Family Star Limited

Shirley View Nursing Home

Inspection report

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Tel: 02086435680

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 26 January 2016 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 4 July 2014, where we found the service was meeting all the regulations we looked at.

Shirley View provides accommodation, nursing and personal care for up to 22 people. The service specialises in supporting older people who are living with dementia. There were 17 people residing at the home when we visited.

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

The provider had failed to notify the CQC without delay about all the incidents and events that had affected the health, safety and welfare of people living at the home. This had included several falls which had resulted injuries to people and the authorisation of applications by the local authority to deprive people of their liberty. This meant the CQC could not follow up what action the provider took in relation to these incidents because we had not been made aware of their occurrence.

The provider did not always operate effective governance systems to assess, monitor and improve the quality, safety and experience of people using the service. Although the owner, manager and senior staff all told us they regularly carried out a range of checks to assess and monitor standards within the home, we found no recorded evidence that demonstrated these audits were documented along with any actions taken by the provider to remedy any issues they had identified.

The provider's arrangements for ensuring staff were suitably supported by their managers were inconsistent. We found that most staff had not attended individual supervision (meetings) with their line manager for over six months or had their overall work performance appraised yearly. This meant staff might not have enough opportunities to reflect on their working practices, discuss work related issues or concerns and any learning and development needs they felt they had.

We identified three breaches of the Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

We have also made a recommendation about the home's environment and design not being as dementia 'friendly' as it could be.

People were happy with the standard of care provided at Shirley View. We saw staff looked after people in a

way which was kind and caring. Our discussions with people using the service and their relatives supported this. People's rights to privacy and dignity were also respected. When people were nearing the end of their life they received compassionate and supportive care.

People were safe living at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies.

We saw people could move freely around the home. The provider ensured regular maintenance and service checks were carried out at the home to ensure the building was safe.

The provider had carried out appropriate checks to ensure they were suitable and fit to work at the home. There were enough suitably competent staff to care for and support people. The manager continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service. Staff were suitably trained and knowledgeable about the individual needs and preferences of people they cared for.

People were supported to maintain social relationships with people who were important to them, such as their relatives and friends. There were no restrictions on visiting times and we saw staff made people's guests feel welcome. Staff encouraged people to participate in meaningful social, leisure and recreational activities.

People were supported to keep healthy and well. Staff ensured people were able to access community based health and social care services quickly when they needed them. There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well. People received their medicines as prescribed and staff knew how to manage medicines safely.

The views and ideas of people using the service, their relatives, health and social care professionals and staff were routinely sought by the provider and used to improve the service they provided. People and their relatives felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the condition applied to the authorisation.

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 told us the home was safe. Staff knew how to recognise abuse and take appropriate action to ensure people were protected. There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the premises and equipment were carried out to ensure these did not pose a risk to people.

People were given their prescribed medicines at times they needed them.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always properly supported by managers. This meant staff had limited opportunities to look at their own personal development or discuss how they could improve the service they provided people. We also found the home's environment and design was not as dementia friendly as it could be. Staff were suitably trained to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. When complex decisions had to be made staff involved families and health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. The service worked closely with local community based health and social care professionals. When people needed health care and support from external health and social care professionals, staff ensured people received this promptly.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to the people using the service and ensured their needs were always met. People's views about their preferences for care and support had been sought and were fully involved in making decisions about the care and support they received.

People also received compassionate and supportive care from staff when they were nearing the end of their life. Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

Is the service responsive?

Good

The service was responsive.

Care was focused on what was important to people and how they wanted to be supported. People's care plans were developed and reviewed with their involvement and contained detail information that enabled staff to meet their needs.

People had regular opportunities to participate in a variety of meaningful activities that reflected their social interests.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had breached their legal obligation to submit information to the CQC without delay regarding the occurrence of any incidents and events that might affect the health and wellbeing of people living at the home.

We found the systems the provider had established to monitor the safety and quality of the service they provided were not always operated effectively. This meant errors might not be identified quickly and appropriate action taken to rectify problems.

The views of people who lived at the home, their relatives, staff and external health and social care professionals were

welcomed and valued by the provider.

Shirley View 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 inspection took place on 26 January 2016 and was unannounced. It was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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 information about the service such as notifications they are required to submit to the CQC.

