Care Quality Commission

Sun Care Homes Limited

The Gables Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

The Gables Nursing Home provides accommodation and personal and nursing care for up to 26 older people.

This was an unannounced inspection, carried out on 14 and 15 April 2015.

We last inspected The Gables Nursing Home on 9 September 2014. At that time it was not meeting three essential standards. We asked the provider to take action to make improvements in the areas of cleanliness and infection control, assessing and monitoring the quality of service provision and records. We received an action plan dated 10 November 2014 in which the provider told us about the actions they would take to meet the relevant legal requirements. During this inspection we found that the provider was meeting these legal requirements. However, we found that some improvements were still required at the home.

A registered manager was in post at the time of our inspection. A registered manager is a person who has

Summary of findings

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 living at the home raised no concerns regarding their safety. Systems were in place for the provider to make safeguarding referrals when needed so that they could be investigated.

Staff supported people in a safe way. Risk assessments were mostly completed regarding people's care.

There were enough staff present during our inspection. However, staff did not always respond in a timely manner when people needed assistance. Recruitment checks were completed. However, the recruitment process had not always been robust.

People received their medicines in a safe way. However, there were a small number of discrepancies regarding how medicines were managed.

The home was clean.

Staff felt supported and had received an induction, supervision, appraisals and training. However, formal supervision had not always taken place for some staff on a regular basis.

Staff respected people's wishes when supporting them. However, a small number of staff had not received training on the Mental Capacity Act 2005. Some staff did not have appropriate knowledge of the Deprivation of Liberty Safeguards.

People received enough to eat and drink. Care staff knew about people's eating and drinking needs. People were supported to maintain good health and referrals were made to health care professionals for additional support when needed.

Staff mostly treated people in a caring way and treated people with dignity and respect. However, we observed some examples where this had not occurred.

Staff knew people well and respected people's choices.

People were supported to take part in social activities. However, opportunities for this were limited.

Relatives felt able to speak to the registered manager if they had concerns. The registered manager was very approachable and knew people well who were living at the home.

Some improvements had been made regarding how the service was monitored and risks addressed. However, further actions were required to improve the effectiveness of the systems in place.

Summary of findings

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.

People received support in a safe way. Risk assessments and guidance to manage risks were mostly in place. However this was not always the case.

There were enough staff to provide care in a safe way. However, staff present did not always provide support in a timely manner.

Staff told us they would report safeguarding concerns. Systems were in place for making safeguarding referrals.

People received their medicines in a safe way. However, there were a small number of discrepancies regarding how medicines were managed.

The home was clean.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff felt supported by the manager but formal supervision did not always take place on a regular basis.

Some staff were not able to tell us about the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards.

People were supported to meet their nutritional needs.

Referrals were made to healthcare professionals for additional support when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were mostly very kind and caring. However, staff did not always respond appropriately to relieve people's discomfort.

Staff mostly promoted people's dignity. However, staff did not always do this.

Staff asked people about their preferences and respected people's choices.

People were involved in day to day decisions about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff knew people well and mostly acted in a person-centred way. However, staff did not always appropriately respond to people's needs and preferences in a timely way.

Summary of findings

A complaints procedure was in place. Relatives felt able to speak to the registered manager if they had concerns.	
Is the service well-led? The service was not consistently well-led. The systems in place to monitor the safety and quality of the service were not always effective. Staff felt listened to and were positive about the registered manager. The registered manager was approachable.	**Requires Improvement** 

The Gables 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.

The inspection was unannounced and took place on 14 and 15 April 2015. The inspection team consisted of two inspectors.

During our inspection we spoke with six people who lived at the home and two relatives. We also spoke with a nurse, three care staff, a maintenance staff member, a cook and the registered manager.

Before our inspection, we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to obtain their views about the care provided in the home.

We used the Short Observational Framework for Inspection (SOFI) during part of the inspection. 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 being delivered in communal areas at other times. We looked at relevant sections of the care records for three people, as well as a range of records relating to the running of the service including staff training records and audits.

