Regal Care Trading Ltd

Ashcroft Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
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?	Requires Improvement

Overall summary

This was an unannounced inspection that took place on 9 and 13 October 2014.

Ashcroft Nursing Home provides accommodation for up to 88 people who require nursing or residential care. Care and support is provided to older people, some of whom are living with dementia. The service is set out over two floors. At the time of our visit there were 45 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality assurance procedures were in place to check the quality of the service as well as the safety of the service. Some of these checks either did not identify a shortfall or had not been able to correct an area of concern.

Summary of findings

Not all areas of the service were clean and hygienic with some areas needing further cleaning to make sure people were not at risk of acquiring an infection.

Medicines such as tablets were administered safely and people received their medicines at the times they needed them. However, some people were prescribed individual creams which were not safely managed as creams were being shared.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some of the people in the home had been assessed as lacking mental capacity to make complex decisions about their care and welfare. There were clear records to show how decisions were made in people's best interests.

People said they felt safe. There was enough staff to meet their needs and staffing levels were kept under review. There were safe recruitment procedures that made sure new members of staff were suitable to work at the service. Staff had received appropriate training and supervision so they had the skills to meet people's needs. Staff understood how to keep people safe. They knew about different types of abuse and what action to take if they had any concerns about people's safety. People said staff were kind and caring and understood their individual needs. Staff respected people's privacy and knocked on doors before going into people's rooms.

Assessments of people's needs were completed before they moved into the service. Care plans and risk assessments were kept up to date and reviewed regularly and reflected people's needs. People received the care they needed. It was clear from what we saw and from speaking with staff that staff understood people's care needs and that they knew people well.

People's food and drink needs were assessed and staff were familiar with people's individual dietary needs. People enjoyed their meals and told us they were happy with the food.

Staff responded to changes in people's health needs and made referrals to healthcare professionals, including GPs, speech and language therapists and dieticians, when needed.

Activities were well organised and gave people ample opportunity to participate in a range of different pastimes. Individual likes, dislikes and preferences were considered when activities were planned. Reminiscence was important to people and staff understood this. Staff sat with people and talked about the different things they liked.

People attended meetings to air their views and their comments were listened to and acted upon. People told us that they felt listened to and relatives said they felt confident about talking to staff or the manager. People were asked their opinions about different events in the home and if there was something they did not like, different arrangements were made.

Staff knew what their roles and responsibilities were and what was expected of them. There were clear lines of management. Staff said the manager was approachable and encouraged staff to voice any concerns or to share ideas for change. The manager had a clear vision for the service and staff understood the ethos of the service and told us that people who used the service were at the centre of the service. Staff told us that communication throughout the service was good and they were kept informed of any changes to people's needs.

We have made a recommendation about the management of some audits.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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. Infection control procedures did not protect people at the service. Not all prescribed creams were administered to the right people.

There were sufficient numbers of staff who responded quickly to people's needs. Staff recruitment procedures were thorough and ensured that staff were suitable to work with people using the service.

Staff understood how to protect people from the risk of abuse and had received training in safeguarding people.

Risk assessments were carried out and actions were taken to reduce any risks.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision so they had the necessary skills and knowledge to care for people. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff made sure people received appropriate support and treatment.

People were supported with their food and drink and said they enjoyed their meals.

Is the service caring?

Good

The service was caring. People told us the staff were kind and caring and spent time talking to them and listened to what they had to say. People said they felt staff respected their privacy and dignity

People were involved in making decisions and staff listened to what people had to say.

Is the service responsive?

Good

The service was responsive. People's individual care and support needs were regularly assessed and reviewed.

People's preferences, interests, aspirations and diverse needs had been recorded so staff knew what support people needed. Staff were aware of people's life histories, likes and dislikes which helped staff to understand people's needs

People attended resident's meetings and discussed things that were important to them. Their comments were listened to and acted upon and people felt confident in raising any concerns and complaints.

Summary of findings

Is the service well-led?

The service was not always well led.

