Somerset Care Limited

Cooksons Court

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

Summary of findings

Overall summary

This inspection was carried out on 7 and 8 February 2017 and was unannounced. It was carried out by one adult social care inspector on the first day and two adult social care inspectors on the second day of the inspection.

This was the first inspection of the service since it was registered with the Care Quality Commission in September 2015.

Cooksons Court is a purpose built home which can accommodate a maximum of 65 people. Accommodation is arranged over three floors and divided into three units. Bramley unit is situated on the ground floor and provides nursing care for up to 23 people with basic nursing needs. Russet unit is situated on the first floor and provides nursing care to up to 24 people who have more complex needs. The Pippen unit on the second floor has 18 beds and provides a reablement service for people who are moving from hospital back to their own homes. Bedrooms are for single occupancy and all have the provision of en-suite toilet and shower facilities. There are pleasant accessible gardens and parking.

At the time of this inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In the absence of a registered manager the service was being managed by one of the provider's experienced peripatetic nurse managers. They had over 20 years experience as a registered nurse, and prior to joining the peripatetic team at Cooksons Court had been the Registered Manager of one of the provider's other nursing homes for over 10 years. This person had a handover from the previous registered manager and took over immediately they left.. They were supported by a deputy manager and clinical manager. One of the provider's operations managers regularly visited and monitored the quality of the service provided. A new manager had been appointed and is due to start at the home. They will make an application to the Care Quality Commission to be registered manager.

People who had been assessed as being at high risk of malnutrition and of developing pressure sores and those who were being treated for a pressure sore were not fully protected from receiving unsafe or inappropriate care. This was because care records did not demonstrate people received the care and treatment as detailed in their plan of care.

There were systems in place to monitor and improve the quality of the service provided. However these were not always effective in identifying and improving shortfalls.

People felt safe at the home and praised the staff who supported them. One person said "I am very content with everything. The staff and the other residents all seem very nice." Another person told us "Couldn't feel

safer."

People were satisfied with the choice and quality of food provided and people received meals in accordance with their needs and preferences. However the mealtime experience and arrangements for serving soft diets for people who lived on the Russet unit needed some improvements.

People had access to appropriate healthcare professionals to make sure they received effective treatment when required. One person who lived at the home told us "The staff notice if you are a little off colour and they will always call the doctor if needed." People received their medicines when they needed them and medicines were stored securely. A person who lived at the home said "They [the staff] make sure I get my tablets when I need them. They regularly ask me if I need any painkillers. They want to make sure you are comfortable."

People were supported to be as independent as they could be. One person on the reablement unit (Pippin) said "They [the staff] have helped me get my life back. I can do things that I never thought I'd be able to do when I left hospital. They've got me back to normal and I will be going back home soon." Another person told us "The staff are absolutely wonderful. Their hard work means I am now back on my feet and able to do more and more for myself."

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Staff had been trained and had a good understanding of how to recognise and report any signs of abuse.

People were cared for by staff who were well trained and competent in their role. There were effective systems in place to monitor the skills of staff. One member of staff said "I feel I have had all the training I need. If ever you don't feel confident about something, they will arrange more training."

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Staff had received training about the principles of the Mental Capacity Act 2005 and they knew how to make sure people's legal and human rights were protected. People were asked for their consent before staff assisted them with a task. One person said "I do what I please. They [the staff] would never make any of us do something we didn't want to do. They are treasures."

People were provided with opportunities for social stimulation and they were supported to maintain contact with their friends and family. People told us they could see their visitors whenever they wished and that they were always made to feel welcome.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not fully protected from the risks of receiving unsafe or inappropriate care.

There were sufficient numbers of suitably experienced and trained staff to help keep people safe.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

People were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

The mealtime experience for people and the arrangements for serving soft diets to people was not always consistent throughout the home.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their interactions with people and their visitors.

People were treated with dignity and respect.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain a level of independence.

People were able to take part in a range of group and one to one activities according to their interests.

People knew how to make a complaint and felt confident their concerns would be taken seriously.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance systems in place were not always effective in sustaining areas of improvement.

There were management systems in place whilst a new manager was being appointed.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

Cooksons Court

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 7 and 8 February 2017 and was unannounced on the first day. It was carried out by one adult social care inspector on the first day and two adult social care inspectors on the second day.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

During the inspection we spoke with 19 people. We spoke with the peripatetic manager and another nine members of staff. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of six people who lived at the home. We also looked at three staff recruitment files and records relating to the management and administration of people's medicines, health and safety and quality assurance.