Requires Improvement

Is the service safe?

Our findings

When we inspected the home in September 2014 we found some concerns regarding cleanliness and infection control. This represented a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found during this inspection that improvements had been made to address this breach. Relatives told us they felt the home was kept clean. Staff told us the home was kept clean and they had completed infection control training. The registered manager told us actions had been taken such as the replacement of chairs, pressure cushions, bedside protectors and bedding. We looked at a selection of bedrooms and saw they were clean. We did not smell any offensive odours.

Feedback from people living at the home was mixed regarding whether there were enough staff. One person told us they felt there were not always enough and they had to often wait long periods of time for support. Two other people were positive about the care and raised no concerns about the number of staff. Relatives told us there were enough staff to meet their family members' needs.

We saw there were enough staff present during our inspection and people were mostly receiving the support they needed. However, we saw some examples where staff did not respond in a timely manner. We saw, for example, that a person had been left sitting in a wheelchair with no footplates and their feet were off the ground. We observed another person calling for assistance who needed support with personal care, but staff did not respond within an appropriate timeframe, which resulted in discomfort to the person.

The registered manager told us permanent staff positions were filled and they were trying to recruit some bank staff. This would result in additional staff being available to cover gaps on rotas that might arise. Staff told us they felt there were enough staff to ensure people's needs were met safely and cover was arranged when needed. However, we received comments indicating a preference for a kitchen assistant to work in the afternoons. The registered manager told us kitchen assistants worked until 1.30pm and prepared meals in advance for care staff to serve at teatime. This meant a care staff member would be spending time in the kitchen and serving meals, which would impact on their time available to support people in other ways. We asked the registered manager how they calculated the appropriate staffing levels at the home. They told us staffing levels were based on some care home recommendation document from many years ago. However, they were unable to show us how they had assessed the appropriate staffing levels in the home.

Staff and the registered manager told us appropriate staff recruitment checks had been completed. We looked at three staff files and saw this was mostly the case. However, we saw in one file that a reference was not present from the most recent employer. The registered manager was unable to explain why. We saw satisfactory references from a previous employer. The registered manager told us after the inspection that the staff member no longer worked at the home. However, we saw their name listed on staff rotas, which meant they had been working for a period of time. This showed us the recruitment process had not always been robust. We saw in the files that Disclosure and Barring Service checks were completed. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including older people and children. However, the outcomes had not been noted in the files. The registered manager told us these had all been satisfactory.

Relatives told us they felt their family members received their medicines on time. We observed a staff member administering medicines and did not identify concerns regarding the medicines administered during this period. However, we saw the staff member was regularly interrupted by staff and by the phone ringing, which meant it could be more difficult for them to concentrate. We found medicines were stored safely. Overall, records were good that showed the administration of medication. However we saw some discrepancies in relation to the medicines for two people. We found two medicines had not been returned to the chemist for one person and this was not reflected on the records. The person was no longer at the home. However the discrepancies on the other file could demonstrate that some medicines may not be given as prescribed. The records about one medicine did not reflect regular or consistent administration, but the staff member told us this was not 'as required' medication. We also saw that there was no protocol in place for a type of 'as required' medicine that this person took. This showed us there was a risk staff would be unclear about when it was appropriate to administer the medicine.

Requires Improvement

Is the service safe?

We saw staff supporting people in a safe way, for example, when supporting them to move from a wheelchair to another chair using a hoist. A hoist is a piece of equipment that staff use to move people safely. A person living at the home said, "They are very good at using it [the hoist]. I feel confident and safe." We also saw some people sitting on pressure relieving cushions, which were used to help protect people's skin who could be at risk of developing pressure ulcers.

Risk assessments were in people's care records. However, we saw that a risk assessment and an accompanying behavioural support plan were missing regarding the type of behaviour a person could exhibit. We saw that incident forms and a chart used to record the triggers, behaviour and consequences had been completed. However, some information indicated a lack of understanding of the process. We saw an infection control risk assessment for another person that stated they were at high risk but it was not clear what the action plan to address this was. This showed us staff did not always have appropriate written guidance. This could impact on the support people received.