Not all systems to check the safety of the service were effective.

Systems were in place to monitor and evaluate accidents and incidents in the service. Action was taken to reduce the risk of accidents occurring again.

The manager gave staff the support they needed. Staff were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home.

Requires Improvement

Ashcroft Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was unannounced and took place on 9 and 13 October 2014. The inspection team consisted of two inspectors. The inspectors had experience in the needs of supporting older people, those living with dementia and those with nursing needs.

Before the inspection, 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 requested timescales. We looked at the information included in the PIR along with other information we held about the service, including notifications. A notification is information about important events which the provider is required to tell us about by law. We spoke with health and social care professionals before we visited the service.

During our inspection we spoke with six people who used the service, three relatives who were visiting, nine staff including registered nurses, care staff, activities co-ordinators, the housekeeper and the administrator. We also spoke with the registered manager. Not everyone we met was able to tell us about their experiences, 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 observed the lunch time meal and observed medicines being administered. We looked around the service including shared areas and facilities, in people's bedrooms with their permission, the kitchen, medicine room and the laundry facilities. We looked at the care and support plans for five people and a variety of other records including medicine administration records, staff records, records for monitoring the quality of the service, complaints records and records of staff, resident and relative meetings.

We last visited the home in February 2014 and there were no concerns at that visit.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe using the service. They told us they knew who staff were and felt the staff responded quickly when they needed help. Some people were not able to tell us about their experiences, so we observed the ways staff spoke with people and gave support. Staff were visible around the service and responded to people when they asked for assistance. A visitor told us they thought that their relative's needs were met and that this reassured them when they left.

Some parts of the service were not clean and hygienic. Some of the bins used for contaminated waste did not have liners in to collect the waste. Contaminated waste had been placed in these bins. The cleaner removed the waste and then put in a liner, but did not clean out the bin which meant that the bottom of the liner may be contaminated. Another bin did not have a foot pedal so staff had to lift the lid by hand, and this increased the risk of the spread of infection. Some of the sinks in people's bedrooms were not clean. There was dried soap residue and lime scale around the taps which made it difficult to clean and risked harbouring bacteria. There were dried faeces on one bathroom floor, and skirting boards in two of the bathrooms were dirty. Paintwork in places throughout the service had marks and stains and was chipped and damaged making it difficult to keep clean. The hand grips on a stand hoist, used by people when they were being transferred, were dirty. The wood staining on some of the chair armrests had worn away leaving the wood porous and not easy to keep clean. Staff used protective gloves and aprons and there were sinks for hand washing around the service. There were cleaning plans that the cleaners followed and audits were carried out to check the cleanliness of the home. These checks showed that the deep cleaning schedule had not taken place and that another cleaner was needed. A new cleaner was in the process of being recruited.

Not all areas of the service were clean and hygienic. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Not all prescribed medicines were managed safely. Some people had been prescribed specialist skin creams for their individual conditions. These creams were not being safely managed. Some creams were stored in people's rooms and other creams were stored in named baskets in a separate locked cupboard. Creams belonging to someone else were in at least three people's rooms and the named baskets had creams in belonging to other people. Staff told us that they used the creams that were either in people's rooms or in the baskets. The name on the creams was not checked which meant that people were being given creams that has not been prescribed to them. When people are given wrong prescriptions there is a potential that they could suffer from an adverse reaction.

People had not received the creams they had been prescribed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported to take their medicines on time. Pain relief was offered when needed and people had an individual plan in place to make sure any side effects were managed. Tablets and liquids were stored securely and checks were carried out. There were records of medicines received, disposed of, and administered. Daily audits were carried out to make sure people had received the correct tablets and liquids. Monthly audits provided additional safeguards to make sure medicines were in stock and in date. The supplying pharmacy carried out quarterly quality checks. If audits identified any shortfalls, such as gaps in medicine administration record (MAR) charts there was evidence that action had been taken.