Requires Improvement

Is the service safe?

Our findings

On two of the units; Bramley and Pippin we found people received safe care. However on the Russet unit records did not demonstrate that people were fully protected from the risks of receiving unsafe or inappropriate care. For example we read the records for five people who had been assessed as being at high risk of malnutrition. These people required their intake of food and drink to be monitored. The recording sheets we looked at did not show that people had been offered regular food and drink throughout the day. For example one person's records contained no entries after they had had lunch. On the following day, only their breakfast meal and drinks had been recorded. A nutritional assessment for another person stated they should be offered fortified meals and regular snacks throughout the day however the records we saw did not demonstrate this was happening. Fluid intake charts did not contain information about the amount of fluid a person should have and there were long periods between fluids being offered. For example one person's records contained entries for 0900 and 1500 with nothing recorded until the following morning. We were unable to see how any concerns regarding a person's intake were communicated to the registered nurse on duty. For example, one person's fluid intake had been recorded as only 580mls for the day. When we asked a registered nurse how they were made aware of any concerns they told us that they should check the recording sheets before the end of every shift but this did not always happen. We brought these concerns to the attention of the manager at the time of our inspection. Whilst running records on the computer care system demonstrated people were offered food and drink more frequently than was recorded on the recording sheets, they acknowledged that improvements in documenting this were needed.

Following this inspection the provider submitted an action plan which detailed the action taken to address this. The action plan stated they were "evaluating new care planning systems where staff have access to mobile technology that allows care delivered to be recorded electronically at the time they are with the person. This will avoid the need for duplicate paper and electronic recording which led to these inconsistencies."

We read the care plans for two people on the Russet unit who were being treated for pressure sores. Records did not demonstrate that people's wounds were effectively managed. For example there was no reference to how often dressings should be changed and in one person's records entries ranged from six days to twenty one days. We spoke with a registered nurse who had a very good knowledge about the management of the person's wound and they told us dressings were changed every two days. They acknowledged that the records did not clearly identify or reflect the treatment provided. In one of the care plans we looked at there were photographs of the person's wound however these were not clear and did not provide any information about the size of the wound. This meant the photographs would not help to track any progress or deterioration of the wound. We brought this to the attention of the manager at the time of our inspection who acknowledged the shortfalls we found. The provider submitted an action plan following this inspection which showed systems had been put in place to ensure the effective management of wounds.

Some people were being nursed in bed due to their frailty. We visited a number of these people and saw they were comfortable and warm. Staff completed recording sheets when they assisted them to change position however these records did not demonstrate that people were assisted to change position in

accordance with their plan of care. For example one person's chart recorded they had been assisted to change position at intervals which ranged between eight and 19 hours. We spoke with the registered nurse who told us the person was assisted to change position every two hours. We brought this to the attention of the manager at the time of our inspection.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe living at the home and with the staff who supported them. One person said "I am very content with everything. The staff and the other residents all seem very nice." Another person told us "Couldn't feel safer."

There were adequate numbers of staff deployed to help keep people safe. People looked relaxed and comfortable with the staff who supported them and staff were available when people needed them.

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People's medicines were administered by registered nurses or senior care staff whose competency had been assessed on a regular basis to make sure their practice was safe. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. Medicines were recorded using an electronic system that helped to reduce the risks of doses not being given at the correct times. A person who lived at the home said "They [the staff] make sure I get my tablets when I need them. They regularly ask me if I need any painkillers. They want to make sure you are comfortable."

The premises were well maintained. A maintenance person was employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay. There were risk assessments in place relating to health and safety and fire safety.

Requires Improvement

Is the service effective?

Our findings

On two of the units; Bramley and Pippin we found people received effective care which met their assessed needs and preferences and care records were reflective of the care they received. However on the Russett unit staff appeared very busy supporting people with their personal care and health needs and had little time to spend quality time with people. A member of staff said "It can be frustrating when you can't give the residents that quality time."

The home provided specialist diets for people who required it. For example some care plans stated that people needed their food to be served at a specific consistency and at lunch time we saw people received an appropriate meal. Some people also required their fluids to be thickened to minimise the risk of them choking and again we saw these people received drinks in accordance with the recommendations which had been made by relevant professionals.

