Mother Redcaps Care Home Limited

Mother Red Caps Home

Inspection report

Lincoln Drive
Wallasey
Merseyside
CH45 7PL
Tel: 0151 639 5886
Website: N/a

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 26 March 2015 and was unannounced. The previous inspection took place in January 2015. The provider had met the standards that were inspected.

The service had a registered manager. 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.

Mother Red Caps Home is in a residential area of Wallasey on the Wirral. It overlooks the Mersey estuary. The home has capacity for up to 51 people. At the time of our inspection, 28 people lived at the home. 10 of the people who lived there required nursing care. The home is a large building over three floors and all rooms are for single occupancy. At the time we visited, the lower floor unit was providing residential dementia care for 12 people; the ground floor unit was providing nursing and residential care for 14 people; and the first floor was

Summary of findings

providing residential care for two people. There were communal lounge areas on each floor. Plans were in place to re-locate people from the ground floor to the first floor in the week following our inspection.

People who used the service told us they felt safe when receiving care in their home. However, some people told us they had to wait for assistance as staff were often busy. We found that staffing numbers were insufficient and people's personal care needs were not always met in a timely manner.

Recruitment processes were robust so that people were supported by staff of a suitable character.

Medicines were managed safely and people received their medicines as prescribed. Improvements had been sustained since our last inspection in January 2015.

The service was not effective in upholding the rights of people who lacked capacity. Decisions were made without informed consent being obtained.

People told us they enjoyed the food that was on offer and had plenty of choice. However, the arrangements for meal times were hap-hazard and people were unnecessarily made to wait to be assisted to eat.

People were cared for in an environment that was not dementia friendly. Even though some activities were seen to take place, people with dementia did not have access to any meaningful activities.

People who used the service and their relatives told us they had no complaints about the service. They told us they knew how to make a complaint and felt the manager was approachable.

The service was not always well managed because systems were not in place to ensure the rights of people who lacked capacity were upheld. People spoke highly of the management team that was in place. The registered manager was continually trying to improve the service and had plans in place to demonstrate how they were going to do this.

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. This was because staffing numbers were insufficient. People's personal care needs were not always met in a timely manner.

People who used the service told us they felt safe when care was provided. However, some people told us they had to wait for assistance as staff were often busy.

Recruitment processes were robust so that people were supported by staff of a suitable character.

Where risks to people's safety had been identified, risk assessments had been drawn up and were reviewed on a regular basis.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not effective in upholding the rights of people who lacked capacity. Decisions were made without informed consent being obtained. Staff were not knowledgeable of the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS), even though most of them had received the training.

People told us they enjoyed the food that was on offer and had plenty of choice. However, the arrangements for meal times were hap-hazard and people were unnecessarily made to wait to be assisted to eat.

Improvements were required to ensure that people who had dementia were supported in an environment that was 'dementia friendly'.

People had access to a variety of health professionals and any changes to people's healthcare needs had been incorporated into their care plans.

Is the service caring?

Good

The service was caring.

People who used the service said that staff were caring. People told us their privacy, dignity and independence was respected and promoted.

Discussions with people, our observations and examination of records showed that people were involved in the planning and delivery of their care.

Relatives of people who used the service told us that excellent relationships were seen to be present between staff and people who used the service.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not responsive to the social needs of people who had dementia. The service was responsive to the healthcare needs of people who lived at the home.

People did not have access to activities that were centred on their individual needs. People told us that staff were often too busy and had no meaningful time to spend with people who lived at the home.

Care plans were written around the individual needs, preferences and choices for people who used the service.

People spoken with had no complaints about the service. We saw that processes were in place to deal with complaints should they be made. Staff felt that any complaints would be dealt with appropriately by the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well led because senior staff members including the registered manager were not always aware of their responsibilities under the MCA (2005) to ensure the rights of people who lacked capacity were upheld.

Systems were in place to check on the quality of care that was provided, however they did not pick up the concerns we found with regards to the MCA (2005)

People spoken with had no concerns about the management team and told us they were approachable and easily contactable.

Mother Red Caps Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 March 2015 and was unannounced.

The inspection team consisted of one adult social care inspector, a specialist advisor (SPA) who was a registered nurse 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.