Checks were carried out to make sure the premises and equipment were safe and well maintained. These included checks on fire alarms, fire equipment and the premises to make sure they were free from clutter. Other equipment such as hoists, wheelchairs and bed rails were checked to ensure they were safe to use.

Incidents and accidents, including falls, were audited monthly to identify any patterns and trends. The audits identified a pattern of falls and the manager had adjusted staff numbers during the day and put individual support plans in place for people who were at high risk of falls. The audits showed that following this, the number of falls had decreased.

People had individual risk assessments which were reviewed regularly. Some people who had nursing needs were at risk of pressure sores and these were managed safely. When risks were identified there was guidance for staff about how these should be managed. Some people had behaviours which affected their own or others people's

Requires Improvement

Is the service safe?

safety. There were guidelines in place for staff to follow to reduce the risk of these behaviours. A senior member of staff told us, "I feel we meet the people's needs here and if I think things have changed, I reassess the person, discuss the changes with the manager and alter the care plan. The rest of the staff would be told at handovers." This meant that staff noticed any changes in people's needs, risk assessments were reviewed and they were up to date

There were policies and procedures in place to make sure staff were aware of what actions they should take if they had any concerns about the safety of people using the service. Staff understood about different types of abuse and knew what to do if they were worried about the safety of anyone who used the service. Staff told us the actions they would take and said that they would talk to the manager or a senior manager. One member of staff told us, "The management team would take things like this seriously as they trust us." Staff had completed training in safeguarding people. The manager knew who to report to and had contacted the local authority safeguarding team when any concerns were raised.

People were protected by safe recruitment procedures. Appropriate checks were carried out on new members of staff. These included checking that prospective members of staff had disclosed a full employment history. Any gaps in employment history were checked, satisfactory references were obtained and Disclosure and Barring Service (DBS) checks were completed. These checks identify if prospective staff have a criminal record or are barred from working with vulnerable people.

There were enough staff to meet people's needs One person told us, "There is always someone about if I need anyone". A visitor said, "There is always someone about". The skill mix of staff reflected the needs of the people using the service. The service was only providing nursing care to a small amount of people at the time of our visit, but there was always a nurse on duty who was supported by senior and care staff. There was a dependency assessment tool which allowed the manager to assess the amount of staff needed according to the needs of the people who used the service. Staffing levels had also been adjusted following quality checks so that more staff were available at key times. The staff rotas showed that there was always the amount of allocated staff on duty. There were arrangements in place to cover sickness or annual leave through the use of agency staff. During our visits there were staff present in the communal areas and staff checked on people who stayed in their rooms or who were on bed rest. There were enough staff to help people at meal times and the call bells were answered quickly.

Good

Is the service effective?

Our findings

Our observations showed that staff knew and understood the needs of people who used the service and were able to tell us what support people needed. One person told us, "They know what I need help with" and another person said, "I get any help I need". A relative told us, "The staff know what they are doing".

New members of staff were given support when they started. They spent their first week completing an in-house induction which included working with more experienced staff, getting to know people and learning about health and safety at the service. Following this, staff completed a full induction programme in line with the Skills for Care 'Common Induction Standards' which These are the standards people working in adult social care need to meet before they can safely work unsupervised. This took place over a three month period. Staff completed a workbook and were then assessed by the manager to ensure they were competent to meet people's needs.

All staff had a personal training record and received regular training updates which included as moving and handling, health and safety, infection control, safeguarding adults, food hygiene and fire safety. Staff had training in dementia care, supporting people with challenging behaviours, understanding diabetes. Team leaders and senior staff had been booked to attend further specialist training in basic life support and managing people's insulin.

Staff competencies were checked through observations and regular supervision meetings. These meetings gave staff the opportunity to discuss their role, reflect on their practice, talk about training and receive and provide feedback. Staff had an annual performance review which set them goals for learning and development for the following year. One member of staff said, "They always ask how you are or if you have any problems in supervisions". Staff told us that they felt supported by their colleagues, which promoted good teamwork.