During our inspection we spoke with four people who lived at the home and three of their visiting relatives/friends and a local GP. We also talked to the owner, managing director, registered manager, deputy nurse manager and three care workers. We spent time observing care and support being delivered in communal areas. 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 cannot talk with us. We also looked at various records that related to people's care, staff and the overall management of the service. This included five people's care plans and thirteen staff files.

After the inspection we received written feedback about the home from the relatives of two people who lived there.

Good

Is the service safe?

Our findings

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt safe living at Shirley View. One person said, "We're all very safe here. The staff see to that." There was a procedure in place for staff to follow if they had any concerns about a person, which included reporting their concerns to the manager or to another appropriate body such as the local authority. Staff had received up to date training in safeguarding adults at risk and knew how to protect people from abuse and neglect. Staff explained to us the signs they would look for to indicate someone may be at risk of abuse and the actions they would take to protect them. One member of staff told us, "We've all [staff] had safeguarding training and I'm pretty confident people are aware who to contact if they suspect people living at Shirley View were being harmed in anyway."

Where there was risk of harm to people, there were plans in place to ensure these were minimised. Records showed staff had assessed how people's circumstances and needs might put them at potential risk of injury and harm in the home and the wider community. Information from these assessments was then used to develop risk management plans which instructed staff how to minimise these risks. For example, if staff needed to use a mobile hoist when supporting a person transfer from one place to another detailed guidance on how to do this in a safe way was included in their care plan. Staff demonstrated a good understanding of the specific risks each person might face and the support they needed to remain safe. We observed staff use appropriate moving and handling equipment and techniques to help people with mobility needs transfer safely from a chair they were sitting into their wheelchair. Two members of staff also gave us good examples of when people would receive additional one to one staff support if they became anxious or chose to access the wider community.

There was a range of contingency plans to help people using the service, visitors and staff deal with foreseeable emergencies. We saw records that provided guidance for staff on how to protect and keep people safe in the event of an emergency. For example, in the event of a fire, a fire safety risk assessment had been developed. Staff also carried out regular fire drills to test the effectiveness of the fire evacuation procedure and emergency plan. Staff were aware what to do in the event of the fire alarm being activated and records showed they had all received basic fire safety training.

The environment and the equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. We saw the environment was free of unnecessary obstacles or objects that could pose a risk to people's safety. We also saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use. Regular service and maintenance checks of the premises and equipment had been undertaken in accordance with the manufacturer's guidelines. This included regular checks of mobile hoists, the lift, fire alarms, extinguishers, emergency lighting, portable appliances and gas heating systems.

There were sufficient numbers of staff deployed throughout the home to keep people safe. A person's relative told us, "The majority of times I have visited there has been enough staff on duty." During our inspection we saw staff were always visibly present in the main communal area and were prompt to support

people when needed. ." For example, we saw staff responded immediately to people's requests for a drink. Our discussions with people using the service and their relatives supported this. Another person's relative told us, "I visit the home quite regularly these days and there always seems to be plenty of staff on duty when I'm here." The staffing rota for the service had been planned in advance and took account of the level of care and support people required each day. For example, the rota considered people's scheduled appointments outside of the home when planning staffing levels so that there were enough staff on duty to support them safely. The manager told us they reviewed rotas to ensure there was a good mix of experienced and suitable staff on every shift.

Staff were suitable to support people using the service because the provider operated effective recruitment procedures. Records showed employment checks had been carried out on all new staff before they started working at the home. These included obtaining evidence of their identity, right to work in the UK, relevant training and experience, character and work references from former employers and criminal records checks. All staff also completed a health questionnaire which the provider used to assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. We saw all medicines were kept in the home's locked clinical room and were safely stored away in a medicines cabinet, trolley and fridge. Each person had their own medicines administration record (MAR) sheet which included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. Staff signed these MAR sheets each time medicines had been given and we saw they had been appropriately maintained. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Training records showed staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis.

Requires Improvement

Is the service effective?

Our findings

People were not supported by staff whose work performance was consistently supervised and appraised by their managers. Although most staff told us they felt well supported by the manager and senior staff, records indicated that most staff had not had an individual supervision (meeting) for over six months or had their overall work performance appraised yearly. This was confirmed by discussions we had with the manager and staff. One member of staff told us, "I've had one to one supervisions and appraisals with the manager before, but that was a while ago if I'm honest", while another member of staff said, "We have loads of team meetings here and you can always talk to the manager if you're concerned about anything, but I can't remember the last time I had a proper supervision meeting with them". This meant staff might not have enough opportunities to reflect on their working practices, discuss work related issues or concerns and any learning and development needs they felt they had.

