. However, during our inspection the registered manager told us about an incident that had not been reported to the local safeguarding team. This incident should have been reported in order to safeguard the person involved. However, the person involved had not come to any further harm. When we spoke with the registered manager two days after the visit, they confirmed they had reported the incident as required. We concluded that staff had the knowledge to ensure people were protected from abuse and that they were able to recognise and report any concerns they may have.

Staff demonstrated that they understood the risks to the people they supported and what to do if they had concerns. For example, one member of staff was able to tell us what they would do if they felt a person was unsafe whilst using a particular piece of moving and handling equipment. Another member of staff was able to tell us how a medical diagnosis affected a person they supported and what actions had been taken to support the person with this. We also saw records that showed the service had identified, assessed and managed the risks to the people they supported. These included, for example, where people were at risk of not eating and drinking enough, developing pressure areas or falling. We noted that the risks to people had been reviewed on a regular basis. We concluded that people were kept safe as staff understood the risks to people and that their needs were reviewed regularly.

We saw records that demonstrated that the service had identified and assessed the risks associated with the premises and work practices. For example, these included risks relating to hot water temperatures, slips, trips and falls and the use of moving and handling equipment. Records showed that regular checks were carried out in order to maintain equipment and the premises and keep people safe. For example, we saw that all the firefighting equipment was checked on a weekly basis. We also saw that an emergency plan was in place for incidents such as power failure and a gas leak. These were readily available throughout the home for staff to refer to if an incident occurred. This gave staff information to keep people safe.

Accidents and incidents were recorded and these were viewed and assessed by the registered manager on a regular basis. From the records we viewed we saw that staff had taken prompt and appropriate action. We

saw that the incidents were reviewed by the registered manager for any triggers or precipitating factors and actions taken to reduce the risk of further occurrences. For example, we saw that, following a person slipping off their chair, an anti-slip mat was placed on the seat of the armchair to try and prevent further incidents.

People were kept safe as the service followed recruitment practices that ensured only people who were safe to work in a social care setting were employed. When we spoke with the registered manager they demonstrated they understood what was required in order to safely employ staff. For example, they explained two references were requested and that staff did not work alone until a satisfactory criminal records check had been received. We viewed additional documentation that demonstrated the service sought appropriate records to ensure staff were safe to work in care.

People told us there were enough staff to meet their needs and keep them safe. One person said of the staff, "They are great, [registered manager] is brilliant". However, all five care staff that we spoke with felt there could be more staff during the morning as they felt people's individual needs weren't always met. Three of those we spoke with said they regularly worked short staffed and that this was due to staff regularly calling in sick. One told us, "Sickness has an impact". However, two staff members said they had discussed this with either the registered manager or the company representative of the home and that they had felt they had been listened to and that action would be taken.

When we spoke with the registered manager, they told us that the company representative had agreed to increase the staffing levels and that they were currently interviewing for these additional posts. We asked the registered manager how they determined staffing levels. They told us they were on the floor regularly seeing how the home ran and that they used this as an indication. They also told us that monitoring incidents such as falls and pressure areas also gave them an indication of whether staffing levels were correct.

During our inspection we saw that people's needs were met promptly and appropriately. Staff were organised and supported people in an unhurried manner. For example, we saw one staff member take a person their meal in their room. The person wished to tell the staff member about a positive event that had happened recently in their family. The staff member patiently engaged in conversation and showed interest and pleasure for the person. On another occasion we saw that staff promptly assisted a person who had spilt their drink.

Records we viewed demonstrated that the service took into account the layout of the building and the skills and experience of the staff. For example, we saw that staff were allocated a floor of the building with one staff member used to float wherever they were needed. We also noted that inexperienced staff were teamed up with more experienced members of staff for induction and that at least one nurse was on every shift.

