Anchor Carehomes Limited

Bloomfield 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 took place on 21 and 22 November 2016 and was unannounced. Bloomfield Court provides accommodation for 47 people who require personal care. People who live there have a range of conditions related to old age including living with Dementia. At the time of our inspection 44 people were using the service.

At our last inspection in August 2015 the provider was not meeting regulations associated with the Health and Social Care Act 2008 which related to safe management of medicines. Evidence that we gathered during this inspection showed that improvements were still required.

There was a registered manager in post and she was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Medicine management needed to be improved to ensure people received their medicines as prescribed by their doctor. You can see what action we have asked the provider to take at the back of the report.

People told us they felt safe at the home, and staff had received training to ensure they knew how to recognise and report any concerns. We found risks to people were assessed and action was taken to minimise the risk of harm. People and relatives told us the staffing levels were satisfactory and we received mixed feedback from staff. We did not see that there was any impact on people due to the current staffing levels. Improvements had been made since our last visit to the cleanliness of the home, and systems were in place to monitor this.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Although staff sought people's consent before providing support they were not fully aware of which people were subject to deprivation of liberty authorisations. Staff received training to enable them to have the skills and knowledge for their role. Some staff told us they would benefit from further training in relation to supporting people with behaviours that can be challenging and we saw action was being taken to provide this.

People were encouraged to be independent and their privacy and dignity was respected. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health. Relatives knew how to make a complaint and were confident their complaint would be fully investigated and action taken if necessary. Systems were in place to involve people and their relatives in their care and their feedback was sought.

People and relatives described the registered manager as approachable and they said she was visible in the home. Systems were in place to support staff and to enable them to share their views about working in the

home. Arrangements were in place to assess and monitor the quality of the service; however these were not always effective as they had not identified some of the shortfalls we found on our visit.

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 did not always receive their medicines as prescribed by their doctor. People told us they felt safe and risks to their safety were assessed and action was taken to reduce the risk of harm. There were sufficient staff to meet people's needs. Improvements had been made to the cleanliness of the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff asked people for their consent before providing support but they were unsure which people were having their liberty restricted. Staff had received support and training to enable them to meet people's needs. People enjoyed the meals provided. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Staff were described as kind and caring and they treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in their care plan which was updated when their needs changed. We saw some activities were provided in the home and people were supported to go out more. Relatives knew how to raise a complaint or concern and felt confident issues would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems to monitor the quality of the service provided were not

robust to identify and address the shortfalls in the service. People were encouraged to share their opinion about the quality of the service to enable the manager to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the registered manager.

Bloomfield 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 21 and 22 November 2016 and was unannounced. The inspection was carried out by two inspectors, a Pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with eight people, 10 relatives, 12 staff, the cook, the registered manager and area manager. We looked at the care records for five people. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to five people by reviewing their care records. We reviewed three staff recruitment records, the staff training matrix, 12 medication records and records used for the management of the service; including staff duty rotas and records used for auditing the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in August 2015 the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to unsafe medicine management. We found that improvements were still required.

We looked at the Medicine Administration Records (MAR) for 12 people. Some people had to have their medicine at particular times. We saw that staff made sure that these people had their medicines when they needed them. However, we found that some people were not getting their medicine regularly at night as the medicines round was taking place very late and after many people had gone to sleep. The provider had not made adequate arrangements to ensure these people were getting their medicines as prescribed at a time suitable to their needs. We found gaps on people's MAR charts. This is when there is no staff signature to record the administration of a medicine or a reason documented to explain why the medicine had not been given. We also saw that for two people a medicine had been signed for as being given when it had not. For another person we found a medicine was still in the medicines trolley and therefore the person did not receive it. If medicines are not given as prescribed, a person's healthcare condition may not be well managed.