Due to the inspection being scheduled at short notice, the provider was not asked 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. Before our inspection, we reviewed the information we held about the service, which included notifications they had sent us. We asked health and social care professionals about their experiences of the service. None of them raised any concerns to us.

During the visit we spoke with 10 people who used the service and two of their relative's. We spoke with six members of the staff team including the registered manager and the quality assurance manager.

We reviewed a range of records about people's care and how the service was managed. These included the care plans for 10 people, the training and induction records for five members of staff, medication records for five people and quality assurance audits that the management team had completed.

Requires Improvement

Is the service safe?

Our findings

We found that staffing numbers were insufficient and people's personal care needs were not always met in a timely manner. We asked people if their needs were met. The responses received were inconsistent. One person said; "They need more staff. I often have to wait 5 to 10 minutes to go to the toilet. I am unable to walk around myself." Another person said; "I never have to wait. If I ring and tell the carer I am wet they either change me straight away or if they are busy will say they will be back in a few minutes and they are."

People's relatives told us that staff were seen to be very busy. One of them told us; "There is never enough care staff. If only two are on duty (on each floor) and are bathing someone and then the buzzer goes, what do they do? (They) leave the person or make someone wait." Another relative said; "There is never enough staff. Because of amount of time it takes to do things they are never idle, but they never have any excess time to spend with the residents."

Staff told us that they were often very busy. All but one staff member said there was enough staff to meet people's needs. However, one member of staff told us that there had been recent occasions when they hadn't been able to give somebody a bath as they didn't have time because they needed to assist others. They said they had to give the person an 'all over wash' instead. However, people did not tell us that their hygiene needs had not been met.

There were two occasions during our visit when we had to request staff to assist people because of the lack of staff presence in the communal lounges. One person who was at risk of falling was seen to try and mobilise themselves across the room to another chair. Another person became distressed and asked us to take them to the toilet. We later asked them how long they had been waiting for and they told us; "It seemed to go on for ages."

We saw that call bells were answered promptly during our visit. However, the first floor was not staffed as only two people was residing there. When they pressed their call bell, staff had to leave the floor they were on which left only one member of staff to supervise 12 people who had dementia. In addition to this we looked at the care plans for two people on the dementia unit that stated they needed the assistance of two staff for toileting and getting in and out of bed. Therefore during these times, no other staff members were available on this floor to attend to people's needs. This put people at risk of not receiving care when they needed it and their health, safety and welfare had been compromised.

We spoke with the registered manager about the concerns that were raised. She told us that she often worked the floor and assisted when required. She was able to show us on the staff rota that an extra staff member was to be deployed in the week following our inspection. The registered manager explained that the first floor was to be fully opened the week after our inspection and people were to be re-located according to their needs. Each floor would be for residential dementia care, nursing and residential care respectively. She told us that staffing numbers were assessed taking into account the number of people and their individual needs. The registered manager told us that the staffing levels at the home far exceed the expectations of the Royal College of Nursing (RCN) guidance. However, we found this was not fully reflected in people's experiences.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had not taken the appropriate steps to ensure that there were sufficient numbers of staff to ensure that the health, safety and welfare of people were protected. This corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service said their relatives said they had no worries or concerns about the way they were treated by staff. One person said; "I feel very safe here. I know all the staff now and there is always someone around. It is good because I don't have to be frightened of anything and to be safe is important to me now I am on my own." Another person told us; "Yes I feel safe and have key worker who I can talk to. I just ask her if she has got a minute and she will come and see me."

A GP who had patients at the home contacted us following our inspection. They told us; "I believe they provide a good standard of care and are clinically safe." Another GP said; "It seems a very good home now. The nurses are always friendly when I visit. It is nice inside after being redecorated. I am sure that the home is safe."

Requires Improvement

Is the service safe?

Staff had undertaken training on safeguarding adults from abuse. The staff who we spoke with confirmed that they had completed this training during their induction programme and then again as refresher training on a regular basis. Records confirmed that training in safeguarding was current for all members of staff. Discussions with staff demonstrated they were knowledgeable about the different types of abuse that could occur and they knew how to report it. Staff said they could approach the manager with any concerns and felt they would be appropriately dealt with. We were made aware of an incident that occurred prior to this inspection. We spoke with the local authority about this and an investigation was on-going at the time of our visit. We saw the provider had taken the appropriate action in relation to this.

