

CLS Care Services Limited

The Elms Residential Care Home

Inspection report

Elm Drive
Crewe
Cheshire
CW1 4EH

Tel: 01270584236
Website: www.clsgroup.org.uk

Date of inspection visit:
02 August 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 02 August 2016.

The Elms Residential Care Home is registered with the Care Quality Commission to provide accommodation and personal care for up to 41 residents. The home provides single bedded accommodation and has been adapted to meet the physical needs of people.

There was a registered manager in place. 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.

The service was last inspected on 14 November 2013. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

At this inspection carried out in August 2016, we received mixed feedback from people who lived at the home in regards to the quality of service provided. People told us they were generally happy with the overall service but were sometimes concerned about the staffing levels provided. Relatives, staff and health professionals said staffing levels were not always conducive to meet people's needs.

We looked at staff rotas and considered the general needs of the people who lived at the home. There were a number of people with high support needs. These needs had not been considered at night time when staffing levels were decreased to two staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us there was a shortage of staff at the home and agency staff were used as an interim measure. The registered manager said they were working proactively to manage the staffing situation and promoted consistency of care by using the same agency staff wherever possible.

Suitable recruitment procedures meant staff were correctly vetted before starting employment.

People were protected from risk of abuse. Procedures were in place to monitor incidents which had the potential to cause harm. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable arrangements were in place for managing and administering medicines. Regular audits took place to ensure safe practices were maintained. Staff demonstrated a good understanding of the importance of safe handling of medicines and followed good practice guidance.

Risks to people were not always suitably managed. We identified risks within the environment and noted

risk assessments and supporting documentation was not always present for all people who lived at the home. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Premises and equipment were appropriately maintained. The environment was clean and tidy. A maintenance man was employed part time at the home to manage the safety within the building.

The registered provider had established links with health professionals to enable people to maintain good health. Care plans were developed and maintained for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Feedback on the quality of food provided was positive from both people who lived at the home and relatives. People were happy with the variety and choice of meals available to them. People's nutritional needs were addressed and monitored.

The registered manager had a training and development plan in place for all staff. We saw evidence staff were provided with relevant training to enable them to carry out their role. Staff told us they were provided with training which allowed them to carry out their tasks effectively. Ongoing training was provided for staff to enable them to carry out their tasks proficiently.

Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

Staff were kind and caring. We observed positive interactions throughout the inspection visit. Relatives praised staff for their caring natures.

Relationships with families were encouraged. The service ensured visitors were welcomed to the home.

The service fostered an open and transparent culture. Complaints were dealt with in a timely manner and changes were implemented following complaints being raised.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment. Staff described teamwork as "Good."

The registered provider had a range of assurance systems to monitor quality and effectiveness of the service provided. Feedback was gained from all parties as a means to develop and improve the service.

There was regular communication between management and staff.

You can see what action we have asked the provider to take at the back of the full 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 consistently safe.

People who lived at the home told us they sometimes felt safe.

Deployment of staffing did not always meet the needs of people who lived at the home.

Processes were in place to protect people from abuse. Staff were aware of what constituted abuse and how to report it.

Suitable arrangements were in place for management of all medicines.

The registered manager had recruitment procedures to assess the suitability of staff.

Is the service effective?

Good 

The service was effective.

People's needs were monitored and advice was sought from other health professionals, where appropriate.

People's nutritional and health needs were met by the registered provider.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good 

Staff were caring.

People who lived at the home, relatives and visitors were positive about the attitude and behaviours of staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system in place to ensure all complaints were addressed and investigated in a timely manner.

There was a variety of social activities on offer for people who lived at the home.

Is the service well-led?

Good ●

The service was well led.

The registered manager had good working relationships with the staff team and all staff commended the manager's skills and abilities.

Regular communication took place between management, staff and people who lived at the home as a means to improve service delivery.

The Elms Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector and one inspection manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this document to inform our inspection planning. In addition we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. We contacted the commissioning bodies at the local authority to ascertain their views on the service the home provided. This information helped us plan the inspection effectively.

Information was gathered from a variety of sources throughout the inspection process. We spoke with five people who lived at the home, two relatives and two health professionals who visited the home to obtain their views about service provision.

We spoke with eight members of staff. This included the manager, three members of staff who provided direct care and four ancillary staff.

We looked at a variety of records. This included care plan files relating to four people who used the service and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification and training records.