We saw that medicine was out of stock for five people and the provider had not made adequate arrangements to obtain the medicine on time. We were shown evidence that one of these medicines was out of stock and the GP had been asked to prescribe an alternative. However, there was no evidence to show that the provider had taken reasonable steps to obtain all of the medicine that people needed. Staff applied prescribed creams to people's skin. Records of administration showed that people were not always getting their cream as prescribed. A person's skin may become dry and sore if creams are not applied as often as the doctor intended. We asked for an error log of medicines incidents but we were only shown one significant event involving medicines. There was no recent evidence of reporting, shared learning or meaningful action plans in response to near misses or less significant errors. We saw that staff that were handling and administering oral medicines had received training and regular competency checks. However, members of staff that were applying creams did not have any training or competency checks. Some people that take medicine only when required had clear protocols in place to provide staff with enough information to know when the medicine was to be given. However, these were not always in place for topical medicines, which meant people might not always be given this type of medicine consistently, and at the times they needed them.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine was stored safely in locked trolleys in a locked medicines room. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly. Medicine that had a short expiry date once opened was always dated to ensure that staff knew how long the medicine could be used for.

People who were able and relatives told us that they felt the service was safe. One person told us, "I feel safe here, staff are patient and I'm not rushed'. Another person said, "I get on well with the staff, they look after me very well". One relative said, "They are safe here, well looked after". Another relative told us, "I have not seen or heard anything to make me worry about the safety of my family member". Staff we spoke with knew what action to take to keep people safe from the risk of abuse or harm. Staff were able to describe the different types of abuse and their role in protecting people. A staff member told us, "If I was to witness anyone being harmed I would report it straight away". Records we looked at confirmed that staff had received safeguarding training. The registered manager was aware of her role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed we were kept informed of any issues that had been raised.

Staff we spoke with knew about people's individual's risks and actions they would take to keep people safe. For example some people were at risk of developing pressure sores due to their fragile skin and we saw that cushions were in place to prevent this. Staff told us how they managed risks that people's behaviour presented to themselves and others, and the different techniques they used to support people. For example offering reassurance and redirection. We saw staff transfer a person from their chair to a wheelchair using a hoist. The interaction between staff and the person was positive and unhurried and the staff explained their actions at every stage of the transfer. Relatives we spoke with told us about some of the falls that people had. Records showed that these had been recorded and the registered manager showed us how these had been analysed for any patterns and trends. The registered manager told us about the action that was being taken in order to reduce the reoccurrence of falls. This included referrals to Occupational therapists, medicine reviews, and equipment being used such as motion sensors. This alerted staff when people were moving and could be at risk of falls. Records showed that risk assessments were in place and reviewed as required.

People and relatives we spoke with told us the staffing levels were satisfactory. One person told us, "The staff come when I need them to but they are often rushed and they work very hard". A relative said, "My family member cannot have one to one attention all the time and they have had a couple of falls over the last few weeks, but they [manager] are looking into this". We received mixed feedback from staff about the staffing levels. One staff member told us, "It is really busy in the morning so we could do with more staff then, or when people become anxious and display behaviours. When staff telephone in sick that always has an impact". Another staff member said, "We manage, the staffing levels are okay and we are able to meet people's needs". We heard that some staff had telephoned in sick on the days of our visit. The registered manager and deputy manager tried to cover these shifts with existing staff as they no longer used agency staff. We saw that people's needs were met in a timely manner. We saw that staff were busy supporting people and they did not always have time to spend with people in the lounge areas. When a person became anxious and vocal we saw that there was a delay in this person receiving support. We were advised by the registered manager and staff that it was best for the person to have some space before providing any intervention as this increased their anxiety. We discussed the impact this person's behaviour had on the people and staff. The registered manager confirmed that a dependency tool was in place and that the staffing levels were provided in accordance with this. The registered manager told us that the staffing levels were monitored regularly and were sufficient to meet the needs of the people.

Staff told us that they had completed a range of checks before they started work. Records showed that references had been obtained and checks had been made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who required care. We found there was a gap in two staff member's employment history which had not been accounted for. The registered manager was able to tell us the reasons for these gaps and confirmed the records would be updated with this information.