We checked the recruitment records for five members of staff. We saw that before any member of staff began employment with the company two references were obtained. We saw that Disclosure and Barring Service (DBS) checks were completed before people started to work at the service. This showed the provider had a system in place to check that people were supported by people of a suitable character. We saw that nurses' registration with the Nursing and Midwifery Council (NMC) was also checked at frequent intervals.

Risk assessments were held within the files and they recorded how identified risks should be managed by staff in order to keep people safe. They covered areas such as the risks of falls, mental health, the use of bed rails and moving and handling. Formal recognised assessment tools had also been used as part of the risk assessment process. We saw the risk assessments had been updated on a regular basis.

We looked at the medicines records for five people who used the service. We saw that accurate and consistent records were kept on medicines that were administered, received and disposed of. Cream charts were also in use and provided guidance to staff on where creams were to be applied. We saw there was a system in place to ensure that people were given their medication at safe time intervals with times accurately recorded on the Medication Administration Record sheets (MARs). Many people who lived in the home were prescribed medicines to be taken only 'when required' (PRN). For example, painkillers and medicines for anxiety. We found that information was in place to guide staff on how to give each of these medicines and exactly what dose was required. This ensured that the medicines were given correctly and consistently with regard to the individual needs and preferences of each person. We found that suitable arrangements had been made for the safe storage of all medicines. Controlled drugs were also kept securely in locked cupboards to prevent misuse. One person told us; “They are very careful about tablets. They make sure you get them when you should.”

We saw that fire alarms and equipment were tested on a regular basis and fire drills had also taken place. We looked at certificates that showed fire equipment had been recently passed as fit for purpose by an external company. In addition to this the provider had certificates to show compliance where gas and electrical safety was concerned. We looked at how equipment was managed in the home. We saw certificates that showed equipment such as hoists, bed rails and mattresses had been examined by a competent person in the last six months. The service employed a maintenance person who had also carried out their own regular checks in relation to this as well as other areas such as legionella and other aspects of health and safety.

We spoke with an environmental health officer during our visit. They informed us the service had just been awarded a 5 star food hygiene rating (very good).

Requires Improvement

Is the service effective?

Our findings

The service was not effective in upholding the rights of people who lacked capacity. The staff and the registered manager did not have an appropriate understanding of the MCA (2005). All but one of the care staff we spoke with told us they had received MCA training but none of them could answer any questions about the act and how it applied to their role. At our last inspection, we followed up concerns and found the provider had put the appropriate processes in place when people were given their medicines covertly and informed consent had been obtained. On this inspection we found that informed consent had not always been obtained where the use of bed rails and do not attempt cardiopulmonary resuscitation (DNACPR) were concerned. The provider and staff had not carried out a mental capacity assessment or best interest decision in order to validate or justify these decisions that had been made. We saw that GPs had also signed to agree to decisions around DNACPR but there was not always evidence to suggest that people had been asked about this. We saw that family members were asked to consent to the decisions around the use of bedrails on behalf of their relatives. There was no evidence in the care files we looked at to show that relatives had the appropriate legal authority to do this, such as lasting power of attorney for care and welfare.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because there were not suitable arrangements in place for obtaining and acting in accordance with, the consent of people using the service. This corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager and quality assurance manager about our concerns with regards to the MCA (2005). They acknowledged that the correct processes hadn't been followed. The registered manager was able to provide evidence that she had already booked herself onto MCA and DoLS training with the local authority in the week following our inspection. The registered manager had also sourced additional training for all members of staff so that the MCA (2005) was fully understood and consent would be obtained in accordance with legal requirements. The registered manager assured us that they would have due regard for the MCA (2005) when re-locating people in the home in the week following our inspection.

The Care Quality Commission monitors the operation of DoLS which applies to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation which is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. We discussed this with the registered manager who was able to demonstrate that she had worked in partnership with the local authority with regard to DoLS notifications that needed to be submitted. She was aware of the 2013 Supreme Court judgement and its implications on compliance with the law. This was demonstrated through her reasoning for why some of the people who lived at the home needed a DoLS assessment. The registered manager explained that no applications had been submitted to the local authority yet as they were following guidance from them due to the back log of applications.

