Methodist Homes

Sandygate Residential Care Home

Inspection report

57 Sandygate
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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**

Overall summary

The inspection took place on 15 and 16 December 2014 and was unannounced on the first day. The care home was previously inspected in September 2013, when no breaches of legal requirements were identified.

Sandygate Residential Home is a purpose built care home located on the outskirts of Wath upon Dearne. The home provides accommodation for up to 54 people on two floors. The care provided is for people who have needs associated with those of older people, this includes a dedicated unit on the ground floor for people living with dementia. The home does not provide nursing care.

The service had not had a registered manager in post since October 2014. However the service manager told us a new manager had been appointed and would be commencing employment in approximately eight weeks'

Summary of findings

time. 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.

Throughout our inspection we saw staff supported people in a friendly and inclusive manner. They encouraged people to be as independent as possible while taking into consideration any risks associated with their care. At the time of our inspection there were 49 people using the service. We spoke with 12 people who used the service and 12 regular visitors to the home. The majority of people we spoke with told us that overall they were happy with the service provided. However, five people raised concerns regarding the number of staff on duty, especially in relation to the upstairs unit. They told us they felt this sometimes affected the standard of care provided.

People received their medications in a timely way from senior staff who had been trained to carry out this role.

Overall we found on most days there had been enough skilled and experienced staff on duty to meet people's needs. However, the planned staffing numbers had not always been maintained and information collated about people's individual dependency needs had not been effectively used to evaluate if the planned staffing numbers were adequate.

This was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to tak at the back of the full version of the report.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

People received a well-balanced diet and were involved in choosing what they ate. The people we spoke with said they were very happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People's needs had been assessed before they moved into the service and they had been involved in formulating and updating their support plans. The four care files we checked were individualised regarding people's needs and preferences, but two files had not been updated in a timely manner to reflect changes in the person's care needs.

A varied programme was in place to enable people to join in regular activities and stimulation both in-house and in the community. People told us they enjoyed the activities they took part in.

We saw the complaints policy was available to people using or visiting the service. When concerns had been raised we saw the correct procedure had been used to investigate and resolve issues.

The provider had a system in place to enable people to share their opinion of the service provided and the general facilities at the home. We also saw an audit system had been used to check if company policies had been followed and the premise was safe and well maintained. Where improvements were needed we saw the provider had put action plans in place to address these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. We also found recruitment processes were thorough so helped the employer make safer recruitment decisions when employing new staff.

Staffing levels were not always sufficient to meet people's needs. Information gathered about people's individual dependency needs had not been used effectively to calculate the required number of staff needed.

Systems were in place to make sure people received their medications safely which included key staff receiving medication training.

Is the service effective?

Good

The service was effective

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a comprehensive induction and a varied training programme was available that helped them meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. The people we spoke with said they were very happy with the meals provided.

Is the service caring?

Good

The service was caring

Staff had a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People told us, and we observed that staff respected people's dignity.

People had access to information about how to involve an advocate should they need additional support. Advocates can represent the views and wishes of people who are unable to express their wishes.

Is the service responsive?

Good

The service was responsive

People had been encouraged to be involved in care assessments and planning their care. Care plans were individualised so they reflected each person's needs and preferences, but care records had not always been reviewed and updated in a timely manner.

Summary of findings

People had access to a varied programme of activities and trips into the community. They told us the activities provided offered stimulation and met their individual needs.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Is the service well-led?

Good

The service was well led

The service did not have a registered manager. However, a temporary acting manager was in post who understood the responsibilities of the role. A permanent manager had been appointed but were not in post at the time of our inspection.

There was a system in place to assess if the home was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been put in place to address any areas that needed improving.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Sandygate 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 was 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.

The inspection took place on 15 and 16 December 2014 and was unannounced on the first day. The inspection team consisted of an adult social care 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. Their area of expertise included older people and caring for people living with dementia.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. 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 also obtained the views of service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 49 people using the service. We spoke with 12 people who used the service. We also spoke with 12 regular visitors to the home and attended a relatives meeting. We spoke with eight of the staff on duty including the acting manager, three care workers, the head cook, the deputy manager, the activities co-ordinator and one of the housekeeping team.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing four people's care files, staff rotas, the training matrix, four staff recruitment and support files, medication records, audits, policies and procedures.

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

Requires Improvement

Is the service safe?