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

People received care and support from staff who were appropriately trained. One relative said about staff, "They all seem to know what they're doing", while another told us, "I think staff do a proper job here. They know what my [family member] wants and needs". Staff received training in topics and subjects which the provider considered relevant to their roles and responsibilities. This included dementia awareness, moving and handling and, infection control. Staff training records were monitored by the provider and manager to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date.

All new staff were required to work towards achieving the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. All staff confirmed they received regular training which they said helped them to meet the needs of people they supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed staff assessed people's level of understanding and ability to consent to the care and support they needed. Where people lacked capacity to make specific decisions we saw people's family members or where appropriate an independent mental capacity advocate (IMCA) and healthcare professionals were involved by staff in making decisions that were in people's best interests. All staff had

received training in relation to the MCA and DoLS. The manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.
Staff supported people to eat and drink sufficient amounts. People told us the food they were offered at Shirley View was "good" and that they were always given a choice at mealtimes. One person said, "Ninety percentage of the time the food we have here is pretty good." People's relatives were equally complimentary about the quality and the variety of the meals provided. One relative told us, "The other day my [family member] didn't like the main meal choices on the menu that lunchtime so the staff offered to make them cheese on toast instead, which is their favourite."

People's nutrition and dietary needs had been assessed and were regularly reviewed. Each person had a personalised eating and drinking plan. This set out their needs and preferences for how and what they ate and drank and the level of support they required from staff to do this. The meals planned and prepared by staff took account of people's needs. Where people had specific nutritional needs there was detailed guidance for staff on how this should be met. For example, some people had difficulty eating and swallowing so staff ensured they ate a diet of soft and pureed foods. Staff demonstrated a good awareness of people's special dietary requirements and the support they needed. Where people were assessed as being at risk of malnutrition or weight loss, appropriate action had been taken by staff to refer them to specialist health care professionals, such as a dietitian. Staff also closely monitored and recorded the dietary intake of people identified at risk of malnutrition on a daily basis, which ensured they had all the information they needed to determine whether or not they were eating and drinking sufficient amounts to remain hydrated and well.

People were supported by staff to maintain their health. The care and support people needed from staff to stay healthy and well was documented in their records. These contained important information about the support people required to manage their health conditions and the access they needed to healthcare services such as the GP or dentist. People's healthcare and medical appointments were noted in their records and staff ensured people were supported to attend these. Outcomes from these appointments were documented and shared with all staff so that they were aware of any changes or updates in the level of support people required. People also had a hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

People told us Shirley View was a comfortable place to live. One person's relative said, "The home always looks well maintained and clean." However, we saw signage used in the home to help people identify important rooms or areas such as their bedroom or the lounge, varied considerably. For example, although we saw there were some signs up in the home to help people identify toilets and bathrooms, most bedroom doors lacked any visual clues in order to make the room more recognisable to people. We discussed this matter with the manager who agreed to put up easier to understand signs and visual clues throughout the home, including having an individual's name, family photographs or familiar objects displayed on or near a person's bedroom door. This might help people living with dementia orientate themselves and find their way around the home more easily.

We recommend that the service seek relevant guidance and research on environment and design for people living with dementia.

Good

Is the service caring?

Our findings

People spoke positively about the home and were enthusiastic about the professionalism shown by the staff who worked there. People typically described staff as "kind" and "caring". One person told us, "Staff are good to me", while another person said, "I like it here a lot, especially the staff". Feedback we received from people's relatives was equally complimentary about the standard of care and support provided by staff at the home. One relative told us, "It's a real home from home, and in no way institutional. Absolutely no regrets about placing my [family member] here", while another relative said, "Shirley View is a very good service. The carers are fantastic". The results of the providers most recent satisfaction survey carried out in 2015 showed us people's relatives were on the whole satisfied with the standard of the care their family members received at the home.

People looked at ease and comfortable in the presence of staff. Throughout our inspection we heard conversations between staff and people living at Shirley View were characterised by respect, warmth and compassion. For example, staff referred to people by their preferred names during conversations. It was also clear staff knew people well which was evidenced by their knowledge of people's life histories. For example, two members of staff knew where people using the service had previously lived and what their occupations had been.