People who used the service and their relatives told us that the care was effective. A relative told us; "Mum was very ill and when she came out of hospital. It was a case of us keeping bedside vigil and looking like end of life care. But the staff here were excellent. Pumping fluids, and encouraging her to eat and as you have seen she recovered." A person who lived at the home said; "It is excellent here."

We saw contact with health care professionals was recorded. This included contact with GPs, speech and language therapists, opticians, dieticians and district nurses. Correspondence to and from health care professionals had been retained and any advice given about people's care had been incorporated into their care plans. A GP told us; "I've never had reason to doubt that the staff are caring or effective at their jobs."

We looked at the training records for five members of staff. We saw that training was current in areas such as first aid, moving and handling, dementia awareness, medication and fire safety. Additional training had also been recently sourced around moving and handling for all members of staff. We saw there was a rolling training programme in order for training to be refreshed on an annual basis. Staff spoken with confirmed they had received this training. Staff also told us that they were supported by the provider to gain National Vocational Qualifications (NVQ) levels 2 and 3

Is the service effective?

in social care. Staff told us that team meetings and supervision meetings had taken place with the management team on a regular basis. Appraisals were also completed on an annual basis. Members of staff who were new to their roles told us that their induction was thorough and they had spent time shadowing other staff members in order to get to know the people they supported.

We saw that people had nutritional risk assessments within their care files. They were monitored on a monthly basis. People's weight was also monitored and recorded on a regular basis. It was documented that people had maintained a steady weight.

We observed both lunch and tea being served in the dementia unit. The arrangements were hap-hazard and people were unnecessarily made to wait to be assisted to eat. At lunchtime, three people required assistance and only two staff were on duty in the unit. The meals for all three people were brought into the dining area. Because the two staff members were each assisting a person to eat, the other person was seen to sit and wait for a period of 20 minutes and their meal had become cold during this time. At tea time, we saw one person was also made to wait for a period of 30 minutes to be assisted to eat. This should have been avoided and increased the risk of the person becoming distressed if they were not able to understand why they had to wait for their meal.

Before lunch and tea was served, we saw staff offer choices to people if they didn't want what was on offer. One person refused to eat their meal and we saw staff offer alternatives. The person still refused and we heard a staff member say; "If you get hungry later let me know and I'll get you a butty."

A four weekly menu was available for people to look at. However, the print was very small was not available in pictorial format. Even though staff had offered them a choice, people may have limited ability to remember what was on offer due to their dementia. The food looked well-presented and appetising. There was very little that went to waste. Drinks were also given to people throughout the day and during mealtimes to ensure they stayed hydrated.

People who used the service told us they liked the food that was on offer. One person told us; "The food is great. They listen to what kind of food you want and give you a choice every time. And if you don't fancy it they ask you if you would like such and such instead." Another person told us; "The food is good. Plenty of food and plenty of variety." A visiting relative also said; "From what we have seen the food is healthy and nutritious and always looks nice."

The dementia unit was not 'dementia friendly'. The signs on the bathrooms and toilets were in very small printed writing and difficult to read and therefore not easily identifiable. Apart from one instance, the doors and surrounding walls to people's bedrooms lacked personalisation to support orientation. There were very few items about for people to touch, pick up and encourage interest or discussion for people living with dementia. This meant people could become more confused and distressed.

We recommend that the provider explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

Good

Is the service caring?

Our findings

People who used the service told us that the staff were caring and their privacy and dignity was promoted. Comments from them included; ""Yes they respect my privacy and treat me with respect. I have to rely on them for nearly everything as I am in bed all the time at the moment. They make sure I am covered when they wash me and stuff", "Staff here will do anything for you" and "I put all my trust in the world in the staff here. Wouldn't go home for the world."

Relatives of people who used the service believed that staff were caring. One person told us; "Staff are caring and friendly, all of them both day and night. It's very relaxed and comfortable. They treat you with respect but will have a laugh and a joke." Another relative said; "The staff are very caring and always treat us all with respect and keep us informed about how things are with mum."