We saw that improvements had been made to ensure people lived in a clean environment. People and relatives told us the home was kept clean. A person told us, "My room is definitely clean, and my sheets are changed every Wednesday, my washing is fine and I get my own clothes back". A relative said, "Cleanliness is spot on". The registered manager told us that chairs had been replaced, and carpets had been deep cleaned since our last visit. The registered manager also told us that cleaning schedules were checked weekly to ensure all areas of the home had been cleaned. We saw that the covering on some of the dining room chairs had started to split. The registered manager told us that she had already identified this in a recent audit and new chairs would be ordered. Records seen confirmed this. The registered manager told us that the recommendations made in the infection control audit had been addressed and our observations supported this.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found that improvements were required. This was because staff did not have the skills to support people with complex behaviours that challenge, and people's weight loss was not properly managed. We found some improvements had been made in these areas.

Some staff that we spoke with told us they had received some training in relation to managing challenging behaviours. One staff member told us, "I have received the training and we have information in people's care records about the techniques to use". However some staff told us they had not received training and felt they would benefit from this. Records showed that staff had completed this training and some staff were due refresher training. The registered manager told us that they were receiving support from the local authority who were visiting the service to provide guidance about how to support people with behaviours that can challenge. Staff that we spoke with had some knowledge about what could make people become anxious, and how to respond to this. For example by providing reassurance and using distraction techniques.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met and we found they were.

Staff we spoke with had an understanding of the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff members confirmed they had received training. We found that most of the people living at the home had DoLS authorisations in place. However staff we spoke with were uncertain about which people had a DoLS authorisation. A staff member we spoke with said, "I am unsure I think most people are". We saw that some people had conditions on their authorisations. The registered manager and the staff we spoke with did not know which people had conditions or what these conditions were. This meant the registered manager and the staff would not be aware of what actions they needed to take to reduce the impact of the deprivation so that their care was delivered in the least restrictive way possible. The registered manager confirmed action would be taken to address this to ensure she had the knowledge. She advised this information would be provided to staff. We reviewed the conditions on some people's authorisations and we found these were being met despite their being a lack of knowledge about these.

We saw and heard staff asking people's consent before providing support. We saw that staff took time to explain to people what they were doing and staff were aware of people who needed support to understand their choices. Relatives we spoke with confirmed this. One relative said, "The staff always explain what they

are doing". Another relative said, "The staff ask our family member's permission before they do anything". A staff member told us, "I always ensure I gain people's consent before I provide support. It is important people are supported to make their own decisions where this is possible".

We found that improvements had been made and staff were monitoring people's weight loss and following the guidance provided by external healthcare professionals. Staff knew which people where at risk of not eating and drinking enough. Staff were aware of which people required a fortified diet and this was provided. We saw that information relating to this was available for the staff to refer to in each of the dining areas. Opportunities to increase calorie intake was promoted and people were provided with milky drinks and snacks. We saw that where people had difficulties in swallowing food, soft and pureed meals were available.

People who were able to speak to us told us they enjoyed the food provided. One person said, "We have choices and I enjoy the food it is nice". Relatives we spoke with told us their family members liked the food. One relative said, "They have protected meal times here, the food always smells nice and my family member eats well". We saw that people were offered drinks throughout the day, and people who needed support received this in a dignified manner. We saw that people were offered a choice at their meal time and were shown each meal which staff called 'show and tell'. Staff knew people's preferences and which people required support to eat their meal. We saw that staff provided this support by sitting with people and encouraged them to eat. Discussions with the cook demonstrated their knowledge of people's preferences and dietary needs. She confirmed that she received up to date information about people's likes, and dislikes, and we saw these were recorded in people's care records.

People and relatives told us that they were happy with the care they received. One person said, "The staff are good and they look after me". A relative we spoke with told us, "The staff know what they are doing, they have the skills and knowledge and they care for our family member well".