Three people living at the home told us they were too hot. The registered manager told us two new boilers had recently been fitted. The maintenance staff member was taking action to adjust the temperature during our inspection. Relatives told us they felt equipment and the premises were safe. A relative told us a lot of work at the premises had been done in the last 18 months. Care staff told us they felt there was enough equipment and the premises were safe. One staff member said, "The building is a lot better." The maintenance staff member told us a lot of work had been completed and said, "Things have got in my opinion a lot better for what I do." They told us they felt the premises were safe and they had further plans, for example, plans to improve the décor in areas of the building.

We saw bedroom doors had notices displayed that said 'Caution mind fingers. Self-closing doors'. These doors slammed shut. The registered manager told us people were supported by staff when going to and from their rooms and they were looking at replacing the doors. However, there could be a risk of injury to people if appropriate measures were not in place such as staff support. We saw some records, which showed checks on the building and equipment had taken place. We did not see a gas safety certificate, but were told the registered manager was waiting to receive a copy following the installation of new boilers.

People living in the home we spoke with raised no concerns about their safety. Relatives told us they felt their family members were safe and they would speak with the registered manager if they had concerns. We spoke with three staff about safeguarding. They told us they would report concerns. Two staff told us about the different types of abuse that could occur and told us they had received training. The registered manager told us safeguarding training had been completed and we saw some certificates. Two staff had not attended training, but we were told this would occur. Details were recorded about safeguarding referrals. Information about how to contact the local safeguarding team was also in the reception area. This showed us people had access to information about how to raise a concern.

Requires Improvement

Is the service effective?

Our findings

When we inspected the home in September 2014 we found concerns regarding some records. This represented a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. For example, we found some gaps on the charts used for recording when people's position had changed to protect their skin. We found during this inspection that action had been taken to address this breach. However, we found some improvements were still required. We looked at the charts for two people and saw entries were mostly appropriate. However, two entries for one person were outside the times when a change in position had been required. This meant the records did not always show that the person had received appropriate support. A staff member told us this person received changes in position at appropriate intervals.

Two people living at the home told us they were very satisfied with the quality of the care. Relatives told us they felt staff knew what they were doing when supporting their family members and felt staff received enough training. One relative said, "They do get regular training courses." A staff member said, "I think it's [care] top notch." The registered manager said, "Personally I think we deliver good care."

Some staff told us they had received an induction when they started working for the service. One staff member had not fully completed their induction but the registered manager told us further training was planned to address the gaps. They told us the induction programme included study sessions on different subjects and could be extended to ensure staff had obtained appropriate knowledge. We saw some certificates that showed an induction programme was in place. The registered manager also told us they recognised the additional support that some staff needed regarding their English language and appropriate steps were in place to support staff.

Two staff members told us they had received a lot of training. One said, "We do a lot of training." Another staff member told us they felt they could also ask for more if they needed it. We saw in training records that staff had completed a lot of training. However, we saw a small number of gaps on the training matrix. For example, a small number of care staff had not completed infection control training. The registered manager told us plans were in place to address these gaps. We saw some care staff had not received medication training. However, the registered manager told us only nurses gave out medication and had received training. They told us competency assessments were also completed twice a year. Care staff applied cream to people's skin and were informed how to and observed. The registered manager told us care staff who had not had medication training would have training in May 2015. This showed us they had plans in place regarding training to increase staff members' knowledge.

Staff told us they felt supported. One staff member told us they had last received supervision about a year before our inspection, but felt it was enough. They stated, "I know if I've got a concern I go to [registered manager] or [nurse]." Another staff member told us they had had several meetings with the registered manager. We looked at the 2015 supervision matrix. This showed that 20 staff had not yet received supervision during the year. We also looked at the supervision records for seven staff. We saw three staff had no records of meetings after February 2014, three had no records after April 2014 and one had no records after August 2014. This showed us there was a risk that supervision had not always been consistently provided.