Is the service safe?

Our findings

Two people who lived at The Elms Residential Home told us they felt safe. Feedback included, "I feel safe." And, "I feel comfortable in my own room."

We used this inspection to look at staffing levels to check suitable numbers of staff were deployed to keep people safe. Although two people told us they felt safe, we found people were not kept safe at all times.

People told us staffing levels did not always meet their needs. Feedback included, "They are short staffed. I have to wait for help." And, "There is not enough staff. The staff tell us that." And, "There is never enough staff. They have a lot to do."

Comments from relatives regarding staffing levels included, "Staffing levels seem a bit understaffed." And, "They are struggling at the moment with staff."

We asked staff their views on staffing levels. They expressed dissatisfaction with the current staffing arrangements. Feedback included, "At the previous home I worked there were more carers. We had time to sit and chat with people." And, "I usually work five days but I am doing six this week." And, "We could do with extra staff. We tend to rush around, mornings and lunchtimes are always busy." And, "Staffing levels are not too good."

Health professionals we spoke with felt staffing levels did not always reflect people's needs. They said an increase in the number of staff would be of benefit to the people who lived at the home and would improve oversight and safety.

On the day of the inspection visit there were 41 people living at the home with four staff on duty. The registered manager explained the senior member of staff was responsible for administrative tasks and the medicines and the remaining three staff were delegated responsibility in a zone of the building. Staff were responsible for ensuring people were cared for within their own zone. On a day shift one staff member would have overall responsibility for up to thirteen people. The registered manager said staffing levels reduced to two members of staff at night time. We looked at four weeks staff rotas. These confirmed four staff would be on day shifts and staffing levels reduced from four members of staff to two during the night.

The home consisted of five communal lounges and one dining room. Six bedrooms were located on the first floor. We were told by the registered manager people had freedom to walk around all communal areas. During the course of inspection we looked around the building. We noticed a low staff presence and low oversight on the welfare of people. For example, we observed one person was confused and looking for their bedroom. Twice they left a communal area to find their room but could not find anyone to guide them to their room. The person became upset as they could not find the way to the place where they felt safe. We had to intervene and seek out a member of staff to help this person.

On another occasion we visited a person in their bedroom. The person was still in bed. They told us they had

been waiting two and quarter hours for staff to help them to get up. We called for staff assistance. It took four minutes for the buzzer to be answered.

We looked at evacuation plans developed to assist staff in the event of an emergency. The registered manager had completed an evacuation plan for each person who lived at the home. This demonstrated only four people who lived at the home would require no assistance, eleven people required the use of wheelchairs, fourteen people required mobility aids to mobilise and six people required transferring on evacuation mats. This demonstrated staffing levels did not allow for people to be evacuated in a timely manner should a full evacuation be required.

We looked at the number of accidents that had occurred at the home. In a period of three months, we noted there were seven reported accidents for one person. Of these seven incidents, six were unwitnessed. This demonstrated there was low oversight of this person at the time of the accident.

We raised our concerns with the registered manager they told us staffing levels were dictated by their central office. They said extra staff could be deployed should a person require extra support or were at the end of life and required additional support.

During the course of the inspection staff told us a number of staff had recently left employment and a number of staff were absent through ill health. Staff said this impacted upon them as they were asked to work extra shifts above their contracted hours. One staff member said, "It is getting tiring."

We spoke with relatives about staff turn-over. One person told us their relative had been at the home for a number of years. They said, "I fear for the future. Staff are leaving."

We asked the registered manager about the arrangements for covering staff absence. The registered manager said they were in the process of recruiting staff to fill the vacant positions. They were using agency staff when permanent staff could not cover extra shifts. They told us they tried to book the same agency staff member to promote consistency of care. We looked at the staff rota and in one week we noted there were eleven shifts covered by agency staff.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014 as the registered provider had failed to ensure there were adequate numbers of staff deployed to meet the needs of the people who lived at the home.

We looked at how risks were managed by the registered manager. We found risks were not always suitably managed. Call bells and alarms were not consistently monitored. We noted one person in their bedroom did not have ready access to a call bell. This meant they may not be able to summon help in an emergency. Another person had a trigger mat in their bedroom. There was a trailing wire upon the floor. This presented as a trip hazard. We discussed this with the registered manager, they said staff were supposed to observe these wires and ensure they were not present. This had not happened on this occasion. We noted a laundry door had a sign upon it reminding staff to lock the door. This was unlocked on the day of the inspection visit. We noted there had been an incident where one person who lived at the home had fallen after falling against and opening another cupboard door that should have been locked for fire prevention.