People received their medicines safely, at the time required and as prescribed. All three of the staff we spoke with who were responsible for administering medicines were knowledgeable in how to safely administer and store medicines. One staff member told us what medicines people were prescribed and for what conditions. They demonstrated a good knowledge of the people they supported. This staff member was also able to tell us what actions they would take if a medicines error occurred. This demonstrated that they understood the potential consequences of such an action and the need for prompt intervention.

We also viewed the medicine administration records for four people who used the service. All bar one record was complete with no omissions. There were stock counts in place so tablets could be accounted for at any time and of the four stock counts we completed, three were accurate. However, when we discussed these omissions with the staff member on duty that was responsible for administering medicines they

immediately investigated the issues. We concluded that medicines were stored, managed and administered safely and in the manner the prescriber intended.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet people's individual needs. One person told us, "They've [the staff] got the patience of Job". Another said, "Staff are excellent". One relative we spoke with felt the skills of the staff varied but that "…most of the carers are excellent".

The home had a dedicated trainer in post and the staff we spoke with were complimentary about the training they received. They told us they felt they received the right amount of training to be able to perform their roles effectively. One told us, "If I went to [the registered manager] and said I wanted to do this [training], they'd sort it for me". Another told us that the methods of learning were varied and that they felt well trained. New staff were currently completing the Care Certificate. The registered manager told us that all new staff received an induction and orientation to the home's safety procedures. When we spoke with staff they confirmed they had received this.

When we asked the registered manager how they ensured staff performed their roles as required, they told us they were regularly on the floor which gave them the opportunity to monitor staff performance. Although there were no written records in place to demonstrate that staff competency was being checked, staff confirmed that the registered manager regularly observed them. One told us that the registered manager often turned up unexpectedly in order to monitor staff and the service. This same member of staff also told us that the registered manager regularly observed them administering medicines.

Staff told us they felt well supported by the registered manager and each other. One said, "Matron [registered manager] always helps you and sorts things out for you". Another told us, "If you need something, there is always someone to help you". Although people told us they had not received formal supervisions or appraisals for some time, all staff told us they felt supported in their work. One told us they didn't feel they needed a formal supervision as they were confident in their role.

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 interest 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 interest 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 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.

When we spoke with staff and the registered manager about the MCA and DoLS their knowledge was variable. The registered manager told us that, although they had been on a number of training courses and had sought advice, they did not feel confident in applying the principles of the MCA. We saw from care plans

that people's mental capacity had not been assessed even though doubt had been expressed as to whether the person understood an area of their care. For example, staff recorded that a person did not understand what their medicines were for but their capacity had not been assessed. Staff and the registered manager did not fully understand what restraint was and could not consistently give us examples of situations where a DoLS might be required.

Although the registered manager had made some applications to deprive people of their liberty, from discussions with them and from viewing these applications, we concluded that they did not fully understand the MCA or DoLS requirements and how this affected the people they supported. We saw that no best interests decisions had been made or recorded where people lacked capacity and specific decisions had been taken. For example, one person required a specialist chair. This piece of equipment was put in place to keep the person safe but could be seen as a restriction. There were no records in place to demonstrate that a best interests decision had been made as required by the MCA. We also saw that, where capacity had been assessed, these were all-encompassing assessments and not time and decision specific as required by the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, both staff and the registered manager had a full understanding of the importance of gaining people's consent before supporting them. For example, one staff member told us that, should a person not wish to have a shower, they would respect that but would, however, encourage, offer an alternative time or explain the benefits of having a shower.

People were supported to eat and drink in sufficient amounts to maintain their health. The people we spoke with were complimentary about the food. One told us, "The food is lovely". Another said, "I enjoy my meals". The staff we spoke with knew people's nutritional preferences and requirements.

During our two day visit we observed lunch being served on both days. We saw that staff had an awareness of people's needs and knew who required assistance. We saw that staff encouraged people to eat and drink and be as independent as they wished. Throughout our two day visit we saw that people had plenty of fluid available to them. People were given choice as to where they took their meals and what they wished to eat and drink.

