B & C Holt Ltd

Kingston Nursing Home

Inspection report

7 Park Crescent
Leeds
LS8 1DH
Tel: 0113266 6520
Website:

Date of inspection visit: 16 October 2014
Date of publication: 24/02/2015

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This was an unannounced inspection on 16 October 2014.

Kingston Nursing home provides 47 beds for older people who require nursing care some of whom are living with dementia.

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 and associated Regulations about how the service is run.

People who used the service told us they were very happy living at the service. They said they felt safe and knew how to report concerns if they had any. We saw care practices were good. Staff respected people's choices and treated them with dignity and respect. People were encouraged to maintain good health and received the support they needed to do this. Medication was managed safely and people received their medication when they needed it.

Summary of findings

People were not deprived of their liberty unlawfully. The registered manager and provider were aware of their responsibilities regarding the Deprivation of Liberty Safeguards.

People told us they enjoyed the food in the home and there was a good variety of choices available. We suggested improvements could be made to try and ensure meal times were more of a social occasion for people.

People told us they did not always have enough to do and would like more stimulating activity. Our observations on the day of our visit, showed people were not engaged in meaningful activity or socialisation. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Staff said they felt well supported in their role and knew what was expected of them. However, some staff did not receive regular one to one supervision to enable them to discuss their role and learning needs. Staff had received training on the Mental Capacity Act 2005 but could not all show their understanding of this and how they would protect people's rights. The provider confirmed further training was being arranged.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice. Robust recruitment procedures were in place and appropriate checks had been undertaken before staff began work.

Staff and people who used the service spoke highly of the management team; saying they were approachable. However, we found that systems in place to monitor the quality of the service were not always fully effective to ensure continuous improvement in the home.

People told us they were confident to make a complaint if they needed to. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

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?

Good

The service was safe.

People who used the service said they felt safe and knew how to report concerns about their safety if they had any. We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service.

People who used the service were safe because they were protected against the risks associated with use and management of medicines. People received their medicines at the times they needed them and in a safe way.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough. Policies and procedures were in place to make sure any unsafe practice was identified and people who used the service were protected.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had received training on the key requirements of the Mental Capacity Act 2005 but could not fully demonstrate their understanding of this to ensure people's rights were protected.

Staff told us they received good training which helped them carry out their role properly. However, systems to ensure staff received regular supervision and appraisal were not effective and fully embedded in the service.

Steps had been taken to review the needs of people who used the service to make sure no-one had their liberty restricted unlawfully.

Health, care and support needs were assessed and met by regular contact with health professionals. Care plans were up to date and gave a good account of people's current individual needs.

People said they enjoyed the food in the home.

Is the service caring?

Good

The service was caring.

People had detailed, individualised care plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not fully supported to be involved in person-centred activities that met their needs. People who could not occupy themselves were at risk of receiving little stimulation and occupation.

There were good systems in place to ensure complaints and concerns were fully investigated. People who used the service and their relatives were aware of how to report concerns.

People's needs were assessed before they moved in to the service and whenever any changes to care needs were identified.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were risks to people who used the service because systems for monitoring quality were not always effective.

People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

Kingston 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 checked 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 was an unannounced inspection on 16 October 2014. The inspection team consisted of a lead inspector; two other inspectors; a pharmacist inspector; and an Expert by Experience, who had experience of older people's care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the visit, we spoke with eleven people living at the home, two relatives, two registered nurses, five care staff, one visiting health professional, the deputy manager and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support in communal areas and also looked at some people's bedrooms.

We reviewed a range of records about people's care and how the home was managed that included the care plans for five people, the staff training and induction records for all staff employed at the home, twelve people's medication records and the quality assurance audits that the home completed.

Before the inspection we contacted commissioners of the service and Healthwatch Leeds to obtain their views about the care provided in the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

All the people who used the service, who we spoke with, said they felt safe at the home. Comments included, "I can assure you the staff are very good at looking after us", "You're not bashed and bullied about" and "Yes, I feel safe, the staff are pretty good. Oh yes, they wouldn't hurt me." People's relatives also told us they felt their family members were safe and security at the home was good. Two people's relatives told us they had raised questions in the past about bruising on their family member and had received satisfactory explanations on the causes of this from the staff team.

Staff showed they had a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. The provider's policy on safeguarding included information on staff's roles and responsibilities, referrals, identification of abuse, prevention of abuse, types of abuse and confidentiality. We saw the contact details for the local safeguarding team were available to enable staff to use them if needed.