Throughout the day of our visit we observed that people looked content, happy and comfortable with the staff that supported them. We saw staff being kind and supportive to the people they supported. Staff spoke to people in a caring and compassionate manner. People were appropriately dressed and well groomed. It was hairdresser day and many of the women who lived at the home had their hair styled. We saw staff explain things before carrying out any interventions. For example, we observed a person being hoisted. The staff member explained what they were doing and were about to do. They offered re-assurance so that the person's dignity was preserved at all times. The person's relative told us that they were very good and never rushed them even when they were busy.

People's wishes and preferences were documented and respected in relation to the care being provided. This had been done with their relative's involvement where necessary. Care records contained information about the life history of each person and provided guidance for staff on how people were to be supported. People's personal preferences such as their daily routines were also taken into account. One person told us; "I get up whenever I like and choose when to go to bed. We are all nodding by 9 so go then but you are free to go to your room anytime in the day." Another person said; "I choose my own clothes but I get mixed up some times so they help me decide."

Relatives of people who lived at the home told us they felt involved in their relatives care. One relative told us; "The staff have taken time to find what they like and when I asked if I could decorate their room, I was told to choose some paper and they would do the decorating. Mum was also involved." Another relative said; "Staff interact appropriately from what I have seen, with both with residents and each other. They always offer us a drink when we come and listen to what we have to say about mum and her care."

Staff gave us practical examples of how people were supported in promoting their independence. Staff explained that they encouraged people to do things for themselves if they were able to but were always on hand to support them.

We saw that advocacy services such as Age UK were available to people should they be required. This information was on display in the reception area of the home. Nobody at the home had the services of an advocate at the time of this inspection.

Requires Improvement

Is the service responsive?

Our findings

Where people were able to communicate with us, they told us that the service was responsive to their health care needs and they had plenty of choices around the care that was provided. One person told us; "They listen to what I say and explain things to me if I have a problem or anything but they know if I am not well without me saying and will get the GP if needed."

People told us they had access to activities like bingo, balls games and quizzes. Some of them said their relatives would sometimes come and take them out for the day. People also told us they enjoyed sitting outside looking at the views of the River Mersey when the weather was nice. One person told us; "I don't really join in. Bingo and quizzes are not my kind of thing. I listen to music in my room". Another person said; "I have everything I need here. I have my crochet, my quiz and puzzle books and my TV. I have just played Bingo."

Relatives of people who used the service told us they thought the service was responsive to their relative's healthcare needs. However, one relative said told us; "The staff are task orientated and there is no real one to one time. It would be nice if they had time to just sit and really talk to the people they care for." Another relative said; "We do feel listened to now. For example sometimes mum can be a bit whiffy as she has urine infections and I can smell her when go to kiss her. Staff have what I call 'nose blindness', but if I mention this they will make sure they give her a bath that day."

We saw staff promoting independence and choice. For example, we saw people made decisions on what they wanted to eat and drink or whether they spent time in their rooms or the communal lounges. However, during our observations on the dementia unit we saw that staff were not always available to actively encourage or stimulate people to do things such as activities that were suitable for people who had dementia. Staff did try to sit and talk to people when they could but this was associated mainly with practical routine care tasks. The only meaningful activity we saw on the unit was a care assistant having a game of scrabble with one person during the afternoon. However, we did see two people who lived on the unit go onto the other unit to take part in a game of bingo.

We saw that a weekly plan was on display in both units that showed various activities were on offer throughout the week. These included reminiscence, hand and nail therapy, pamper morning, dominoes, bingo /quiz, board, card and ball games, skittle, gentle exercise, knitting session / arts and crafts, baking club and a sing-along session. Staff told us that various outside entertainers came in to the home. Care staff also told us that they would often oversee these activities as the activities coordinator only worked part time. Staff told us that although the planner was on display, these activities were ad-hoc and dependant on what people wanted to do. One member of staff said that they did not always have time to do them because they were carrying out personal care tasks. They told us; "Although every day is different there is not enough staff. The residents get washed and have their personal care but I wish we had an extra pair of hands." Another member of staff told us; "Some days are busier than others but I do feel rushed sometimes."

We raised our concerns with the registered manager and the quality assurance manager. We were told that plans were in place to recruit a full time activities co-coordinator once the occupancy of the home increased.