Our findings

We spoke with people using the service and their visitors, and attended a relatives meeting. On the unit supporting people living with dementia we received mainly positive comments from the relatives we spoke with. They told us they felt there were usually enough staff to meet the needs of their family member, but said that at times the staffing levels seemed stretched and the staff appeared stressed. One relative said, "I think it's when someone [a care worker] rings in sick and then they're short staffed for the shift."

Most people we spoke with who lived on the upstairs residential unit told us they thought there was usually enough staff to meet their needs. One person said, "I don't think I need much help, but when I do need help I get it." However, three people told us there were times when staff seemed to be very busy and not able to help them immediately. For example one person said, "I was dying to go to the toilet one day and a carer came in and said she'd come back, but by the time she came back it was too late. I had an accident. It wasn't nice." Another person said "Some days the carers are rushed off their feet and you just don't want to ask for help." A relative commented, "On some days I've waited with X [person using the service] for a long time after she's pressed her buzzer and I know it's because carers are busy elsewhere."

During the relatives meeting we attended, staffing levels were also raised by three relatives. They said they felt there were not enough staff on duty, especially at weekends, as people living on the upstairs unit had high needs, which meant many of them needed the assistance of two staff.

Staff told us the staffing levels on the downstairs unit were usually satisfactory unless a member of staff called in sick and cover could not be found. However, they said on the upstairs unit if the numbers dropped below a senior care worker and four care workers they struggled to meet people's needs in a timely manner. One staff member told us, "Generally staffing levels are all right but upstairs can be an issue. There is one senior care worker and four carers on a good day and it can be very busy. Eight people need two staff to assist them and two others need more help on some days than others." Regarding the downstairs unit they told us, "It is a well-managed unit. There are three empty beds at the moment but even if it was full it would be okay with a senior care worker and 3 care workers."

At the time of our visit, in addition to the acting manager who was at the home on part-time basis, and the deputy manager care and support was provided by senior care staff and care workers on each unit. We also saw an activities co-ordinator, kitchen and housekeeping staff were also employed. Over the two days of our inspection we observed staff were able to meet people's needs in a timely way on both units, but staff on the upstairs unit appeared rushed at times.

We checked the staff rota for the previous four weeks and found there had been occasions when staffing levels had dropped below the numbers the acting manager told us were needed. A dependency tool had been completed for each person using the service. However the acting manager said the outcomes had not been used to determine staffing levels so there was no way to assess if people's individual needs had been considered. Peoples comments indicated that this did have an effect on the level of care provided. The acting manager told us they would re-evaluate the staffing numbers in light of the feedback provided.

This was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service and the visitors we spoke with told us they felt the home was a safe place to live One relative said, "X [family member] always looks happy when I visit and smiles at the staff, so I always think she must be safe here." Relatives we spoke with told us they thought the premises were safe and secure. However, one visitor told us their relative's belongings had sometimes gone missing, they said some had been found but others had not. Everyone we spoke with told us that if they had any concerns about safety they would speak to a member of the management team immediately.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The four care files we checked showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. We saw these had been reviewed periodically. However, care plans had not always been updated in a timely manner to reflect any changes in people's needs. We found thia had not impacted on the care provided.

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. During the two days we visited the home we saw staff competently

Requires Improvement

Is the service safe?

transferring people between chairs and wheelchairs using a hoist. They explained the procedure to people as they guided them into the chair and made sure they remained safe.

Policies and procedures about keeping people safe from abuse and reporting any incidents appropriately were easily accessed by staff. We saw posters and leaflets on this subject displayed around the home. The acting manager and the deputy were aware of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner and the service had made improvements when necessary. We saw there was a log of these incidents and the outcomes.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they witnessed any incidents. They told us they had received training in this subject as part of their induction and at regular intervals after that. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns. The staff we spoke with were aware of the policy and said it had been included in their training.

Staff comments and the recruitment policy indicated there were systems in place to help the employer make safe recruitment decisions when employing new staff. We saw pre-employment checks had been obtained prior to people commencing employment. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. We also saw face to face interviews had taken place and interview notes had been made to assess potential staffs' suitability.

The home had a medication policy in place about the safe handling of medicines and the senior care worker we spoke with was aware of its content. We saw there was a system in place to record all medicines going in and out of the home. This included a safe way of disposing medication refused or no longer needed.

On the second day of our visit we observed the senior care worker administering medicines on the upstairs unit and checked the medication administration charts (MAR) for six people using the service. We saw the senior care worker followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. We saw plans were available that identified why these medicines were prescribed and when they should be given. The senior care worker we spoke with knew how to tell when people needed these medicines and gave them correctly.