Staff confirmed they had received key training to enable them to have the skills and knowledge for their role. One staff member said, "I have completed all required training and this included dementia training. I feel confident in my role". Records showed that staff had received the training they needed for their role. We saw that a system was in place to monitor the training needs of the staff team and to alert the registered manager when staff required refresher training. The registered manager confirmed that new staff that did not have any previous training or qualifications would be supported to complete the Care Certificate. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. Records that we reviewed for new staff confirmed this.

Staff spoke about the support they received to carry out their role and they told us that they could approach the senior team or the registered manager at any time if they needed advice. Staff confirmed they received regular supervision and had an annual appraisal and records were in place to demonstrate this. One staff member said, "I do feel supported in my role and if I need advice I can speak with the seniors or with management". Another staff member told us, "I enjoy my role and caring for people, and I feel well supported in my job".

People's health needs were being monitored and actions taken to ensure they were met. One person said, "The staff get the GP out if I am not feeling well. I have all my other routine checks done as well". Relatives we spoke with told us their family member's healthcare needs were met. One relative told us, "Health needs are well cared for, access to chiropodist monthly and GP regularly". Another relative said, "They have seen the dentist when they needed new teeth, just had new glasses, and they are on list to have toe nails done, we have no concerns". Records showed that people had access to a range of healthcare professionals, this

included dentists, chiropodists and GP's. They also showed that people were supported to attend appointments for any specific medical conditions they had.

Good

Is the service caring?

Our findings

People and their relatives made positive comments about the staff and the care they received. One person said, "The care is pretty good". Another person told us, "I feel well cared for I like it here, the staff are kind and caring". A relative told us, "Excellent care, the staff are so friendly, and they make such a big fuss of our family member". Another relative said, "The staff are all nice, and give my family member a kiss and treat them with respect".

We saw staff were kind, patient, and provided people with reassurance and encouragement when this was needed. People's facial expressions and responses indicated they were at ease with staff including the registered manager and they had a joke and laugh with people. We observed a person being offered a bath and encouraged with the offer of bubbles which worked.

We saw that staff were attentive and observant providing support when this was needed. For example, we saw staff interact with the more dependent people and staff knelt down in order to make eye contact. When people became anxious staff offered reassurance and support by talking to them or holding their hand. We saw that staff engaged positively with people whilst providing them with support throughout the day. We saw that people had their personal belongings with them such as their handbags, and some people were wearing make-up and jewellery, which demonstrated that people were supported to express their individuality. One relative told us, "Our family member always looks smart they have always took pride in what they wear, and the staff help them to continue that here". People and relatives told us the hairdresser visited. One relative told us, "They like having their hair done and having a little bit of pampering".

People told us that staff encouraged them to make choices as part of their daily lives and these were respected. One person said, "They get me up when I want". Another person told us, "If I asked for a bath or shower I could have one every day, and I sit anywhere so I get to sit by different people". Relatives we spoke with confirmed that staff offered choices to their family member and the following comments were received, "They always ask what clothes, drinks and food my family member wants, and "We picked some wallpaper for their room and the handyman put it up and asked us where we wanted pictures and plates etc just lovely".

We observed people's privacy and dignity was respected by staff when receiving care and support. We saw that staff when asking people if they needed to use the toilet, got close to the person and asked them quietly and discreetly, to ensure other people could not overhear. People were asked their preferences about the gender of the staff they wanted support from. One person told us, "I choose to have a female carer". Relatives confirmed that their family member's privacy and dignity was considered. One relative said, "The staff knock on their door and ask me to leave if they need to do any personal care". Staff we spoke with told us how they promoted people's dignity and privacy. A staff member said, "I always knock on people's doors before I go in, and if I am supporting someone with personal care I always make sure doors and curtains are closed. I also ensure people have private time when they use the toilet and I wait outside".

We saw staff encouraged people to be independent. For example people were encouraged to eat and drink

independently and to walk with their frames. One person told us, "I do try and do as much for myself as possible". A relative said, "The staff offer lots of encouragement and our family member still walks with two staff to reassure and provide support". Staff told us how they tried to encourage people to be independent. One staff member said, "I always ask the person to wash areas they can reach or to dress themselves if they are able to, so they maintain their independence".