The registered manager sent us the 2014 matrix after the inspection, which showed staff had received more regular supervision. We also received an updated 2015 matrix that showed some supervision had occurred shortly after our inspection and further supervision was booked. However, it was not clear from some records seen during the inspection whether all staff had had regular opportunities to have one to one supervision to discuss their support needs and how thorough this had been. The registered manager told us they would be providing supervision four times a year.

A staff member told us they had received an appraisal about a year before our inspection. We looked at the appraisal records for seven staff and saw they had received appraisals in 2014. This showed us staff had opportunities to review their work and discuss objectives for the year ahead. The registered manager told us appraisals for 2015 were planned.

Relatives told us staff offered choices to their family members and did not act against their wishes. One relative told us how staff explained things to people and provided enough time to help them understand. We observed staff and saw they did not act against people's wishes when they

Is the service effective?

were supporting people. Staff told us they respected people's decisions. Two staff members told us they had received training on the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. However, one staff member told us they had not received MCA training. This meant they did not have appropriate knowledge. Training records showed that about 20 of 32 staff had received training on the MCA in 2014. The registered manager told us training for some staff was arranged for June 2015, which meant they had plans to address gaps.

When we inspected the service in September 2014 we found MCA assessments were not always in place when required. The registered manager told us during this inspection that they had checked all of the care records and completed MCA assessments where appropriate. We saw some MCA assessments and best interests checklists in the care records. We saw this included an assessment for a person where this had been missing when we previously visited. This showed us some action had been taken to make improvements.

The registered manager understood their responsibility in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager had submitted some DoLS applications to the local DoLS team. They told us they were aware of case law that affected when DoLS referrals were required and were in the process of reviewing whether further applications were appropriate. However, two staff were unable to explain DoLS to us, which meant there was a risk they did not understand how this could impact on people living at the home.

We received mixed feedback from people about the meals. One person told us they were very satisfied with the choices. They told us about their preferred choice of meal that day and we later saw staff bringing this to them. They said, "The food is excellent." However, another person told us they felt the food used to be lovely but not now. They told us they did not always get a drink with their meal and they had to wait a long time for it. We observed people mostly being provided with drinks in a timely manner. However, we saw a person asking a staff member for a drink during one morning. They acknowledged the request but did not return. We saw that the person did not get their drink until 15 minutes later. Relatives told us their family members got enough to eat and drink and choices were available. One relative said the food was, "Lovely." Another said it was, "Very nice." We observed the lunchtime experience. We saw people were offered choices and one to one support was provided when necessary.

Care staff knew about people's nutritional needs we asked them about. They told us they felt people received enough to eat and drink, choices were available and referrals were made to specialists such as dieticians. A cook also told us they knew about people's dietary needs and likes and dislikes. They said the home provided, "Very good food." We saw in the care records for a person that food and fluid charts were kept to monitor what they ate and drank and these were completed appropriately.

Relatives told us staff contacted the doctor quickly when needed. A staff member told us they would report it to the relevant staff member if they were concerned about people's health. They told us referrals to healthcare professionals were made when appropriate. We saw in care records that healthcare professionals had been involved. This showed us people were supported to maintain good health.

Requires Improvement

Is the service caring?

Our findings

We received mixed feedback from people living at the home about how caring staff were. One person said, "Staff are very kind." Another person said, "They deserve a gold star here." However another person told us they felt staff were all right but some were not always approachable. Relatives told us they felt staff were caring. One relative said, "They're all lovely" and, "They're very nice."

A staff member said, "The people [staff] are absolutely caring" and, "It's very comfortable, just like when you're at home." Another staff member said, "I think we're very loving."

Although most of our observations were positive, we observed that this was not always the case. We saw some examples where staff had not responded in a caring way to people. We saw some actions were task focussed. For example, we saw a staff member approach a person and remove an item that was on the top of their chair. They did not speak with the person as they did this or to other people in the room. This meant they were focusing on the task and they did not have meaningful interactions with people.