On Bramley and Pippin units the mealtime experience was relaxed and sociable. However the lunch time experience, the arrangements for people who required assistance to eat and drink and the presentation of soft diets on Russet unit needed some improvements. Whilst staff were very kind and patient the lunch time experience appeared disorganised. Some people had to wait long periods before they were assisted with their meal. One person waited forty five minutes before staff assisted them. Soft diets arrived plated and were kept in a hot trolley. The meal we saw had developed a skin after being kept in the hot trolley so did not look appetising. The care staff said the plate was extremely hot and had to intervene when the person tried to reach it. We observed people had to wait for long periods between their main meal and pudding. One person told staff they were uncomfortable and did not want to eat anymore. We discussed our findings with the manager at the time of our inspection who told us they would take further action to address this.

The provider demonstrated their commitment to addressing the findings of our observations. Following this inspection the provider told us about the action they had taken, or were taking to resolve these issues. They said they were "taking further steps to review how staff are deployed at different times of day to ensure all residents feel they are getting quality time with care and activities staff, and we are working with all stakeholders to make the most of finite health and social care resources to have the biggest possible impact on the quality of lives of our residents."

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. People also saw other healthcare professionals to meet specific needs. Examples included speech and language therapists, dieticians, opticians and chiropodists. One person told us "The staff notice if you are a little off colour and they will always call the doctor if needed." On Pippin Unit nursing and care staff worked alongside staff from Yeovil District Hospital which included a physiotherapist, an occupational therapist and two rehabilitation assistants. This ensured people received effective care and support which enabled them to improve their independence and return home. One person on this unit said "They [the staff] have helped me get my life back. I can do things that I never thought I'd be able to do when I left hospital. They've got me back to normal and I will be going back home soon." Another person told us "The staff are absolutely wonderful.

Their hard work means I am now back on my feet and able to do more and more for myself."

Staff told us they received the training needed to meet the needs of the people who lived at the home. One member of staff said "I feel I have had all the training I need. If ever you don't feel confident about something, they will arrange more training." There were systems in place to ensure staff received refresher training which meant their skills and knowledge remained up to date. In addition to mandatory training such as fire safety and infection control, staff completed training specific to the people they supported. This included end of life care, caring for people living with dementia, catheter management and tissue viability.

People were cared for by staff who felt well supported in their roles. Records showed staff received regular supervision and appraisals These were an opportunity for staff to discuss their jobs and highlight any training needs. It was also an opportunity for any poor practice to be addressed in a confidential setting. A member of staff said "I love the team work here. Everyone is so supportive and you can talk to the management whenever you want."

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for. After completing the home's induction programme, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. We met with a member of staff who had recently started working at the home. They told us "My induction has been brilliant and I've had great support. All the staff have been friendly and approachable and had lots of training. I am always being asked if I am happy with everything."

Staff asked people for their consent before assisting them with a task. People told us they were never made to do something they did not want to do. One person said "I do what I please. They [the staff] would never make any of us do something we didn't want to do. They are treasures." We heard staff regularly asking one person if they wanted to be assisted back to their room after lunch and they respected the person's wish to remain at the dining room table until they wanted to go to their bedroom.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care plans contained good information about people's capacity to consent to different areas of their care. Where people were unable to make choices for themselves there was information about how a decision had made in their best interests. Staff had received training in the principles of the MCA and demonstrated a good understanding about how to ensure people's rights were respected.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The service had made appropriate applications where people required this level of protection to keep them safe.

Good

Is the service caring?

Our findings

We observed all staff to be exceptionally kind and caring towards the people who lived at the home. People appeared relaxed and comfortable with the staff and with their peers. One person said "The staff are amazing. This is the best place you will ever find." Another person told us "Everything is perfect thank you. All the staff are very kind and attentive." Another said "I feel incredibly well looked after by staff who are very kind and helpful." The home had received numerous letters and cards complimenting the service provided. One read "Thank you for all your kindly care towards me during the last fortnight." Another read Thank you for taking such good care of [person's name] in their final years. The care and kindness shown was first class."