There was a fridge in the treatment room specifically for storing temperature sensitive medicines. We saw the temperature of the fridge had been recorded regularly to make sure they remained within acceptable limits. However we found two bottles of eye drops were out of date. The senior care worker could not explain why these had been left in the fridge. We saw regular audits had been carried out to make sure staff had followed the correct procedures. The last audit had identified shortfalls, such as gaps in the MAR's and these had, or were being addressed, however the out of date eye drops had not been identified. We saw topical creams had not always been signed for by the care workers who applied them. The deputy manager said this had been discussed with staff but would be reiterated to help ensure records were completed correctly.

Good

Is the service effective?

Our findings

People we spoke with said staff were supportive, friendly and efficient at their job. One person told us, "I think the staff here must have good training because they all do a good job. I've never had any problems."

People were supported to maintain good health and had access to healthcare services. Each file we checked had a health plan which detailed any health care professionals involved in the person's care. For example in one file we saw visits from the dietician, chiropodist, GP, social worker and the speech and language therapist (SALT) had taken place.

We found staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. This had included completing the company mandatory e-learning training, as well as classroom training in subjects such as moving people safely and fire awareness. They told us they had also completed an induction booklet over a number of weeks and been supported by a 'buddy' until they were confident in their role. One new care worker we spoke with told us, "I shadowed an experienced member of staff for 2 days and I am still completing my induction booklet." They said they felt the support provided had prepared them well for working at the home.

We saw the company used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner. Most of the staff we spoke with felt they had received satisfactory training and support for their job roles, this included dementia awareness training. However, two people highlighted areas of training they needed. For example one staff member told us they were supporting someone with a stoma, yet no specific stoma care training had been provided. They also said they would like training in preventing pressure damage and diabetes. These subjects were not on the company training matrix as mandatory courses staff must complete but some staff told us they had completed this training. We discussed staffs comments with the acting manager and deputy who said they would look into providing further training in these subjects. Records and staff comments showed staff support sessions and an annual appraisal for their work had taken place, but these had not always been consistently maintained. The majority of staff we spoke with felt they were adequately supported. The management team told us they had addressed this by delegating some of the support sessions to the senior care workers. They thought this would help to make sure that staff received support sessions regularly. Staff said there had been a lot of changes at the home because the registered manager had left, but generally things were improving.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place but care files lacked information about this subject. For example some people living with dementia did not have an assessment on file about their capacity to make decisions. Although care plans discussed decisions made in people's best interest this had not always been formalised. This subject had been raised with the provider following an assessment by Rotherham council at the end of November 2014 and we saw the provider had begun to take action to rectify these shortfalls.

At the time of our inspection one person using the service was subject to a DoLS authorisation. Records evidenced the correct DoLS procedures had been followed to safeguard the person and a review system was in place. The acting manager and the deputy were aware of the procedure for submitting an application to the local authority. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005 and had received basic training in this subject.

People's comments, and the menus we saw, indicated the service provided a varied choice of suitable and nutritious food and drink. We saw that people could choose to eat in the dining room, the lounge, or in their own room. The people we spoke with said they enjoyed the meals

Good

Is the service effective?

provided and were very happy with the choice of food available. One person told us, “It’s good food, we get a well-balanced diet.” Another person said, “They look after me here and they feed me right well. The food here is fantastic.” A relative commented, “I often come at lunchtime and the food always looks good and it’s home cooked.”

The cook told us how they met with people to discuss if there was anything they would like adding to the menus. They said when someone new moved into the home they spoke with them and their family to find out what meals they preferred. They added, “We involve people as much as possible.” We saw peoples care files provided information about their food preferences, special diets and any special equipment they may require to maintain their independence when eating. Care staff we spoke with demonstrated a good awareness of people’s preferences which was evidenced during our lunchtime observations.

We observed lunch being served on both units. We saw meal and drink choices were offered to people either verbally or by staff showing them the choices available. People either told the staff which option they preferred or pointed to which meal they wanted. Staff told us if someone did not want the planned meal alternatives were offered. We saw staff assisting some people to eat their meal; they did this in an unhurried and patient manner. One person was asleep during lunchtime, but woke up shortly afterwards, we saw their meal had been kept warm and was served to them when they were ready to eat.

Care records showed people’s weight had been monitored to help ensure they maintained a healthy weight. We saw GPs, dieticians and the speech and language team had been involved if there were any concerns. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. Daily records had been used to monitor people's food and fluid intake.