Staff ensured people's right to privacy and dignity was upheld and maintained. People told us staff were respectful of their privacy. We observed when supporting people with their care and support, staff ensured this was done in the privacy of people's rooms so they could not be overseen or overheard. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring bedroom, bathroom and toilet doors were kept closed when they were supporting people with their personal care and respecting their privacy when people wished to be left alone.

Staff were warm and welcoming and placed no restrictions on visitors. Relatives told us they could visit with their family members at any time. One relative said, "Staff are approachable and welcoming when visiting."

People were supported to express their views regarding how their needs should be met. People's relatives told us their family members were able to make decisions about what happened to them and could choose what time they got up, went to bed, what they wore, what they ate and what activities they participated in each day. One said, "My relative has been asked if they want something different if they will not eat what is given to them when I have been present." During our inspection we saw staff used various pictures and photographs to help people choose what they would like to eat for their lunch. We also observed staff gave people the time they needed to communicate their needs and wishes and then acted on these. For example, when one person expressed a wish to have a sandwich for their lunch instead of a hot meal, staff made sure this happened.

In cases where people could not make important decisions and they did not have relatives to support them, records we looked at and comments made by the manager showed us people were encouraged to have an independent advocate to represent them. For example, when applications were referred to the local

authority to deprive people of their liberty because they lacked capacity and did not have any relatives to represent them, the service ensured IMCA's were appointed to represent these individuals during the assessment process.

People were encouraged and supported to be as independent as they wanted to be. People told us they could move freely around the home. During our inspection we observed one person use the lift and come and go from their unlocked bedroom to the main communal areas as they pleased.

When people were nearing the end of their life they received compassionate and supportive care. People told us they had been able to take part in discussions with staff about the end of life care they wished to receive. We saw what people had decided about how they wanted to be supported with regards to their end of life care was reflected in their care plan. Staff told us they had received end of life care training. This was confirmed by discussions we had with the manager.

Good

Is the service responsive?

Our findings

People were supported by staff to contribute to the planning and delivery of their care. A relative said, "We were asked what our [family member] liked to eat and do before they moved in and we often meet the manager to talk about how it's all going." Records showed people regularly attended meetings, along with their family members and/or other people involved in their care, such as social workers, to discuss how support should be provided. Information from these discussions informed people's individual support plans. These set out how people's needs would be met by staff.

People's care plans were personalised and informative. They took account of people's needs and wishes, abilities and likes and dislikes. They also included detailed information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to deliver their care and support. All the care plans we looked at included additional information about people's life history and the names of people who were important in their lives.

Staff told us the care plans they used at Shirley View were useful documents and provided them with enough clear guidance about how they should be meeting the personal needs and wishes of everyone who lived at the home. One member of staff told us, "The care plans we use here are person centred and provide us with lots of useful information about the people we support." It was clear from discussions we had with staff that they knew people well and had a very good understanding of their specific needs and how these should be met. For example, one member of staff knew what food and activities one person using the service preferred, which we saw was recorded in their care plan.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker. A keyworker is a member of staff responsible for ensuring a person's care and support needs are being met. Records showed keyworkers regularly reviewed care plans and any changes that were needed to people's care and support were acted upon immediately by staff. Annual reviews of people's care and support needs were also held. These had been attended by people using the service, their family members and/or representatives, social workers and staff involved in people's care. This ensured care plans remained accurate and current.

People were supported to maintain relationships with people that mattered to them. Care plans identified all the people involved in a person's life. People were encouraged to take part in activities and attend events with their friends and relatives in the home. For example, celebratory events such as birthday's and festive parties were regularly held at the home and friends and relatives were all invited to attend.

People were supported to participate in meaningful social activities. One person's relative told us, "I think the activities have picked up lately. They [activities] slacked off for a bit, but definitely more for people to do now", while another relative said, "There always seems to be something going on when I visit." During our inspection we observed the home's activity coordinator organise a game of skittles and various board games and puzzles in the lounge for people to join in with if they wished. We saw there was a detailed calendar of activities available to advise people of what had been planned. The range of activities was wide

and included gentle exercise classes, aromatherapy, art and craft sessions, music, and visiting the local shops and cafes. Care plans reflected people's social interests. Staff told us activities were planned and led by the home's full and part-time activities coordinators.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People's relatives told us they were comfortable raising any concerns they might have with the manager and were confident they would be listened too. One relative said, "I have made a complaint about the food here before and the manager sorted it out straight away at the time." We saw the provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. We saw a process was in place for the manager to log and investigate any complaints received which included recording any actions taken in response to resolve these.