We saw from the four care plans we viewed that people's nutritional needs had been assessed and reviewed on a regular basis. We saw that the service had sought specialist advice as required. For example, staff had identified that a person had begun to lose weight. The person was referred to a dietician promptly and records showed a steady increase in weight as a result.

People had access to a variety of healthcare professionals in order to maintain health and wellbeing. We saw from the records we viewed that the service sought advice appropriately in order to support people's health. For example, we saw that staff had liaised with a GP over concerns that a person's wound was becoming infected. The GP had prescribed antibiotics as an anticipatory measure and was happy for the nursing staff to make a judgement on whether to administer them. We also noted that the service had staff that were specialist link nurses for areas such as diabetes and nutrition and continence. We concluded that people were supported to maintain good health by knowledgeable staff who understood when specialist healthcare advice was required.

Good

Is the service caring?

Our findings

Most people we spoke with talked highly of staff and the care and support they received. When asked about the care they received, one person said, "Oh lovely, the carers are very nice". Another told us, "People are very friendly". One relative said, "[Family member] is very happy and content". However, one person told us that there were two staff that were not as caring as the others. When we spoke to the manager about this they told us they would arrange a staff meeting to discuss the importance of demonstrating a caring approach.

It was clear from the conversations we had with staff that they knew the people they supported well. One staff member told us that one person they supported used to be a healthcare professional. The staff member told us that the person liked to help with paperwork and that they encouraged this in order to support their wellbeing and self-worth. Another staff member demonstrated that they clearly understood the mental health of another person and explained how they interacted with this person in order to ensure the person felt comfortable and secure.

During our visit, we saw that a member of staff quickly attended to a person who was shouting for assistance. Although the person couldn't clearly say what they wanted, the staff member knew the person well enough to understand that their music had stopped and that they wished to have it started again. The staff member switched the person's music back on and the person was content and resumed singing along to it happily.

Throughout our visit we saw staff communicate and interact with the people they supported, and each other, in a caring, respectful and compassionate manner. For example, during lunch one person was not feeling well. The staff member immediately got the nurse on duty who attended to the person. The nurse reassured and comforted the person whilst gently talking to them and explaining what they were doing. On a number of occasions throughout our visit we saw staff interact with people in a happy, respectful and sometimes playful way that people responded well to. We saw one staff member walking with one person who commented, "It's so lovely to hold your hand". We saw that the person was happy and relaxed, enjoying the time spent with the staff member.

The care plans we viewed did not consistently show that people had been involved in the planning of their care. However, the people we spoke with, and their relatives, told us they had been involved in making decisions around the care and support people received. During our visit we also consistently saw staff involving people in their day to day care and support. We saw that when a staff member offered a person their medicines over lunchtime, this was declined. We saw that the staff member respected their decision and it was mutually agreed that they would return later in order for the person to have their medicines then. We also saw that a service user guide was available for people which gave full information on all aspects of the service provided.

Throughout our visit we saw that people's privacy, independence and choice were respected. We observed that all personal care was carried out in private and saw examples of staff encouraging people to be

independent. One person enjoyed walking around the home and interacting with staff and we saw they were supported with this. During lunchtime we noted that the service provided adapted cutlery and crockery to support people to be independent whilst eating and drinking. After lunch we saw that staff offered people choice as to where and what they would like to do next.

People's dignity was respected and promoted. When we spoke with staff they were able to give us examples of how they maintained people's dignity when supporting them with care. We saw a staff member ensure a person remained clean whilst assisting them to eat and drink. On another occasion we observed staff assisting a person to sit more upright in a chair as they had begun to slip.

The home had no set visiting times and friends and family could visit as they pleased. People told us they felt welcomed. One relative said, "Anytime I visit [staff member] makes me a cuppa". The registered manager showed us a self-contained, newly refurbished en-suite bedroom that was available for people to use. They explained it was either used for people on short stay placements or by friends and family of people who lived at St David's Nursing Home, enabling them to spend time with their family members.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and responded to their changing needs. The people we spoke with told us most of their needs were met on a regular basis. One person told us, "Last week I asked for my nails to be cut and they were cut the same day". Another said, "I'm quite content".