Good

Is the service caring?

Our findings

People we spoke with told us staff respected their decisions. They said they could choose what time they got up in a morning and what time they went to bed. One person said, "Sometimes I like to watch something on TV, so I go to bed later then." Another person said, "I'm an early riser, so I usually have my breakfast before anyone else."

Three relatives at the relatives meeting had raised concerns about the number of staff on duty but they were complimentary about the support care workers provided. All of the people we spoke with told us they thought their family members received good care and that the care workers were kind and compassionate. One relative commented, "X [person using the service] gets great care here. We've no complaints about any of the staff, the carers are just brilliant."

People's needs and preferences were recorded in their care plans so staff had clear guidance about what was important to them and how to support them. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes.

People we spoke with who used the service told us the quality of care was good and staff understood the level of support they needed. One person commented, "It's like a home from home here. It's just lovely." Another person said, "You get everything you need here, and more. They [care workers] can't do enough for you." A third person told us, "I can do a lot of things myself, and they let me do things in my own time, so that's good."

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. All the relatives we spoke with told us their family member's dignity and privacy were respected, including knocking on bedroom doors before entering. However one person using the service described how their dignity had been compromised on one occasion when staff could not assist them to the toilet in a timely manner.

Staff we spoke with gave clear examples of how they would preserve people's dignity. They told us, and we saw, how staff knocked on people's doors before entering, closed doors when providing personal care and gave people privacy when they requested it.

Some people were unable to speak with us due to their complex needs; therefore we spent time observing the interactions between staff and people who used the service. We saw care workers were kind, patient and respectful to people. People seemed relaxed in the company of staff. We saw staff communicated with people at a level they could understand and they took time to listen to what they wanted. We saw a care worker assisting a person with their mobility by supporting them to get out of their chair, but then allowing them to mobilise independently, whilst speaking kindly to them.

People chose where they spent their time with some people choosing to stay in their rooms while others sat in communal areas and staff respected these decisions.

We saw people had access to leaflets about how to contact an independent advocacy agency should they need additional support. Advocates can represent the views and wishes of people who are unable to express their wishes.

Good

Is the service responsive?

Our findings

The people we spoke with who used the service said that overall they were happy with the care provided and complimented the staff for the way they supported people. One person said, "I don't like people messing with my hair. I always have to do that myself, even though it's a struggle. The carers do sometimes ask if I want any help, but on the whole they let me get on with it myself." The relatives we spoke with were also complimentary about the care staff provided. At the relatives meeting one relative who had raised concerns about staffing levels said they had no issues with the care provided, just the number of staff available. They praised the care staff who they said did a "Very good job under difficult circumstances."

We saw care interactions between staff and people using the service were person centred, focusing on the individual needs and preferences of people being supported. We saw care workers offered people options about their meal or where to sit, as well as providing food, drink, or support that they knew were preferred. One care worker offered to walk with a person who was becoming agitated, because they said they knew that they liked walking.

The care files we looked at showed that needs assessments had been carried out before people had moved into the home. In some cases the files also contained assessments from the local authority. Staff told us this information had been used to help formulate the person's initial care plan.

Care records contained detailed information about the areas the person needed support with and any risks associated with their care. However, we found there was inconsistency regarding how often the records were reviewed and updated. In one file we saw a company audit had been carried out at the end of November 2014 to asses if all the necessary information was available and up to date. The audit identified the shortfalls we found, and gave a two to three week timescale for the key worker to update the information, but we found this had not been achieved. The deputy manager told us it was usual practice to check the areas needing attention had been addressed at the end of the timescale but confirmed this had not yet been completed. We were told this would be followed up immediately with the staff member concerned. We saw the acting manager was in the process of completing audits on all care files to make sure staff were completing them correctly.

The home had a dedicated social activities co-ordinator who was supported by volunteers. We saw there was an activities programme that people told us met their needs. This included: regular church services, exercise classes, one to one sessions, reminiscence therapy and games. We also saw people were accompanied out into the community for walks and on trips. Posters displayed around the home, and provided in each person's room, highlighted events taking place in December. These included a Christmas fete, a school choir concert and Christmas parties, with entertainment, on each unit. The activities co-ordinator described to us how the five volunteers helped with bingo sessions, chatted to people, befriended people with no regular visitors and assisted with trips out.