As part of the inspection process we looked at files relating to four people who lived at the home. This included two people who were on respite care. We identified one person was at risk of falls. There was no falls risk assessment to manage and reduce this risk. Another person required oxygen to be administered daily. We found no risk assessment was in place for safely storing and managing the oxygen. A pre-

admission assessment had been carried out for one person and identified the person at risk of malnourishment. We found documents within the care records relating to meeting these needs were incomplete. Another person was identified at risk of developing pressure ulcers in April 2016. A pressure mattress was not put in place until July 2016.

We spoke to the registered manager about the concerns we had identified. The registered manager acknowledged processes for managing and addressing risk had not been suitably carried out by staff. The registered manager agreed to take immediate action to ensure these risks were assessed and documented. They said they were going to look at documentation of records and audit systems.

This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014 as the registered provider had failed to ensure risks were appropriately assessed and managed.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Full employment checks were carried out prior to staff starting work. Two references were sought and stored on file prior to an individual commencing work; one of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. The registered provider checked this documentation prior to confirming a person's employment. Staff we spoke with confirmed they were not permitted to work without a valid DBS certificate.

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. The registered provider had a safeguarding policy called, 'If you see something say something' which had been developed to encourage staff to speak out and report incidents of abuse.

Staff were able to describe different forms of abuse and were confident if they reported anything untoward the registered manager would take immediate action. One staff member said, "I would report it to a senior. They would pass it on. I would go to the registered manager if needed."

We looked at how medicines were managed within the home. Medicines were stored securely within a medicines room. Storing medicines safely helps prevent mishandling and misuse. The medicines room was air conditioned to ensure medicines were stored at the optimal temperatures. Tablets were blister packed by the pharmacy ready for administration. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis".

Controlled drugs were stored in a separate secure cabinet and the registered provider maintained a register of all available stock. We checked the contents of one controlled drug and noted the stock and controlled drugs register matched up.

We observed medicines being administered to three people. Medicines were administered following good practice guidelines. Medicines Administration Records belonging to each person had a photograph upon them so the person could be identified prior to medicines being given. They clearly detailed any known allergies of the person. This minimised any risks of people being administered medicines which may cause harm.

The registered manager had designated one staff member to be responsible for ordering and managing medicines. This staff member carried out regular audits to ensure medicines had been administered and managed correctly. Discrepancies were reported to the registered manager so action could be taken where appropriate. The registered manager carried out regular observations of staff administering medicines to ensure they were competent to do so. An annual audit of medicines management was carried out by the pharmacist who supplied the medicines. This showed that an objective person had oversight of all medicines management at the home.

As part of the inspection process we looked around the home and found it was clean and tidy. Window restrictors had recently been fitted to all windows. Sinks had thermostatic valves on them to prevent people from scalding. We checked the water temperature in several bedrooms and one bathroom. We found the initial water temperature was uncomfortable to touch. We discussed our findings with the registered manager they said they had been having some on-going problems with the water temperature and they agreed to investigate this further. We received confirmation following the inspection visit this had been remedied and resolved.

Equipment used was appropriately serviced and in order. Fire alarms and equipment had been serviced within the past twelve months. We spoke with the maintenance man about their role within the home. They were aware of their responsibilities in maintaining a safe environment.

Staff were aware of infection control procedures and the need to follow infection control processes. The registered manager undertook regular hand hygiene audits to ensure staff were correctly washing their hands. These audits were documented and stored in staff files.

Is the service effective?

Our findings

One person who lived at the home said, "The staff are pretty good."

Relatives praised the effectiveness of the service. One relative said, "The care is brilliant. Another relative said, "My [relative] has brightened up since they have come in here."

Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. People who lived at the home had regular appointments with general practitioners, dentists and chiropody. On the day of inspection visit we noted a District Nurse was visiting the home to check the well-being of people who lived there.

The registered manager said they encouraged people to maintain their own doctor when they moved into the home. They said this was important as it promoted continuity of health care. We spoke with one person they told us staff would consult their doctor if they asked them to do so.

On the day of inspection visit we observed an optician was visiting the home. The registered manager said they had invited the new optician into the home as they offered a more person centred service. They said findings from eye tests were clearly explained. This enabled people and relatives to have more understanding and allowed them to be more empowered when making decisions in regards to their eye care.