Requires Improvement

Is the service well-led?

Our findings

People using the service and relatives told us Shirley View was well-managed. People talked positively about how approachable and supportive the manager and staff who worked there were. One person's relative told us, "As far as I'm aware the home has always been well run. It's a proficient service", while another relative said, "I think it's a very well run home".

Notwithstanding what people and relatives told us about Shirley view, records we looked at indicated that in the past 12 months several incidents had occurred at the home, including a number of falls that had resulted in injuries to people and the granting of applications submitted to the local authority to deprive people of their liberty. It was clear from records we looked at and discussions we had with the manager that all the incidents described above had been appropriately dealt with by the provider at the time. However, the manager acknowledged that they were not aware they had a legal obligation to notify the CQC without delay about these incidents and therefore had not told us about their occurrence. This meant the CQC could not take appropriate action to find out how the provider had dealt with these incidents because we were not notified about them in the first instance.

This is a breach of Care Quality Commission (Registration) Regulation 18 (Notifications of other incidents) 2009.

In addition, the provider did not always operate effective governance systems to monitor and improve the quality, safety and experience of people using the service. The owners, the manager and senior staff told us that between them they carried out a range of checks to regularly assess and monitor standards within the home, such as the accuracy of people's care records, the management of medicines, cleanliness and hygiene in the home, health and safety and staff training and support. However we found not all these audits had been documented along with the actions taken by the provider to remedy any shortfalls or issues they identified during these checks. The manager acknowledged that the outcome of the internal audits described above were not always documented along with any actions they had taken to put things right and remedy issues they had found.

We also found that these monitoring checks were not always effective in identifying shortfalls. For example, the system had failed to identify that not all staff were having one to one supervision (meetings) with their line manager at regular enough intervals or having their overall work performance appraised annually, contrary to the provider's staff supervision and appraisal policy.

These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider used a range of different methods to ensure people could share their suggestions for how the service could be improved. People's relatives told us the manager regularly invited them to meet with them to discuss their family member's care and used annual satisfaction surveys to obtain their views about the home. We looked at the most recent surveys from 2015 and saw people had been encouraged to give

feedback on what could be improved. Other records we looked at, and comments we received from staff, showed us people using the service were encouraged to attend regular house meetings at Shirley View to share their experiences about the home. Recurring topics discussed at these meetings included meals and social activities.

The manager held regular meetings with staff to review how they were achieving the service's objectives in ensuring people experienced good quality care. They used these meetings to encourage staff to share their views about how this could be improved. Staff were aware of their roles and responsibilities towards people they cared for and supported. Staff told us they felt they worked well together as a team and that there were good communication systems in place that enabled them to keep up to date with any changes in the needs of the people they supported. For example, we saw senior staff shared information with all the staff who were coming on duty during shift handover meetings. Information passed on included how people had spent their day, details of any appointments and any changes in people's care needs.

The service was chosen to be part of the Vanguard project, which is a Department of Health initiative being led in the London borough of Sutton by the Sutton Clinical Commissioning Group. The aim of the project is to improve the experiences of people living in care homes located in Sutton by developing new ways of providing care to them and bringing together various health and social care professionals such as community nurses, specialist nurses, falls specialists, and GP services so that people receive the care they need in a timely manner in the care home where they live. Records showed that a local GP and a community based pharmacist were visiting the home on a weekly basis to develop better working relationships with the service, as well as strategies to try and reduce the number of hospital admissions for people using the service. The visiting GP told us the service had responded proactively to all the suggestions they had made to improve the service and to reduce hospital admissions. For example, staff training had been reviewed and updated to ensure it was relevant to providing appropriate care and support for people living with dementia.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the CQC without delay of all the incidents that had affected the health, safety and welfare of people using the service, including injuries and the outcome of any applications made to the local authority to deprive people of their liberty. Regulation 18(2)(4A)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective quality assurance systems to ensure they could always assess, monitor and improve the quality and safety of the services provided and the experience of people living at the home. Regulation 17(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People using the service were at risk of not having their needs fully met by suitably competent staff because they had not received appropriate support or had their work performance appraised by their manager. Regulation 18(2)(a)