The care plans we looked at were written around the needs of the person and what was important to them. This included the level of support that was required for each person. We saw they were evaluated on a monthly basis or sooner if required and when people's needs changed.

A GP who visited the service told us; "The staff always answer the telephone and call for advice should they need it, they don't call us out for trivial reasons and seem to be vigilant with respect to signs of ill health in the patients there."

People who used the service and their relatives told us they knew how to make a complaint or raise concerns to the service. Two relatives told us they had raised complaints in the past and they were quickly resolved by the current manager.

We looked at the system in place to deal with complaints. It was evident there was a detailed audit trail of how concerns and complaints were managed and dealt with to the complainants' satisfaction where possible in a timely manner. We read the complaints procedure which was on display in the home. It was also available within the operational policies and procedures for the service. It was

Requires Improvement

Is the service responsive?

clear that people were given the right information about who to make complaints to. Staff felt that complaints would be investigated thoroughly by the management team and would be quickly resolved.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the Commission since 2 March 2015.

A quality assurance system was in place for both the registered manager and the provider. The registered manager carried out monthly audits of various aspects of the service's operations such as medication management, accidents / incidents, care planning and health and safety. A quality assurance manager also conducted visits to the service on a regular basis. Where concerns or areas of improvement where identified, we saw that there were systems in place to monitor that progress that had been made. However, we found the system did not ask appropriate questions to ensure the service had due regard for the MCA (2005) and therefore did not pick up the concerns we found.

Registered managers and providers are legally obliged to notify the Commission without delay, of incidents that had occurred within services. We saw an incident had occurred prior to our inspection but we had not been informed until two weeks after the event. We spoke with the registered manager about this before our inspection and she acknowledged this had not been submitted because she was on annual leave. We saw that the services quality assurance systems had picked this up and processes were put in place to ensure this was not repeated.

The registered manager told us that staffing levels were assessed using her experience of nursing alongside her knowledge of people's individual requirements to ensure safe and appropriate staffing levels. She was able to demonstrate that they were recruiting for more staff and an additional care assistant had been assigned to the staff rota for the week following our inspection and beyond. Because we had not seen how this would impact on people who lived at the home, we could not judge if this would be effective and responsive to people's needs.

People who used the service and their relatives spoke highly of the registered manager and said she was approachable. A person who used the service told us; "Yes I know who the manager is. She was in here earlier. She is very nice to talk to." A visiting relative said; "It has improved recently. It's a work in progress but things seem to have turned things round 360 degrees." Another relative said "There is no problem with the ethos of the home. It is a friendly atmosphere."

A GP who often visited the service told us; "I would have no concerns regarding recommending the home to one of my patients." Another GP told us; "Over recent months I certainly haven't had any concerns about the care they provide for their patients; the home seems to be well-run and the staff know the patients who live there very well and come across as if they care a lot about them."

We looked at the medication audits that had been carried out by the home manager on a monthly basis to ensure continued progress had been made. Where concerns had been identified we saw the provider had a robust system in place to deal with these concerns. Staff had undertaken medication competency assessments, including question and answer sessions around the administration of medicines. This was conducted as part of their supervision arrangements with the senior management team. There was also documented detailed evidence that suggested medication rounds had been observed by the manager. As a result, we saw that improvements around medicines had been sustained since our last inspection in January 2015. An external pharmacist from the homes supplier was also at the home on the day of our inspection and was carrying out checks themselves. They informed us they had no concerns with regards to medicines management at the home.

Staff spoke positively of the registered manager and felt they were listened to when they raised any concerns or suggestions. All of them were aware of their responsibilities where whistle blowing was concerned and we saw that relevant policies and procedures were in place. Staff said they hadn't had a team meeting since October 2014 and this was reflected in the meeting minutes we looked at. However, staff told us that they had the opportunity to discuss their work in the supervision sessions that had taken place.

We saw that people who used the service and their relatives were asked for their views about the care that was provided in 2014. The registered manager told us they were in the process of sending out questionnaires for the year 2015 to ascertain people's views of the services provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent Suitable arrangements were not in place for obtaining and acting in accordance with, the consent of people using the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not taken the appropriate steps to ensure that there were sufficient numbers of staff to ensure that the health, safety and welfare of people were protected.