We saw staff mostly acting in a caring and kind way towards people. We saw staff explaining to people what they were doing as they supported them and offering reassurance. For example, we saw two staff members supporting a person to move with a hoist. A staff member explained what they were doing, offered reassurance and said, "Hold my hand nice and tight." We also saw staff offering encouragement. We observed, for example, a staff member speaking in a very kind way towards a person and gently encouraging them saying, "A bit more [name of person]." We saw staff were patient and not rushing people, for instance, when supporting people as they walked to different areas of the home.

We saw a small number of examples where staff had not acted in a way that made people feel comfortable. We saw that a person was sitting in a wheelchair that had no footplates. They were not in a comfortable position because their feet could not reach the ground. We saw a staff member enter the room and stroke the person's head in a caring way. However, we saw they were then leaving the room with the person still sitting in the wheelchair. We asked them why the person was sitting in a wheelchair without footplates and they said, "I don't know." When we returned to the room later we saw that the person was sitting in an armchair. We also saw that another person was sitting in a wheelchair with feet on the floor, over the footplates that were in situ. The metal was pressing into the top of the person's heel. We saw that a member of staff eventually came over and moved the footplates and made the person comfortable.

We saw that a person needed support with their personal care. We observed the person shouting out and becoming agitated yet no staff came to speak with the person for some time. We saw they mentioned to a staff member the support they needed and the staff member said that they would send someone to help. By the time the support arrived it was too late. The person said, "It's too late." The lack of a timely response resulted in discomfort for the person and did not respect their dignity. We observed another person trying to get help. We mentioned to a staff member that the person needed support. We saw that a staff member was asked to help but did not attend. We spoke with another staff member and they supported the person.

Another person living at the home also told us staff shouted across the room for staff support when they needed help with a type of personal care. This did not promote their dignity. Other people living at the home we spoke with did not raise concerns regarding dignity issues.

Relatives we spoke with told us staff treated their family members with dignity and respect. Some staff also told us how they respected people's dignity. Information was displayed in the lobby area about promoting dignity.

Staff told us how they supported people if they were distressed or experiencing discomfort. For example, a staff member told us how they sang to a person and how this helped the person. We saw staff taking action to relieve people's discomfort. For instance, we saw that a staff member had recognised when a person was experiencing discomfort and they asked the person if they wanted to walk around with them and responded appropriately to the person's response. The staff member was very kind. We saw a staff member making a person more comfortable by adjusting their cushion and then checking with the person if they were comfortable.

Relatives told us staff respected their family members' privacy. Staff told us how they respected people's privacy

Requires Improvement

Is the service caring?

and we mostly observed this. However, we saw one example where a staff member entered a toilet to check on a person but did not knock on the door before entering. This showed us they had not acted in a way that respected the person's privacy.

Relatives told us their family members were offered choices. We saw people were involved in day to day decisions about their care. We saw staff asked them about their preferences and respected their choices. For example, we observed a staff member checking with a person where they preferred to sit and respected their preference. We heard staff offering drink choices to people. A staff member told us how they asked people about what they liked. They provided an example of how they had spoken with people to seek their views. They told us some people said they would like a seaside theme in the bathroom and changes had been made to a bathroom to reflect people's wishes. The staff member spoke with warmth about people. This showed us how the staff member had involved people in decisions and helped to make people feel that they mattered.

Relatives told us they could visit anytime. A staff member confirmed this. This showed us restrictions were not in place regarding visits.

Requires Improvement

Is the service responsive?

Our findings

We received mixed feedback from people regarding the care they received. Two people living at the home told us they received good care. However, another person told us they sometimes had to wait for assistance. We spoke with two relatives. They were very positive about the care their family members received. One relative said, "They're [staff] very dedicated." Another relative said, "I'm at ease because I know [family member] is looked after." They told us staff understood their family member's needs "very well now." A relative told us how staff had gathered information about their family member's personal history. They said, "They'll often talk to me about the past." This showed us how staff had obtained information about what might be important to their family member. A relative also told us review meetings had taken place and they felt enough meetings had occurred. They told us they were kept informed and said, "I can't remember a time when they've not passed information on."