Care plans demonstrated individual risk assessments were carried out either before admission or immediately thereafter. There were risk assessments in place which identified the risks for the individual and how these could be reduced or managed. We saw risk assessments relating to such matters as mobilisation, tissue viability, nutrition and feeding support where the person had swallowing difficulties. Discussions with staff indicated to us that they were fully aware of the benefits of robust risk assessments in delivering safe care and monitoring people's wellbeing.

Appropriate recruitment checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people. We looked at the recruitment process for three recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including application forms, notes of interviews and evidence of qualifications and written references. Records of Disclosure and Barring Service checks were available and held securely. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people.

We looked at staff rotas and along with our observations found that adequate staffing levels were provided. We spoke with the registered manager to determine the method of calculating the staffing on each shift. The registered manager's response confirmed that the dependency of each person was taken into account for calculation of the staffing requirements. We were also told by the registered manager that extra staffing was used if a particular person's care needs increased. Staff we spoke with confirmed this to be the case. One person who used the service said, "There are enough staff around to give me a hand if I ask for a bath or shower. There is always someone 24/7 to look after me." Another told us they thought there was enough staff and they did not have to wait long when they asked for assistance or rang their call bell.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and the medication trolley was stored securely when not in use. We found there were adequate stocks of each person's medicines available with no excess stock.

The home had policies, procedures and systems for managing medicines and copies of these were available for nurses and care staff to follow. Medicines records were generally clear and accurate. We checked a sample of twelve people's medicines against the corresponding records and these showed that the majority of medicines had been given correctly. It appeared that one person however had missed being given their medicines on one occasion. The registered manager immediately agreed to take action to look into this incident.

One person we spoke with said they always received their medicines on time and when they needed them. This included pain relief. Some medicines, such as painkillers, were prescribed to be taken only 'when required'. Many people living in the home could ask for these medicines when they needed them. However, some people were

Good

Is the service safe?

unable to do so and personalised information had been prepared for nurses to follow to enable them to support people to take their medicines safely and with due regard to their individual needs and preferences.

Medicines were only handled and administered by trained registered nurses. Further refresher training sessions had been booked and the registered manager told us that all nurses would be undertaking assessments to ensure they continued to have the appropriate skills to manage medicines safely.

We spoke with staff about the training they had received to allow them to deal with emergencies. We were told first aid training was covered within the induction programme.

Training records confirmed this. Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence.

Our inspection of the building showed it was a safe environment in which to care for vulnerable people with the exception of a carpet and radiators in the extension to the main property. The carpet was poorly fitting giving rise to a trip hazard. We brought this to the attention of the registered manager who arranged for repairs to take place. We also discussed the potential risk of burns arising from unprotected radiators. It was unclear if these were within an acceptable temperature range. The deputy manager told us the matter would be looked into and addressed if radiator covers were needed.

Requires Improvement

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. Our discussions with staff, people using the service and observed documentation showed consent was sought and was appropriately used to deliver care. In addition we saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met.

People told us they received good support and staff carried out their job well. People's comments included; "They're not bad these girls" and "The nurses are pretty good; they're straight." Relatives also spoke positively of the staff. One said, "Although there is 'a changing crowd' of staff, they know what they're doing." Another told us, "Some of the staff are really, really good; there are quite a lot of new faces but some have been here a long time."

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told that 17 people using the service were subject to authorised deprivation of liberty and a further six applications had recently been made. Our scrutiny of people's care records demonstrated that all relevant documentation was completed and securely and clearly filed. The registered manager and deputy manager showed a good understanding of the safe application of DoLs.

Staff had received some training in the Mental Capacity Act 2005 (MCA) and DoLs. Staff demonstrated variable understanding about the MCA and DoLs. The less experienced staff could not adequately demonstrate to us the most basic understanding. Senior staff were able to give examples of instances when best interest decisions had been made with the involvement of relevant professionals. The deputy manager told us further training was to be arranged to ensure staff had a better understanding of the MCA and DoLs. They told us they were in the process of booking this with a local training provider.