We saw that people had opportunities to practice their faith if they choose to. Church services are provided in the home on a monthly basis. We were advised that the vicar also visited people in their rooms if they preferred this. A relative said, "There are church services and sometimes my family member attends and sometimes they don't, it's their choice".

Relatives we spoke with told us they were able to visit at any time other than at mealtimes which was protected time. One relative said, "I visit when I want except at meal times and I am always welcomed into the home, and the staff are always friendly and offer me a drink".

The registered manager confirmed that people currently living at the home were not using the services provided by an advocate. She told us that she would refer people to an advocate if this was needed. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Good

Is the service responsive?

Our findings

At our last inspection we found improvements were required. This was because the outcomes of complaints were not recorded and improvements were required with the provision of activities that were provided. We found some improvements had been made in both areas.

We received mixed feedback from people and relatives about the provision of activities and meaningful stimulation that was provided. Some people felt there was enough to do whereas other people felt further improvements could be made. One person told us, "There is nothing to do in the afternoon". Another person said, "About a month, and then again recently I was asked what I would like to do, and I said go out on trips but nothing happened'. A relative we spoke with told us, "They need more activities, they do exercise to music, throwing a ball and play your cards right". Another relative said, "Christmas activities were very good last year, they had singers and pianist, quite a lot going on then". Staff we spoke with told us, they tried to provide activities if time allowed but it all depended on how busy they were. Therefore activities were not always provided routinely, but when time allowed during the quieter times of the day.

We saw that some people who were living with Dementia had dolls with them which provided them with comfort. We saw that a group activity was provided on all of the units we visited. This included movement to music, throwing and catching a ball, and jigsaws and colouring. Apart from a staff member painting someone's nails we did not observe people receiving activities on a one to one basis. This is beneficial for people who choose to remain in their rooms and people who live with dementia who may not be able to participate in the group activities. We saw that two activities planners were displayed on each on the units. Staff were unable to tell us which one was the current one and which one they followed. We saw for a large period of the day music was playing or the television was on. One person said, "Music on all day gets on my nerves".

We did see posters that were displayed stating that trips would be provided for people to go for a pub lunch on a regularly basis. The registered manager confirmed that these trips had commenced. The register manager also told us about other trips people have enjoyed, and these included: Trips to the bingo hall, Dudley zoo, and the black country museum. We were shown pictures that were taken of these trips. The registered manager told us about the external entertainers that have visited the home these included, flower arranging classes, motivation classes, and artists. We saw a poster that was displayed telling visitors the plans the staff had about building memory boxes for people. The registered manager advised that the provision of activities was something they had discussed with people in the 'residents meeting' that had previously been held. She advised they were working towards developing the provision of activities that was provided to ensure they met people's needs and preferences.

Relatives advised they were informed of any changes promptly and would have no problem raising any concerns or making a complaint if necessary. One relative told us, "I know the manager and I would raise any concerns with them if I had any". Another relative said, "If any problems I would speak to the manager, there is always someone in office". We saw the complaints procedure was displayed in the entrance area of the home. We reviewed the complaints record and saw that the complaint that had been received had been

responded to and the actions that would be taken to address the issues that had been raised.

Relatives told us they had been consulted and involved in the assessments when people moved in the home. One relative told us, "Yes the family was involved and we were consulted about our family members care needs and preferences. We provided information about their background and their likes and dislikes. We continue to be involved in any reviews that are undertaken". Another relative said, "Just been asked today about updating our family members care plan, this is usually done in October". Relatives told us they thought staff were responsive to people's needs. A relative said, "Absolutely brilliant, all staff know what our family member likes, needs, and they speak to them as an individual". Discussions with staff demonstrated their knowledge about people's needs and preferences.