On the unit supporting people living with dementia we observed the activities co-ordinator holding a knitting activity which the small group of people appeared to enjoy. We saw there were some colourful, tactile wall hangings displayed, a realistic bus stop, seating and some photo boards along the corridors. However, we did not see any dementia friendly resources or adaptations, such as a reminiscence area or rummage resource boxes were available. We discussed this with the acting manager and signposted them to best practice guidance such as the National Dementia Strategy 2009.

Relatives we spoke with told us they thought their family member's care focused on their individual and changing needs. They said they felt involved in the care planning and review process, as well as on-going discussions about peoples changing needs and alternative care strategies. One relative told us how staff were working with them to find foods that would tempt their family member to eat, as they were not eating well. Another relative told us their family member was now using pressure mats and a pressure mattress as a result of a recent discussion about their changing needs.

We saw the provider had a complaints procedure which was available to people who lived and visited the home. There was also a suggestion box in the reception area where people could post suggestions or raise concerns. We saw three concerns had been logged since our last inspection. The system in place provided the detail of each complaint, what action was taken and the outcome, including letters sent to the complainant. People told us they felt they could approach any of the staff to raise concerns.

Good

Is the service responsive?

Relatives we spoke with told us they had raised issues with care staff and managers and had received a mixed response. They felt some issues had been addressed and others had not. Two sets of relatives attended the relatives' meeting held on the first day of our visit and told us they had a number of issues they wanted to raise at that meeting. The meeting was attended by six relatives and one person who lived at the home. Three relatives raised issues with the acting manager, mainly regarding staffing levels on the upstairs unit, which they felt led to people not always receiving care and support in a timely manner. They said these were recent concerns and previously they had been happy with the staffing arrangements. The acting manager explained that some staff had left, but some part-time staff had increased their hours and new staff were being recruited. Their concerns were listened to and minuted for further consideration.

Good

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission as they had moved to another service in the company in October 2014. However, an acting manager had been appointed to oversee the service until a new manager could be recruited. The acting manager told us a new manager had been appointed and they would be commencing employment in approximately eight weeks' time.

The majority of people who used the service said they were happy with the support they received, but some relatives told us they felt the running of the home had "gone downhill" since there had been no permanent manager. Other relatives told us they felt the management of the home had improved recently. Some people were unsure who the current manager was. All of the relatives we spoke with expressed their wish for a stable manager in the future.

On the day of our visit the staff teams seemed well organised, including the domestic and catering teams. The teams worked together well and people's needs were met appropriately and in a timely manner.

People's comments, and the records we saw, demonstrated the provider had consulted with people about the service provided. This included the use of surveys and meetings to gain people's views. The summary of a survey completed in 2013 contained positive responses to the set questions and showed that overall 100% of people who completed the survey were happy with the care they received and how the service operated. The management team told us the 2014 survey had been completed but they were waiting for the information to be analysed by head office and shared with them. Where people could not express their opinion relatives and friends had been consulted.

We found regular meetings had been held with people who used the service, and their relatives and friends. On the first day of our inspection we attended a relatives meeting where the acting manager shared information with people about changes at the service, such as the appointment of the new manager and other key staff, planned improvements and the involvement of relatives in care reviews. We then saw people had the opportunity to discuss anything they wanted and raise concerns. These were discussed and minuted.

The provider gained staff feedback through periodic meetings and surveys. The survey completed in 2014 identified that staff were happy and identified a few areas they felt could be improved. An action plan had been devised to address areas needing improvement. Staff we spoke with felt they could voice their opinion openly but felt unsettled by the recent change in the management of the home. One person told us the staff moral had been "Up and down" and they hoped it would settle down soon. The company issued staff with a leaflet called 'Staff Matters' each month that was used to share information with staff.

We saw the company produced a quarterly magazine called 'Heart and Soul'. This was aimed at keeping people who used and visited the service, as well as staff, informed about what was happening within the company.

We saw various audits had been used to make sure policies and procedures were being followed. This included health and safety, care records, accidents and incidents, falls and medication practices. This enabled the management team to monitor how the home was operating and staffs' performance. Action plans had been devised to address shortfalls found but our finds showed these had not always been fully addressed. For example action had not been taken by the keyworker as outlined on the care plan audit of one persons' care file in the timescale allocated. However other areas had improved. For example the medication audit in November 2014 identified that weekly checks on controlled drugs had not been taking place. We checked this and found they had been recommenced.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The registered person had not taken appropriate steps to ensure that at all times, there were sufficient numbers of staff available.**