The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make a specific decision. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of these policies, their responsibilities and had received training. The manager had made arrangements for people to be assessed so that staff would be aware of the support people needed to make decisions.

Staff understood how to protect people's rights to make their own decisions wherever possible. They described how they gave people choices every day so that people were supported to make daily decisions about their care. Some people could make day to day choices such as what clothes to wear, what to have for lunch or what type of activity they wanted to take part in, but lacked capacity to make more complex decisions. People's care plans recorded the support people needed. When someone had been assessed as not being able to make decisions, staff were given guidance about how to support the person. Further arrangements for supporting people included meetings with next of kin, health and social care professionals and a representative or advocate to discuss decisions made in people's best interests.

There was one main meal on offer each day such as a casserole, lasagne, a roast dinner or fish, with a second choice of an omelette, jacket potato or a burger in a bun. People told us that they enjoyed the meals and staff confirmed that the cook would sometimes provide an alternative main dish. People could choose where they wanted to eat their meals and most people used the dining room. Some people preferred to stay in the lounge and eat at small tables and staff supported them to do this. The lunch time meal was not rushed and people were able to spend as much time as they needed to eat their meal. People were relaxed and people in the dining rooms were sitting together and talking. The staff supporting them knew what support people needed and staff respected people's wishes by prompting people or asking them if they wanted help to cut up their food.

Staff were familiar with people's different dietary needs, including diabetic and soft diets. Nutritional assessments were in place to identify any risk of malnutrition and dehydration. Food and fluid charts monitored the food and drink people had. Weights were closely monitored and any weight loss was recorded and advice sought about it. People were referred for specialist support from speech

Good

Is the service effective?

and language therapists and dieticians where required. Records showed that referrals were made promptly when needed and any guidelines produced by health care professionals were followed.

People had regular appointments with dentists, opticians, and other health care professionals as required. The GP was contacted if the home had any concerns about people's health. Visitors told us that they were kept informed if their relatives were unwell or needed to go to hospital. Some people had a DNAR (Do not attempt resuscitation) forms in place. These were signed by the appropriate professionals. Appropriate medical assistance was sought where there were any concerns about people's health.

Staff were aware of the importance of providing pressure area care for people with restricted mobility. Pressure relieving equipment was in place and these were being used correctly. Appropriate guidance had been sought from health care professionals and all wound management was clearly documented.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "They [the staff] are good. I can talk to anyone". Another person said, "People are so nice here", a third person said, "They make me laugh". Relatives spoke positively about staff and told us that they felt staff cared about the people. Relatives told us they could visit whenever they wanted and that, "Nothing was too much trouble" for staff.

There were times, during our inspection, when some people become agitated or upset. Staff responded in a patient and caring way and spent time reassuring people. One person was sat in a hallway and was getting agitated; a member of staff approached them and asked what was wrong. They listened to what the person had to say and resolved their problem. This person then smiled at the member of staff and thanked them for their help.

Staff were kind and patient and understood people's needs. When people needed help to walk around staff walked with people at the person's pace. One person needed to be moved using a hoist. Staff explained to them what they were doing and why they were doing it. Staff asked people if they wanted help with different activities and gave them the support they needed. Staff stopped to talk to people and asked them how they were feeling. Staff knew how to communicate with people and spent time laughing and joking with people who responded in a positive way.

People were given support at lunch time, and staff gave help to people who needed assistance with their meal. One person came into the dining room and was introduced to the person they sat next to. One person kept walking off and not eating their meal; staff guided them back gently to their table and encouraged them to eat their meal. After lunch staff checked everyone had enough to eat. Staff noticed that one person was using their knife instead of their fork to eat their meal. They sat with the person and encouraged them to use their fork explaining that this would be safer.

Before staff entered people's rooms they knocked on doors and closed the doors behind them when giving personal care so people's privacy and dignity was protected. Staff talked about how they protected people's dignity and knew each person well and were able to demonstrate a good understanding of each person's needs and how to meet them. Staff explained how people preferred to spend their time. People told us that staff were always patient and one confirmed that staff always asked them about different things, such as where they wanted to sit or checked on them to make sure they were comfortable.