The atmosphere in the home was warm and welcoming. Staff morale was good and there was lots of laughter and friendly banter. Staff were competent and confident when assisting and interacting with people. They communicated with people in a very kind and respectful manner. They were patient where people had difficulties in communicating and were knowledgeable about how to support people. For example one person was unable to express themselves verbally and this caused them great distress. When the person became tearful during lunch a member of staff immediately went to reassure them and the person responded positively to this.

People were treated with dignity and respect. Staff spoke about people in a very warm and respectful way. We observed staff assisting a person to transfer from a chair using a mobile hoist. They took time to explain what was happening and reassured the person throughout the transfer. Staff ensured the person's dignity was maintained throughout by placing a blanket over their legs. Staff supported people to make choices about their day to day lives and they respected their wishes. Throughout the day we heard staff checking whether people were happy where they were and with what they were doing. One person who used the service told us how much they liked the sign which was displayed in the reception area of the home. This read "Our residents do not live in our workplace, we work in their home." The person said "That tells you something doesn't it."

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. All bedrooms were used for single occupancy and were personalised with people's belongings, such as photographs, ornaments and furniture to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

The staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The home had applied for re-accreditation to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The manager made sure people were supported by health care professionals when nearing the end of their lives so they remained comfortable and pain free. The relative of a person who had passed away at the home wrote "In the few weeks that my [relative] was at Cooksons Court, my family and myself found only

compassion, dedication and a caring attitude from all the staff. For this we are eternally grateful. It made the journey to their final death that much easier for us all."

The manager told us that when a person passed away a picture of a butterfly was placed on their bedroom door so that everyone was aware. They said "When a deceased person leaves the home for the final time, they leave by the front door, all the staff come to the reception and the resident leaves through a guard of honour. All the residents are informed of the death of a resident by a member of the management team so they can pay their respects if they want to. Some residents just like to get together with a sherry."

Good

Is the service responsive?

Our findings

Before people moved to the home they were visited to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. One person told us "When this home was being built [name of previous registered manager] brought me photographs and updates. I chose which bedroom I wanted and we were given colour charts so we could choose the paint we wanted." Another person told us "My [relative] came and had a look around for me. They were amazed and I haven't been disappointed. Someone from the home came to visit me when I was in hospital. They were very nice. We talked about me and what I needed and they told me all about the home."

Care plans we read were personalised to each individual. Staff had a good knowledge about each person and were able to tell us about people's likes and dislikes. Care plans showed that people and/or their representatives had been involved in reviewing their plan of care.

Care plans contained information about how to support people to maintain a level of independence. For example; there was information about what the person could do for themselves and how staff should support them to do this. Examples included washing, dressing, mobilising and making decisions about their day to day lives. We observed staff assisting people in accordance with the person's plan of care. The reablement unit (Pippin) provided nursing care and specialist input to people who had left hospital and who were working towards returning to their home. We observed the focus on this unit was to support people to gain a level of independence which would enable them to live their lives in their own home with minimal support. One person told us "It's a wonderful place. I wasn't doing anything in hospital but here they are helping me to get back to normal so I can go home." Another person said "They [the staff] mustn't do everything for you. That would be too easy and wouldn't help me. The focus is on getting you back on your feet and doing the things you used to do at home."

Staff attended a handover before they commenced their shift. This provided them with information about people's well-being, healthcare needs and treatment.

People were supported to maintain contact with their family and friends. People told us their visitors were welcome at any time and were always made to feel welcome. One person told us "My visitors are always offered refreshments. They tell me they always get a warm welcome when they visit." The design and layout of the home meant people could choose to see their visitors in a number of small, quiet areas. For example, there was a café area as you entered the home with complimentary hot drinks which people could help themselves to. There were also small comfortable areas where people could relax with their visitors. People could also see their visitors in the privacy of their own bedrooms if they wanted to.

People were provided with opportunities for social stimulation. There were designated staff employed who provided group and one to one activities. One person told us "There certainly seems to be a lot going on. I don't always join in but that's my choice." Another person showed us the activity calendar. They said "We

get this every month so you always know what's going on." This showed a variety of activities and social events which included a coffee club, pat dog, bingo, crafts, music and films. On the second day of our inspection we observed lots of people enjoying the weekly 'knit and natter' group. This was very popular and there was lots of chatter and laughter. The manager told us people were knitting various items which were being donated to the local hospice. There was a display in the reception area of the home with the items and photographs of the people who had made them. There was a fully equipped hairdressing salon within the home and a hairdresser visited once a week. There were also regular religious services for people to attend.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Requires Improvement

Is the service well-led?