We asked people who lived at the home and relatives about the foods on offer. People we spoke with were happy about the quality and choice of foods available. Feedback included, "There is always enough food." "Staff will make me a cup of tea and a sandwich if I ask." And, "The food is very good." And, "I have eaten more since I came in here. I am hoping to put weight on."

We looked at how people's nutritional needs were met by the service. The cook told us they were aware of people's dietary needs and catered for these. This included people on low sugar diets and people who were vegan. When people were at risk of malnutrition they fortified diets and kept a record of what people had eaten and the amounts. The cook said they amended menus to meet preferred needs as well as medical needs. The registered provider issued the home with a menu plan. The cook said they had spoken with people who lived at the home and had made some amendments to the menu when people had expressed some dissatisfaction.

The catering team had knowledge of the Food Standards Agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

We observed lunch and evening meals being served in the dining room. Tables were decorated with linen

tablecloths and napkins. Meals were not rushed and people were offered a variety of choices.

The service considered people's hydration needs and offered drinks throughout the day. A selection of drinks and snacks were offered throughout the day in between mealtimes. Each communal area had a kettle, fridge and tea and coffee so could make their own drinks. Visitors were invited to help themselves to drinks.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Staff told us they were provided with training on a regular basis. Training was provided by the services locality trainer and was mainly in-house training. Each staff member had a personal training and development plan which detailed their completed training and training needs.

We spoke with a member of staff who had been recently employed. They told us they undertook an induction period at the commencement of their employment. This involved completing required training and shadowing more senior members of staff. They told us they were happy with the induction process.

We spoke with staff about supervision. Staff confirmed they received supervision from one of the seniors who worked at The Elms Residential Home. They said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. One staff member said "Supervisions occur about every three months but we can speak to seniors or [registered manager] whenever we need to."

We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. Capacity assessments had been carried out when a person was deemed as lacking capacity and best interest's procedures were followed. We spoke with staff to assess their working knowledge of the MCA. All staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We spoke with the registered manager about the Deprivation of Liberty Standards. (DoLS.) The registered manager told us staff had completed DoLS training. The registered manager had a good understanding of DoLS. We saw applications had been made to deprive people of their liberty when required.

Is the service caring?

Our findings

People were complimentary about staff. Comments included, "The staff are smashing." And, "Staff are kind."

We observed positive interactions throughout the inspection between staff and people who lived at the home. During the course of the inspection visit one person lost their balance. The cook was passing by and broke the person's fall. The registered manager came to the person's attendance when help was summoned. Staff enquired if the person was okay and made them as comfortable as possible until further help arrived. They treated the person with dignity and respect when reassuring the person.

We observed one person sitting in a communal area alone. A member of staff came into the area and noted the person was alone. The person asked for a drink. The staff member agreed to make a drink and apologised to the person as they had had to wait. They noted the person wanted company and they began talking with them. This turned into a sing-along and both people started smiling. The staff member apologised to the person when they had to leave. They explained clearly why they were leaving and reassured the person they would return. They then joked with the person saying, "No running off." The person laughed. This demonstrated people were comfortable in staff presence.

We observed one person telling a staff member they were feeling cold. The staff member responded straight away and went to find a blanket so the person could be made comfortable. The staff member returned with a blanket and adjusted the person's cushion with their consent as they looked uncomfortable.

People were treated with patience. We observed one person taking their time swallowing their medicines. Staff did not rush the person and waited for them to swallow each tablet. Staff made light conversation with the person and sat next to them gaining eye contact so they did not make the person feel threatened. When the person had finished taking their medicine the member of staff tenderly stroked the cheek of the person before leaving. This made the person smile.

Privacy and dignity was addressed. We observed staff knocking on people's doors before entering to ensure people were happy for them to enter their private space.

We observed a compliment received at the home from a relative. The person had thanked staff for the way in which they cared for their relative and stated, "Thank you. You all treated [relative] with concern and respect."

All the relatives we spoke with commended the service on the hospitality provided. Relatives said they were welcome to visit at any time and could have privacy if wanted. Relatives and visitors were able to use the facilities in the communal areas to make drinks for themselves and the people they were visiting. This enabled people to feel at ease within the home.

The usage of advocacy was promoted by the registered manager. The registered manager said when people did not have family they sought assistance from other parties who were independent. This promoted the

voices of the people who lived at the home.