Information about people's personal histories was recorded in their care plans. This was important because information about people's past helped staff have an understanding about who the person is today. Staff had a good understanding of people's individual needs and preferences and used people's preferred names. Care plans recorded people's likes, dislikes and preferences about how they liked to be supported or when they wanted to get up. Individual cultural and religious needs were recorded and people were encouraged and supported to maintain their beliefs. One person liked talking about holidays and reminiscing about times they spent by the sea and staff spent time with this person encouraging them to talk about these times.

People were involved in making decisions about what happened in the service. There were regular resident meetings and items on the agenda included things of interest to people such as outings and different events that were being planned. People and their relatives had been asked if they wanted to be involved in a social network site. Most people did not know what this was and relatives had said they would prefer for this not to happen so arrangements for this had been stopped. People had been asked if they wanted a Halloween party and people had responded by saying they thought Halloween was for children. People's opinions were listened to. A survey had been completed about meals and people had wanted soup on the evening menu and so soup had been provided.

Good

Is the service responsive?

Our findings

Staff involved people as much as possible in writing their care plans by asking them about their likes and dislikes and wishes. Relatives were included so they could be involved. Staff told us how they encouraged people to be independent by supporting people to do things for themselves. One member of staff said, "Everyone here is different and we just take the time to get know them and that means we can help people properly".

When people moved into the service an assessment was carried out and an initial care plan was written which gave staff guidance on how to meet people's immediate care needs. This was reviewed within a month and developed further as staff got to know people better. Care plans were reviewed on a monthly basis by a senior member of staff. When there was a change in people's care needs the care plan was updated. Staff were given the information at handover meetings and they regularly checked the care plans to check what support people needed. Care plans included information about people's personal care needs, communication needs, mental health needs, health and mobility needs. Each care plan contained individualised personal information about people. They were specific to each person and noted what people could and could not manage for themselves and what they needed help with. Where people had nursing needs any clinical interventions were clearly recorded and care plans clearly described any nursing support needed.

People had regular appointments with dentists, opticians, and other health care professionals as required. Staff took action and sought medical assistance when there were any concerns about people's health.

People were happy with the activities provided and were given a choice of different pastimes to take part in. People told us that they could choose what they wanted to do. One person said, "Sometimes I don't bother, but I do like a good film and there is often one on". People had opportunities to join in individually or as a group. Sing-alongs were popular and on the day of our visit people joined in with a visiting entertainer. One person was not keen and staff supported them to move to another area so they didn't have to join in. Individual reminiscence boxes were being introduced and they contained things people liked or were familiar with. Boxes contained objects relating to these likes and interests. One person liked cats and their box contained cat related items and another person's box had gardening related items. Other activities included going out shopping, going for walks and visiting local coffee shops. People joined in different games and were supported to participate in different arts and crafts.

Regular church services were held, some were of a non-denominational nature for people to take part in. People's cultural and spiritual needs were supported and arrangements were in place so people's different beliefs were respected.

There was a complaints procedure which gave the timescales that complaints would be responded to and details of who people could complain to. Details of external agencies that people could contact, such as the local authority, were included if people felt their complaint had not been dealt with to their satisfaction. For each complaint there was an investigation record that detailed the key issues, the actions taken and whether the complaint had been upheld. People were responded to within the stated timescales and received a written response. A visitor told us that they had made a complaint just after their relative moved into the home. They said, "It was taken completely seriously and the manager made contact to ensure everything was ok." The visitor told us they were confident that, "Any other issues would be sorted out". Another visitor said, "I can always find someone to speak to, and am happy to say if there is anything that needs sorting out".

People who used the service could talk to the manager or an individual member of staff if they had any concerns. People were encouraged to discuss any issues at meetings. There was a dignity champion in place who was a member of staff. A dignity champion is someone who represents people using the service to make sure their views and opinions are listened to. People were invited to take part in regular meetings arranged by the dignity champion. The meetings gave people the opportunity to speak freely. When issues had been raised they were resolved. People had commented on the use of mobile phones by staff and that sometimes they felt that staff, "Talked over them". These issues had been discussed at the meetings then addressed with individual staff at staff supervisions and meetings.