Our findings

The home does not currently have a registered manager in post however the home was being managed by one of the provider's experienced peripatetic nurse managers. They told us a new manager had been recruited and was soon to commence employment at the home. Once in post the new manager would be making an application to the Care Quality Commission to be registered manager.

The peripatetic manager was supported by a deputy manager and clinical manager. The clinical manager who was a registered nurse, and the deputy manager also worked shifts which meant they could get to know people, monitor the care people received, support staff and ensure staffing levels were sufficient to meet people's needs.

There were audits and checks to monitor safety and quality of care. Every month the manager completed audits which covered all aspects of the running of the home and the health and well-being of the people who lived there. The provider's operations manager also carried out monthly visits to monitor the service. However these systems were not always effective in addressing identified shortfalls or sustaining any improvements made. For example on the Russett unit we found people's care records did not always demonstrate that risks to people were well managed. This related to the monitoring of people's food and drink where they had been at high risk of malnutrition, wound care and assistance to change position where a person had been assessed as at high risk of developing pressure sores. We also found the mealtime experience on the Russet Unit was not well managed resulting in some people waiting for long periods before their meal was served. We also observed that soft diets did not appear appetising. Regular checks on the premises were carried out and any repairs were attended to promptly.

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

The Pippen unit on the second floor provided a reablement service for people who were moving from hospital back to their own homes. This facilitated hospital discharge and enabled people to regain independence and return home more quickly. The home had worked in collaboration with Yeovil District Hospital to provide this service and the provider told us "This was initially a pilot service that received local and national recognition through the media and award nominations, and was considered innovative for its close partnership working between a local care home provider and a wide range of health and social care professionals." We were provided with a report which showed the average length of stay in hospital had significantly reduced and "42% of patients required a reduction in their predicted care packages upon discharge from Cooksons Court." The report also contained very positive feedback from people who had spent time at the home before returning back home. One person commented "There are no words to express my gratitude, thank you with all my heart. I've been born again."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. There was a team of registered nurses, senior care staff and care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and the

responsibilities which came with that. Catering, domestic, administrative and maintenance staff were also employed. This meant nursing and care staff were able to dedicate their time to supporting the people who lived at the home.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. In addition there was a handover meeting at the start of every shift to ensure all staff were kept up to date with people's care needs.

As well as observing practice and auditing paperwork, the quality assurance system included themed conversations with people who used the service, their representatives and staff. This enabled the provider to gauge people's satisfaction and views on specific areas of the service. Results of a recent survey had been positive.

Once a year one of the provider's trained representatives carried out Dementia Care Mapping (DCM). This is is an established approach to achieving and embedding person-centred care for people living with dementia and is recognised by the National Institute for Health and Clinical Excellence (NICE). The DCM observations helped staff to see care from the point of view of the person living with dementia. We read the results of a DCM observation which had been carried out last year on one of the units in the home (Bramley). Findings had been positive. We saw action had been taken to address areas which required improvement. These included the way meal trays were laid and displaying the day's menu.

The service sought people's feedback and took action to address issues raised. The provider operated a 'You Said, We Did' system to show how people's suggestions had been dealt with. As a result of requests from people living in the home their meal suggestions had been added to the menus and suggested DVD's and music CD's had been purchased. In response to recent suggestions, posters had been displayed which showed the actions taken.

There were regular meetings for the people who lived at the home and their representatives. The minutes of a recent meeting showed people had discussed activities they enjoyed and those which they did not enjoy. The cook was present at the meeting and people's views were sought about the menus and people's preferences for sandwich fillings. People were also asked about the types of flowers they would like to be planted in the garden.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

Significant accidents/incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. We have no reason to believe we have not been informed of significant incidents which have occurred within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of receiving unsafe and ineffective care and treatment because care records relating to risks associated with the management of people assessed at high risk of malnutrition and at high risk of developing pressure damage to their skin and the management of pressure sores were incomplete and not reflective of the plan of care. Regulation 12(1)&(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor and improve the service people received were not always effective in addressing shortfalls or sustaining improvements which could impact on the care and welfare of the people who used the service. Regulation 17(1), (2)(a), (b) & (f)