Is the service responsive?

Our findings

Four of the five people we spoke with were happy with the service and said they had never had to raise any complaints. One person said, "I've no complaints."

One person who had recently moved into the home told us they were unhappy as they liked spending time in the communal areas. They said however they were sometimes verbally abused and they felt they did not always feel safe when staff were not around. They told us they did not know how to complain or who to complain to. We discussed our concerns with the registered manager. The registered manager told us they would speak with this person to listen to their concerns.

Relatives told us they had no complaints about the service. They said they had a good relationship with the registered manager if they had any concerns they could speak to them direct. One relative told us they had recently expressed a concern about lost laundry. They were assured staff had taken this concern seriously and were in the process of resolving the matter.

On the day of inspection visit we observed staff routinely asking people and relatives if they were happy with everything. Relatives said staff always took time out to see if they were happy with the service provided. This allowed for any minor concerns to be dealt with before they became a formal complaint.

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained. We saw evidence all complaints received were recorded, investigated, logged and audited by the registered manager.

We looked at care records belonging to four people who used the service. Care records were person centred and contained detailed information surrounding people's likes, preferences and daily routines. This highlighted key points of their likes, dislikes and important factors to consider when supporting them. Peoples consent was sought throughout the care planning process. When people did not have the capacity to consent, discussions were held with family members or their representatives.

Care plans were up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Professional's and relatives were involved wherever appropriate, in developing the care plan. Care plans were reviewed and updated monthly.

We asked people who lived at the home about activities on offer. Feedback included, "There is a lot to do." And, "I like watching my telly in my room."

The registered provider employed an activities coordinator who worked five days a week. We did not see the activities coordinator on the day of the inspection visit. We observed people sitting in communal areas watching TV. We noted there were books and magazines placed in communal areas around the home for people to enjoy. People were also visiting the in-house hair salon to have their hair attended to. We observed some photographs that had been taken whilst people were carrying out activities.

Is the service well-led?

Our findings

Relatives praised the way in which the home was managed. One relative said, "The home is good. I have recommended it to others."

Staff praised the way in which the home was managed. One member of staff said, "[Registered manager] is a good manager." Another person described the manager as, "fair."

All staff said despite their concerns with staffing the home was a good place to work. They said team work between staff was good. Staff said morale had dropped slightly but they still enjoyed their work and the culture of the home. Feedback included, "Everyone is chirpy who works here." And, "We are a good team. We can manage."

The registered manager was open to suggestions and change and said they welcomed feedback from other bodies. They said, "There is always room for improvement. No matter how good we think we are."

We saw evidence actions were taken to improve the service following concerns raised by people and relatives. The registered manager had introduced a system to improve accountability between staff. Staff were responsible for zones and all the allocated tasks within the zones. The registered manager said this increased efficiency and promoted communication between staff.

There was regular communication between staff and managers. Staff received handovers at the commencement of each shift. This enabled staff to be aware of outstanding actions and any concerns prior to starting their shift. Regular team meetings took place to provide direction and clarity to staff. A member of staff said written information was shared with staff in the staff room. One staff member said, "We always know what's going on."

People who lived at the home were consulted with on a frequent basis. The registered manager held residents and relatives meetings for people to express their views on how the service was managed and organised. We saw evidence discussions held within residents meetings were fed back to staff so changes could be implemented. We noted during one residents meeting a person was quoted as saying, "Staff were wonderful."

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires were routinely sent out to residents and relatives within the CLS Group to form the "Your Care Rating" survey. This survey was carried out annually by an independent body. As part of the survey they compared the present years score with the previous year to show where improvements were made and where quality had deteriorated. Within the survey everyone who took part said they were happy living in the home. 90% of people said they were happy with the standard of care provided.

The registered manager had a range of quality assurance systems. These included care plan, accident,

medication, meal time, hand hygiene and staff training audits. The registered manager said they used the audits as part of a continual improvement plan. Following some of our findings however the registered manager said they planned to review their systems to make them more effective.

The registered manager said support from other departments within the service was good. They were supported by a training locality lead, and a head of service. The head of service visited the home to ensure audits were complete and to support the registered manager. The registered manager said they were supported by other home managers within the group through attendance at home managers meetings.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure risks were appropriately assessed and managed
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure there were suitable numbers of staff deployed to meet the needs of the people who lived at the home.