We observed staff mostly acting in a person-centred way and asking people for their views such as what they wanted to drink. We saw interactions that showed us staff knew people well. For example, we saw one staff member talking with a person about the job the person used to do. This showed us they knew about the person's background. However, we saw a small number of times where people did not receive support in a timely manner from staff, which meant care had not always been focused on people's individual needs and preferences.

Two care staff members we spoke with told us how they offered choices to people and discussed their preferences with them. They had a very good understanding of people's likes and dislikes. One of the staff members said, "Every one of them [people living at the home] is different." The information provided to us showed they knew people well and recognised the importance of providing personalised care.

Care records showed us people had their individual needs and preferences assessed. We saw many care records had been reviewed monthly, which was in accordance with the provider's policy. However, we saw in one care record that some had not been reviewed monthly. For example, we saw that a bed rail risk assessment had not been reviewed since December 2014. This meant it was unclear whether the level of risk had changed. We also could not see in the care records how people had contributed to the planning of their care. We saw in other records that the registered manager had spoken with people on a one to one basis about the care they received. However, none of the records we looked at for four people were after August 2014. This showed us there was a risk some people might not have regular opportunities to contribute to the planning and reviewing of their care.

A person living at the home told us they liked gardening. Staff members told us that they were doing a gardening project. This showed us the person would have opportunities to take part in an activity they enjoyed. Relatives we spoke with told us they felt there were enough activities taking place at the home.

We saw some activities taking place. For example, we saw a staff member playing dominoes with people during the afternoon on day one of our inspection. A singer visited the home during the afternoon of day two. People were encouraged to participate and were enjoying this activity. We also saw some examples of staff sitting with people and chatting to them. We saw a staff member bringing a magazine to a person. However, we saw limited activities taking place at times, particularly during the mornings and some people had very limited interactions with staff during these times. This showed us there was a risk people were not always supported to take part in meaningful activities.

We spoke with three staff members about activities. Two staff members told us they felt there were enough activities. Another staff member told us they felt it would be better to have more activities. The registered manager told us the home did not employ an activities coordinator. They told us all care staff had a role regarding activities and provided some examples of the types of activities that took place such as hand massage, nail painting, and an ice cream afternoon. They told us structured activities provided by visitors took place such as music to health every month and chair based exercise every fortnight. We also saw a poster on display about monthly visits from representatives from a church.

The registered manager told us activities run by staff were determined by what people wanted to do. They told us a specific member of the care team had a role during afternoons in arranging activities. We spoke with this staff member who told us about some of the activities that had

Requires Improvement

Is the service responsive?

taken place. The way they described how they gathered information and supported people showed us they were very committed to providing person-centred care and giving choices to people regarding activities.

Activity plans were in place that included information about people's interests. Some had been produced in 2013 and some more recently. We could not see in some plans whether they had been regularly reviewed, which meant we could not always tell whether people's preferences had remained the same. However, the staff member told us they regularly spoke with people about what was important to them. Our discussions with them showed us they knew people very well. We saw they recorded when people had taken part in activities such as exercises, arts and crafts, shopping, quizzes, games and reminiscence. We also saw some forms completed by relatives in March 2015 for people who experienced difficulties in communicating their wishes. These showed us the staff member had gathered information from relatives to assist them to know about what was important to their family members and what activities reflected their interests.

Relatives told us they would speak to the registered manager if they had concerns about the service and would be comfortable doing so. One relative said, "because I know something gets done." Staff told us they would inform the registered manager or person in charge if people wished to raise a concern about the service. They told us the registered manager was approachable. The registered manager told us a complaints policy was in place and we saw this displayed in the reception area. They told us they investigated complaints and asked visitors if they had any concerns. We looked at the complaints folder and looked at some complaints. We saw the registered manager had recorded actions taken and responded to people.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the home in September 2014 we found some concerns regarding how the service was monitored and risks addressed. This represented a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We took enforcement action against the provider and the registered manager. We found during this inspection that some action had been taken to address this breach. However, we identified some areas where improvements were still required.