Care plans showed information regarding people's capacity to make decisions. However, we saw that a GP had given permission for nurses to administer medicines covertly, i.e. hidden in food/drink, to one person should they ever refuse their medicines. We could see no evidence that this decision had been taken in the person's best interests, following a mental capacity assessment. This did not protect the rights of the person who used the service. Nurses told us that no-one regularly refused their medication and confirmed they did not administer medication covertly to anyone living in the home. The registered manager assured us that guidance regarding administering medicines covertly would also be included in forthcoming training and supervision sessions. The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions where appropriate. We saw these were valid and completed properly.

We spoke with one member of staff about the use of restraint. They were able to describe de-escalation techniques which meant that physical restraint was never used in the home. The registered manager told us they did not use restraint in the home and had a 'walk away' policy in place. However, we noted there was a policy on restraint within the home's policy manual, which meant there was a risk of unsafe practice if staff followed this policy. The registered manager removed this and said it was an oversight that it had been left in the file.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, speech and language therapists and dentists.

People who used the service were complimentary about the food and menus in the home. Comments we received included; "I enjoy the food, you can have as much as you want", "You can have a curry if you want one; I love a curry" and "The food is not too bad; it's all right." Relatives told us that their family members seemed to enjoy the food at the home. One spoke of the support their family member received when losing weight. They said staff were monitoring this and trying to encourage appropriately calorie-enriched food.

We observed the lunch time meal in both dining areas of the home. People were given a choice of three meals and where they wished to eat it. The food looked appetising and well presented. We saw people received the assistance

Requires Improvement

Is the service effective?

they needed and staff gave this assistance in a sensitive and dignified manner. We noted that the majority of people who used the service did not sit at a dining table for their meal. They remained in the chairs they had sat in during the morning and had their meals from small individual portable tables. This meant a slightly awkward position had to be adopted to eat by leaning forward and, in some cases, stretching. This also led to a greater risk of dropped food and people's dignity being compromised. The registered manager and deputy manager agreed they needed to look into how they could improve this situation to make the dining experience a more sociable and comfortable experience.

We saw staff's mandatory training was up to date or if updates were due, we saw these had been booked in to the training plan. Training courses included; dementia care, end of life care, safeguarding, moving and handling and infection control. We saw there was an induction plan in place for staff to go through when they first began work at the home. Staff said they received a good induction and had worked alongside more experienced staff until they were confident and competent to care for people on their own.

The registered manager told us of the systems in place to make sure staff received regular one to one supervision meetings and an annual appraisal. However, some staff we spoke with were unclear about how often they should receive supervision and in one instance had neither knowledge of appraisal nor any recollection of having received an appraisal. This demonstrated the provider was not consistently providing a learning environment which could be translated into effective care. Records we looked at showed these staff had received some supervision meetings and appraisal to discuss their training needs and progress. However, the registered manager agreed there had been frequent gaps in the provision of this which may have explained staff's lack of recollection.

Good

Is the service caring?

Our findings

People who used the service all said staff were kind and friendly. One said, "You couldn't wish for a nicer set of young women; the staff are very kind." Another said, "He's nice is that lad." Other comments included; "It's all right, friendly" and "The staff are kind." People's relatives were positive about the care provided. One said, "I feel I could discuss care with staff. The staff appear kind." Another said, "The staff are kind and compassionate, the personal care of [name of person] is good."

People told us they were happy living at the home. Comments included; "I would recommend the home to others", "I like it here; I wouldn't want to go anywhere else", "I've no regrets about it at all" and "I don't mind it here, it's all right, can't complain." One person described the staff as their 'friend'.

Care records had information showing care needs had been discussed with people who used the service and/or their relatives. However, people we spoke with did not feel they had been involved in the development or review of care plans. The registered manager and deputy manager agreed to review this with people who used the service and their relatives to ensure people felt fully involved in decisions about care needs.

We saw all people at the home appeared at ease and relaxed in their environment. We saw that people responded positively to staff with smiles when they spoke with them. We observed that staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. People looked well cared for, clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard for their individuality.

Staff had been trained in how to respect people's privacy, dignity and confidentiality and understood how to put this into practice. Throughout our inspection, we saw that staff respected people's privacy and dignity when they were supporting people with personal care. They were sensitive and discreet. They responded quickly to any requests for assistance and support. They listened to people and acted upon what people said to them; for example, when an alternative meal was requested or when a person asked for support to be provided at a different time from when it was offered. We saw that the nurse on duty was patient and gave encouragement when supporting people to take their medicines. People were able to do things at their own pace and were not rushed.