The staff we spoke with had a good understanding of people's needs, personal circumstances and interests. They were able to tell us the medical needs of people as well as small but important details that demonstrated care was delivered on an individual basis. For example, we saw one member of staff explaining to a new member of staff what toiletry products one person liked to use. On another occasion we saw a member of staff initiate a conversation with a person over lunch on a subject they knew the person was interested in.

We looked at the care records of four people to see that their needs had been identified, regularly assessed and consistently met. One person whose care plan we viewed had recently been admitted into the home. The registered manager was still speaking to the person and their relatives to ensure care plans were put in place that accurately met their needs. However, basic information was in place to enable staff to support the person while detailed plans of care were developed.

The other three care plans we saw were informative and detailed what support people required. They were easily accessible for staff and gave them enough information to support people with their daily routines and personal preferences. People's needs were evaluated on a regular basis to ensure the care and support they received changed in line with their needs. Although the care plans contained relevant details, information was often complicated and in more than one place. The care plans were sometimes not as person centred as they could have been. However, staff clearly understood people's individual needs and people told us their needs were being met.

The care plans we viewed gave comprehensive information on the person being supported in order to assist staff to better understand that person. Details of religious beliefs, leisure interests, family members and medical conditions, both present and past, were documented. Each care plan contained a life story that recorded people's histories and past occupations.

Although people told us they were involved in the planning of the care and they were happy with the level of communication, the registered manager told us they felt they could involve people and their relatives more. Of the three care plans we saw that required a full review of the care and support people received, one had records to demonstrate a review had taken place. The person and their spouse had both been involved and records showed that they were happy with the care the person was receiving.

St David's Nursing Home employed staff whose role was to ensure that people's social and leisure needs were met. When we spoke with people and their relatives about the activities the home provided, there was a mixed response. One person told us the activities were 'marvellous'. However, other people felt they were not age-appropriate. One person said, "Activities are a bit silly". Another said, "They [activities] tend to make

you feel old". Other people commented on how much they enjoyed going to events away from the home but that these did not happen often enough.

When we spoke with staff about the level of activities provided, there was a mixed response. One staff member said, "We could do with more activities". However the same staff member went on to say that those they did do were lovely and gave examples of going to the theatre, the local carnival and putting on summer fetes. When we discussed the activities with the registered manager, they explained that, due to the activities coordinator having to temporarily cover another role alongside their own, activities were not taking place as often as they normally did. The registered manager went on to explain additional circumstances that had had an impact on the activities programme.

During our visit there was little for people to do on the first day. However, on the second day we saw that some people spent the afternoon in the lounge with the activities coordinator. Relatives were also present and making use of the kitchen area to make refreshments. Music was playing and one person was seen enjoying it and moving in time to it. We saw that people appeared relaxed, happy and chatting to each other. We also saw that although there was an activities planner on display, this was out of date. People therefore did not have up to date information on activities in order for them to plan their time.

All the people we spoke with knew who to talk to if they had any concerns. Everyone bar one person told us they would feel comfortable in raising any issues they may have. One person we spoke with told us they felt there would be no point in complaining as nothing would change as a result. This person felt their expectations of the service had not been managed correctly prior to admission into the home, but acknowledged the difficulty of the registered manager's role.