Records showed that people were involved in the way their care was provided as they had signed their care plan where they were able to. Care records included information about people's previous lives, their likes, dislikes and preferences. For example the times they preferred to get up and go to bed and about their care needs. Records showed that the care plans and risk assessments were kept under regular review and changes were made where required. We saw in the lift there was a notice advising visitors that care plan reviews were due to take place in the forthcoming months. This demonstrated that people and their representatives were notified and encouraged to participate in the reviews that were planned.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found improvements were required. This was because the audits that were in place had not identified the shortfalls that were found during the inspection in relation to the management of medicines and the cleanliness of the home. We found that some improvements had been made and the cleanliness of the home was now monitored as part of the registered manager and provider audits. Although medication audits were being completed they did not show any evidence of improvements or action when issues were identified.

We also found that improvements were required in relation to the record keeping. For example one person's care record said for staff to monitor a person's behaviour and to record if they displayed any behaviour that was challenging. We saw that their monitoring record had not been completed for several months although there had been occasions when they had displayed behaviours that were challenging. We saw that a person's wellbeing logs did not accurately reflect the incidents of behaviour that were displayed during the first day of our visit that we had observed. This means that the records were not being completed in line with the persons care plan. We reviewed some people's monitoring charts for fluid intake and saw that these had not always been totalled to reflect the amount of fluid people had received each day. This means if people had not received sufficient fluids staff would not have been alerted to this as the charts had not been completed in full. The registered manager confirmed that these should be completed and she advised that she checked the care records and monitoring charts as part of her weekly and monthly audits. Records we reviewed confirmed this.

At our last inspection in August 2015 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who live at the home. We did not see the rating displayed at the home on our arrival. When we asked the registered manager she told us although the inspection report was available in the entrance the rating was not displayed. The registered manager did take action and displayed the rating after we brought this to her attention. The rating was displayed on the provider's website.

All the relatives we spoke with said the registered manager was approachable and visible and the home had a welcoming atmosphere. We observed the registered manager talking with people who clearly knew who she was, and facial expressions indicated they were at ease with her. One person had a laugh and a joke with the registered manager and when she asked how they were, they said "better for seeing you". A relative told us, "The manager is often about and keeps a check on everything, she is very approachable".

We saw that people and relative views were regularly sought as part of the quality assurance systems in the home. The provider information told us they intended to display the feedback from people and relatives from meetings and the surveys that had been sent out. We saw that the results of these were displayed and the actions that would be taken in response to the feedback received. For example arranging more outings for people and changes to the menus.

We received mixed feedback from the staff about the culture and leadership provided in the home. Some staff told us they thought the registered manager was open, transparent and approachable whereas other staff told us improvements could be made in these areas. Some staff told us confidentiality could be improved in the home in relation to staff issues. We discussed this with the registered manager and area manager. We saw that staff surveys were sent out to gain feedback from staff. The area manager advised that she always spoke with staff when she completed her monthly audit and that she had not received any negative feedback from staff. Regular staff meetings were also held to enable staff to discuss any issues in the home and for sharing information. This demonstrated that systems were in place for staff to raise any issues they had.

Staff we spoke with told us they would be happy to raise any concerns and they were aware of the whistle blowing procedure. Whistle blowing is the process for raising concerns about poor practices. One staff member said, "I would raise any issues I had with the manager and I know she would take the appropriate action". This demonstrated staff knew how to raise concerns and was confident they would be dealt with.

We saw that the registered manager had systems in place to monitor accidents, and incidents, which were analysed to identify any patterns or trends. She advised that when a pattern had been identified she has taken action to minimise the risks of a re-occurrence. For example referring people to healthcare professionals, and implementing equipment.

The registered manager told us she felt supported by the area manager who visited the home regularly and provided regular supervision. She was also supported by the deputy manager and a team of seniors who assisted the registered manager to manage the service and monitor the quality of the care that was provided.

The registered manager met their legal requirements and notified us about events that they were required to by law. We asked the provider to complete 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. The form was completed and returned to us within the timescale we agreed.

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 Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. Medicine management was not consistently safe. People did not always receive their medicine as it had been prescribed by their GP.