Care plans recorded what the person could do for themselves and identified areas where the person required support. The care plans had sufficient detail to ensure staff were able to provide care consistently. We saw that care was delivered as stated in the care plan and that staff were able to easily access any aspect of defined care need through the computerised care system. We saw that care delivery was recorded on the computer system at the time it was given. Strategically placed keyboards and screens were available for staff to freely access around the home to ensure this. Privacy screens were in use to ensure records were kept confidential.

We were told that two people had been appointed with Independent Mental Capacity Advocates as defined in the Mental Capacity Act 2005. Whilst neither person spoke to us about the appointments it was clear that the appointment was relevant as they had no-one who could be appropriately consulted when making a decision and they did not have the capacity to make that decision alone. The registered manager had information to enable them to support people who used the service to access advocacy services if needed.

Health and care services are legally required to make 'reasonable adjustments' for people with dementia under the Equality Act (2010) to ensure equal and fair treatment and promote independence. We saw that the provider had a passenger lift and provided ramps both within the home and at the main entrance to help people maintain their independence.

Requires Improvement

Is the service responsive?

Our findings

People who used the service said they had individual choice at the home and their choices were respected. Comments included; "You can get up when you want, I can have a lie-in if I want to, I just tell them I'm having a lie-in today", "I can turn the TV on when I want and I can stay up late to watch snooker matches and they come and check on me" and "It's all right here, nice and quiet."

We looked at four care plans that had been developed for each person. They were person centred, with individual information on people's wishes in relation to how their care was provided. The care plans showed how people liked to spend their time and how they liked to be supported. The plan also showed what people or their relatives had told staff about what provoked their anxieties and inappropriate behaviours. This meant that care could be provided in a sensitive way to avoid anxiety for people. Care planning was developed out of a dependency profile written at the point of admission. The profile covered such issues as mobility, continence, eyesight, hearing, memory and feeding ability. The care plan focussed on the need to maintain a safe environment and promote personal independence and dignity.

We received mixed views about the pets in the home. People who used the service did not comment about the cats and were seen to be interacting well with them. One person who used the service described the parrot as a 'menace'. One relative said that the animals had attracted her to the home although she confirmed that the parrot could be noisy. A visiting health professional told us that they felt the pets were good for people to engage with. Another relative said, "Many complain about the parrot but it provides a bit of a diversion and the over-the-top noise doesn't worry [name of their family member]". Our observations showed people who used the service interacted positively with the parrot and laughed and smiled when it was noisy or talking. We saw the noise from the parrot had been discussed in relatives meetings and mentioned in feedback from surveys. We saw that the therapeutic benefits of the parrot had been discussed and explained, showing the service had responded to the concerns raised.

The registered manager told us there was an activities co-ordinator, available for two hours on Mondays, Wednesday and Fridays. The activities co-ordinator was currently away from the service and we were told a staff member was covering these duties at the moment. We saw a programme of activities for the current month. The activities listed reflected group work such as a monthly 'Music for Health' session. We did not see any particular activities targeted at individuals, for example, reminiscence work, although there were reminiscence displays in cabinets at various points throughout the home.

Several people told us about the pleasure they had gained from occasional bus trips which were organised to include a meal out. The majority of the people we spoke with, and their relatives, told us there were not enough activities to engage people in. One relative said that the previous homes where their family member had lived had more activities. Another relative said, "No, there is not enough activity." We saw from satisfaction surveys conducted in 2013 that people who used the service, relatives and staff had all commented that activity and stimulation of people could be improved. The registered manager said they had introduced the activity co-ordinator role after these comments were received.

We saw some people did not easily interact with others preferring to sit alone, many people said very little, some lacked motivation. Whilst we found that direct care, through adequate care planning, was delivered, we observed a lack of staff involvement on a one-to-one basis with people who used the service. One person we spoke with was clearly happy at having the opportunity to speak with us and throughout the day took every opportunity to continue the conversation. The person commented, "It's been great to talk with someone new because it gets boring sometimes." The way seating was arranged in the lounges did not encourage social interaction or mobilisation. We saw some people were seated in the same chair throughout the day and only moved when care interventions were needed. Some people did not move from their chairs to eat their meals. The large lounge was set out with two long rows of chairs on both sides of the room. People sat at one end of this lounge were some distance from the television and it was not clear if they could see or hear it when it was on.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager and deputy manager both acknowledged they needed to make improvements to activity and interaction in the home. We were told the

Requires Improvement

Is the service responsive?

provider had recently agreed to change the activity co-ordinator provision to five days per week and this was due to commence in the near future. They also agreed to review the layout of the lounges and dining areas and to introduce another dining table in the upstairs dining area.