Although the service had some opportunities in place for people to provide feedback on the service, these were limited. We saw a 'suggestions' box was on display in the foyer and that the service had sent questionnaires out to relatives in January 2015. The relatives we spoke with told us meetings did not take place on a regular basis and that they would welcome this. All the relatives we spoke with demonstrated a keen interest in supporting the home by having the opportunity to share ideas and experiences. However they all spoke positively about the registered manager and felt confident any concerns they may have would be addressed. We saw that two formal complaints had been made regarding the service in recent months. The registered manager had addressed these promptly and appropriately and showed concern for the issues raised. Appropriate actions had been taken as a response.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager that had been in post for some years. However, they did not fully understand their responsibilities in relation to the reporting of incidents to CQC. From the information we hold about the service and discussions with the registered manager, we concluded that they were not fully aware of the types of incidents that are required to be reported to the CQC

Providers and registered managers are required by law to report incidents that can affect people's safety by submitting statutory notifications. Although the service had reported some incidents others had not been reported to the CQC resulting in legal requirements not being met. For example, the service had referred an incident to the police which had not been reported to the CQC. On another occasion, the service had failed to inform us of an incident that resulted in a person sustaining a serious injury. However, people had not come to further harm as a result of the service not reporting these incidents to the CQC. They had reported them to other agencies such as the police and the local safeguarding adult's team. We saw that on the second day of our inspection the registered manager had taken action to address this.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People told us they felt confident in the management of the home and spoke positively about the registered manager and company representative of the home. One person said, "Matron is lovely". Another described the registered manager as 'brilliant'. Everyone agreed that the management team of the home was approachable, supportive and willing to help. During our inspection we saw that there was a clear line of management responsibility and that the home was organised, calm and relaxed. We saw the registered manager and deputy managers clearly supporting other staff in their roles.

The staff team demonstrated teamwork and a commitment to the service they provided. All the staff we spoke with said they felt well supported and that the registered manager was always willing to help. They all said they were happy working at St David's Nursing Home. One staff member told us, "[Registered manager] is really caring and helpful. [Registered manager] will help everyone". Another said, "Matron [Registered manager] has really done well for the place". However, all the staff we spoke with felt frustrated at the high level of sickness absence and felt more could be done to manage this issue. When we discussed the level of sickness absence with the registered manager, they acknowledged that a firmer approach was required.

The service demonstrated it had an open and transparent approach. Staff told us they felt comfortable in raising concerns and that they were confident action would be taken. When we spoke with the registered manager they understood the strengths of the service as well as areas for improvement. They demonstrated a commitment to addressing any concerns and plans were in place to attend to some of the identified issues. One of the deputy managers told us that the registered manager had been very open with them at the start of their role. They told us they had been given clear objectives and fully understood what was required of them in order to improve the service. We saw minutes from meetings held with staff that showed issues were discussed openly.

Opportunities for staff to give feedback and share ideas were in place. Staff meetings took place although they were infrequent and staff told us they would like more of them. Staff questionnaires had been completed in June 2015. The staff we spoke with said they felt listened to when they shared ideas and made suggestions. For example, one staff member told us that, following discussions with the management team over staffing levels, they felt confident that more staff would be employed and that staffing levels would increase. When we discussed this with the registered manager, they confirmed that they were currently recruiting more staff in order to increase staffing levels. We saw from the minutes of a meeting that staff had raised some health and safety concerns over the weight of a piece of equipment. When we discussed this with the registered manager, they confirmed that a new, lighter piece of equipment had been purchased and was in place. We concluded that the service listened to staff and valued their opinion in the development of the service.

The service did not formally provide people who used the service with opportunities to make suggestions in order to improve the service they received. However, all the people we spoke with, bar one, knew who the registered manager was and felt comfortable in discussing issues with them. The registered manager told us they were regularly on the floor and saw both staff and people who used the service giving them opportunities to talk with them. During our inspection we saw the registered manager regularly around the home talking to people, staff and visitors.

Systems were in place to monitor the quality of the service and to ensure issues were identified. Audits were completed by the registered manager and these were done regularly. They covered areas such as recruitment, medicines, infection control, environment and health and safety. A new system was under development which was comprehensive. Data management was clear, organised and accessible within the home. Records we viewed during the inspection demonstrated the service was meeting its legal requirements.

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 18 Registration Regulations 2009 Notifications of other incidents The registered persons failed to inform the CQC about important events that affect people's safety. Regulation 18 (2) (a) (ii) (b) and (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered persons did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (1) and (3)