Requires Improvement

Is the service well-led?

Our findings

People knew who the manager was and that they were available during the day. The manager was present around the service and spoke with staff and people and made time to speak to relatives.

Monthly checks and audits were carried out by the manager to make sure the service was safe. Audits included checks on care plans, medicines' management, infection control, pressure ulcers, nutrition, weights, accidents and incidents, the safety and suitability of the premises, staff training and development and risk assessments. Most of these checks identified where actions needed to be taken. There were some inconsistencies and not all actions from audits and checks ensured that issues were resolved. The manager had identified that the incorrect use of creams was of concern and although had taken some actions to resolve this, creams were still being shared. Checks carried out on the cleanliness of the service were ineffective as they had not identified issues with infection control in the service. The monitoring of falls had contributed in changes made to how staffing was arranged and this had reduced the amount of falls as more staff were available at key times.

We recommend that the provider considers current good practice guidance so that audits are more effective.

The manager understood her role and knew what her responsibilities were. She was supported by nurses and senior staff on a daily basis. The manager told us that she received good support from senior managers within the organisation. There were regular meetings with the senior management team to review what was happening and discuss any areas for improvement. The senior management team also carried out checks on the service. The manager had put processes in place so that she could support staff and monitor what was happening in the service.

A regular staff survey was carried out and staff attended meetings and were invited to contribute to the running of the service. Staff told us that they felt well supported and said that the management team was, "Very supportive" and the manager was, "Approachable". Staff told us they had regular supervisions and felt listened to. One member of staff said, "I don't think you could ask for a better manager, she makes sure there is a good team here, is friendly and cares for the service users".

Staff understood their roles and responsibilities. They knew what they needed to do to meet people's needs. Senior staff took the lead in contacting health care professionals when referrals needed to be made. Nurses were responsible for the people who had nursing needs and monitored their care. Each person had a key worker, who gave support and promoted continuity and made sure people had enough toiletries and clothes to wear. Staff spoke with visitors and relatives and kept them informed of any changes in people's needs.

The manager kept up to date with good practice and attended training to improve practice. This included training in research so they could work with the National Health Service (NHS) to develop dementia care. Three staff were being trained as nutritionists so they would be available to give advice and support for people's nutritional needs. Part of the redecoration programme included colour coding areas of the service to make it a more dementia friendly environment.

There was an open and transparent atmosphere where people using the service, visitors and staff had the opportunity to make their opinions known. People were included in the running of the service through meetings, surveys and questionnaires. People's views were listened to and acted upon and actions taken if people raised any concerns or had any opinions on what they thought could be improved. Staff were clear about the ethos of the service and told us that people were at the centre of everything they did. The provider organisation had sent out a survey to people and their relatives. The results were in the process of being analysed. Feedback from people we spoke with and records from meetings and thank you cards showed that people were happy with the service and felt confident in raising any issues or concerns.

There were a range of policies and procedures for staff to follow. Staff told us they knew where to find these. Staff said the policies and procedures gave them the guidance they needed. One member of staff told us that the whistle blowing policy had been useful and when they had to raise an issue about another member of staff it was dealt with, "Fairly and confidentially".

Requires Improvement

Is the service well-led?

Communication worked well in the service and staff were updated at handover meetings so they knew what was happening and if there were any changes to people's specific needs. Handover records were monitored and reviewed to make sure that staff were given appropriate information about the people they were caring for.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People were not being protected by the effective operation of systems designed to assess the risk of and prevent, detect and control the spread of a health care associated infection and the maintenance of appropriate standards of cleanliness in relation to the premises occupied for the purpose of carrying on the regulated activity. Regulation 12 (2) (a) (c) (i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with the unsafe use of medicines. Regulation 13