The people we were able to communicate with told us they had no complaints about the service but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. Most said that they would speak to the registered manager or deputy manager. We saw the complaints procedure was on display in the main entrance. No-one we spoke with had any concerns. One person said, "There's nowt to complain about."

We looked at records of complaints and concerns received in the last 12 months. We saw people had their comments listened to and acted upon. For example, concerns raised about food were addressed as soon as they were raised. We saw that complaints were used as an opportunity for learning and improving the service. We saw from minutes of meetings that complaints and concerns were discussed at staff meetings in order to try and prevent any re-occurrence and improve the service.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of registered nurses and care staff. People who used the service spoke positively about the management team and most knew their names. They told us the registered manager and senior management team were approachable and listened to what they had to say. One person said, "The managers are OK". Another said, "I like the management, [name of registered manager, name of deputy manager] any problems see them." Relatives told us they thought the home was well managed. One commented that the home could be 'chaotic' at times due to the disruptive behaviour of people who used the service. However, they also said some days were 'calm'.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2013. They showed a high degree of satisfaction with the service. The vast majority of people who completed a survey said they knew who to speak to if they had any concerns and said their concerns were acted upon. We saw that views were mixed on activities in the home with almost half the people who used the service saying there was not enough activity. An action plan had been put in place to respond to this, with a monthly activities bulletin published and an activities co-ordinator appointed. However, people who used the service still had concerns about activity level so this action taken had not been fully effective.

We were told that the care provider visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits. A record of the visit was not maintained and any improvements identified relied on 'word of mouth' for their completion. This means there was a risk that important issues affecting the home were not acted upon.

The registered manager produced an annual report on the quality of the service. We looked at the report for 2013. There was an action plan in place to show how identified improvements would be made. However, there were no target completion dates for any of the actions identified. We could not therefore assess if the improvements identified had been made yet. There was no evidence of how action plans were being monitored to ensure they were being delivered and the service was improving. For example, it was noted in the plan that improvements were needed to improve the policies and procedures manual. Improvements were not clearly documented with the specific action needed, nor did they have a completion date. We reviewed the policies and procedures manual and found it to be disorganised. There were multiple policies relating to the same issue and the majority had not been reviewed since early 2013. This could lead to a risk in service delivery as staff could follow the guidance of an outdated policy.

We concluded that effective systems were not always in place to monitor the quality of the service delivery. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. We saw that regular audits, or checks of medicines, were done to assess the way medicines were managed; however these had not always identified concerns; we discussed how the current audit system could be further improved and made more effective.

Records showed decisions about people's care and treatment were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of communication and accountability within the staff team. We observed the registered manager interacting with the deputy manager and the deputy interacting with the care staff. A common line of communication involved junior staff asking for guidance and timely instruction or guidance being given in response. Staff said they knew when and how to report any issues or concerns and they were confident management would provide any necessary advice or support if required.

The registered manager and deputy manager both confirmed they worked alongside staff to demonstrate good practice and observe staff to ensure their practice was of a high standard. The registered manager said staff were encouraged to put forward their opinions and

Requires Improvement

Is the service well-led?

suggestions to improve the service. We saw a staff satisfaction survey was conducted in 2013. A high percentage of staff said the management team were approachable. Comments on improvements included a request for more staff training. We saw this was then discussed at a staff meeting to enable the registered manager to respond more specifically on what additional training staff would like.

We saw there was an annual 'relatives' and 'residents' meeting. We saw feedback from the annual surveys were discussed and people were given the opportunity to express their views and make suggestions. Topics included hairdressing arrangements and menus.

Monthly health and safety checks, which included checks on equipment, the premises and cleanliness, were also carried out. Any issues identified were documented and reported to maintenance for repair. There was a clear system in place to make sure any actions identified were completed in a timely way.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person did not take proper steps to ensure that each person was protected against the risks of receiving care that was inappropriate, by means of the planning and delivery of care in such a way as to meet the service user's individual needs. Regulation 9 (1) (b) (ii).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The registered person did not have effective systems in place to monitor the quality of the service delivery.**