We asked to see how care records were checked by the registered manager. We saw no written care record audits after September 2014. Written audits of some people's records had not been completed by the registered manager since July 2014. They told us during the inspection that they had completed an audit of the care records in January 2015 but had not recorded it. They told us after the inspection that they had also completed an action plan. We found some concerns with a small number of care records during the inspection, which meant these issues had not been identified and addressed during the audit process. The registered manager also told us medication audits had taken place regularly. We found a small number of discrepancies regarding medication which had not been addressed. This showed us that the quality assurance processes were still not always identifying and addressing risks.

We saw some other audits had been completed. For example, we saw a monthly audit document that recorded information on many different subjects such as whether people had pressure ulcers or had fallen, whether complaints had been received or DoLS applications made. We also saw room audits and tissue viability audits.

An infection control audit had been completed before our inspection by an external agency that had resulted in an action plan being required. We asked to see the action plan and the information about actions taken but this was not available to us due to computer difficulties in the home. The registered manager told us an action plan had been produced and they had been taking action. They also told us the provider visited the home regularly and completed provider visit forms. We saw some records of these visits.

Some records shown to us during the inspection indicated there were gaps in supervision. The registered manager sent us matrixes after the inspection that showed us more supervision had taken place. This showed us some records had not been up-to-date or some staff had not consistently received supervision. These issues had not been addressed during the monitoring of the service.

A relative told us they had attended some residents' and relatives' meetings. We saw that the last meeting had taken place in August 2014. This meant people had not had opportunities to attend a group meeting for over seven months. The registered manager told us another meeting was arranged for May 2015 and we saw a poster displayed about this. This showed us some plans were in place to obtain feedback. The registered manager told us they also held one to one meetings with people living at the home. We looked at the records for four people. These showed that meetings had taken place and relatives had been involved when appropriate. However, we saw no records after August 2014. The lack of more frequent meetings might impact on whether people living at the home felt they could provide feedback regularly on the service.

Relatives told us they had been asked to complete surveys to provide feedback. We saw some completed survey forms from August 2014. The registered manager told us these had been completed by relatives who involved their family members. We saw feedback had been obtained on different subjects such as staff, the premises, the food and recreation activities. Most responses were positive. However, we saw that a person had provided a rating of 'poor' regarding the garden and patio. We looked at the patio area at the back of the building. It was not a relaxing area for people to sit out and enjoy the outside space. The registered manager told us improvements were planned. They also told us another survey would take place soon after our inspection. This showed us they intended to gather further feedback from people on the service.

Staff told us they felt the home was well-led and they were very positive about the registered manager. They told us they felt supported. One staff member said the registered manager was, "Really number one." Another said, "I think [registered manager] is very good." Another staff member said, "She's lovely." We saw that a staff meeting had last taken place in August 2014. A staff member told us they were not concerned about the frequency of staff meetings and said, "I would say what I've got to say." A staff meeting

Requires Improvement

Is the service well-led?

was arranged for shortly after our inspection. Staff told us they felt the registered manager was approachable and they would be listened to. The registered manager told us staff would approach her and they also obtained the views of staff during handover sessions.

Relatives told us they felt the registered manager was approachable. We saw that the registered manager was approachable and was accessible to people. They were regularly available in the lounge during the inspection. The registered manager had been working at the home for many years and knew people well.

A person living at the home said, "It's lovely [at the home]." We asked relatives about the atmosphere. One relative said, "It's nice, it's lovely. Yes it's quite homely." Another said, "It's a very relaxed atmosphere."

We saw that the atmosphere in the home was mostly relaxed. The registered manager told us they felt the atmosphere in the home was relaxed and jovial. Staff also told us they felt there was a good atmosphere in the home. One staff member said, "I think it's [atmosphere] good" and said, "I think we're more of a home than a nursing home."