HC-One Limited

Snapethorpe Hall

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection of Snapethorpe Hall took place on 22 September 2015 and was unannounced. The home had previously been inspected in June 2014 and was compliant in all areas.

Snapethorpe Hall provides personal care and nursing care for up to 62 older people, some of whom are living with a diagnosis of dementia. Accommodation is provided on two floors with lift access between floors. Communal lounge and dining areas are provided on both floors. There were 53 people living in the home on the day of our inspection. The home had three distinct units. On the ground floor there was a general nursing unit known as Southgate and a general residential unit called Northgate. Upstairs the provision was for people living with a diagnosis of dementia which provided both residential and nursing care and this was the Kitwood suite.

There was a registered manager in post on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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.

People told us they felt safe living at Snapethope Hall and staff were able to explain symptoms and signs of possible abuse, and knew how to report any concerns. Risk assessments were completed thoroughly and reflected people's needs.

We found that staff were not always visible and this meant that, at times, people's needs were not met in a timely manner. We also found significant issues with the administration and recording of medicines.

Staff had access to regular training and were knowledgeable about their role. They had an understanding of the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Although people were offered choices in food and drink throughout the day, we observed that some people were not always supported when needed as staff were otherwise occupied.

We found a varied response in terms of staff's contact with people. Some displayed excellent interpersonal skills but others showed a lack of regard for people as individuals. On one occasion this was challenged by other staff members.

There were various activities available for people, both shared and individual which were provided through the activities co-ordinator. Care records were person-centred and reflected individual needs.

The registered manager took their responsibilities seriously and people and relatives spoke highly of them. However, not all staff felt able to raise issues. There was a robust auditing system in place which showed the home was keen to make improvements.

You can see what action we told the provider to take at the back of the full version of the 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?
The service was not always safe.

Staffing levels did not always meet people's needs and there were several issues we observed regarding the safe administration and storage of medicines.

People and relatives told us they felt safe and we found staff knew how to recognise and act on possible signs of abuse.

Risks were appropriately documented and assessments regularly reviewed.

Requires improvement

Is the service effective?
The service was not always effective.

People had a choice of nutrition but did not always receive support with eating and drinking as staff were busy.

People had access to extra health and social care support when needed.

Staff had received an induction, supervision and training to ensure they were up to date with their knowledge.

We found that staff had an understanding of the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards.

Requires improvement

Is the service caring?
The service was not always caring.

Although people living in the home and relatives told us that staff were kind and caring, we did not always see this as people were ignored and staff talked to each other in a disrespectful manner.

People's privacy was respected with regard to receiving personal care assistance.

Requires improvement

Is the service responsive?
The service was responsive.

The home had an activities co-ordinator who aimed to ensure people had positive interaction on a daily basis.

Care records were person-centred and contained relevant information.

Complaints were dealt with thoroughly and in a timely manner.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

People and relatives spoke well of the home but staff's views were mixed as some felt their voices were not heard.

The registered manager was knowledgeable about their role and its requirements, and evidenced a robust auditing process in relation to person-centred care.

Snapethorpe Hall

Detailed findings

Background to this inspection

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

This inspection took place on 22 September 2015 and was unannounced. The inspection team comprised three adult social care inspectors.

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 looked at information from the local authority safeguarding and commissioning teams.

We spoke with two people living in the home and three relatives. We 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 to us. We also spoke with ten staff including five carers, one nurse, one member of the domestic staff, the activity co-ordinator, the maintenance co-ordinator and the registered manager.

We looked at five care records, three staff personnel records and audits including accidents, medicines and pressure care in addition to maintenance records.

Requires improvement

Is the service safe?

Our findings

One relative we spoke with told us the "pain relief is good" as their relation was in receipt of palliative care. We saw that this person's care records contained detailed information about what staff should be doing to support the person and the medication to be given and when. Another told us the home had spent some time considering the best medication for their relative and felt this was now correct, as their relative had improved so much in mood and alertness.

We observed the medication round in two areas of the home. We saw there were photographs of people at the front of their record and before medicines were given, people received an explanation as to what they were for. People were asked if they required any prescribed PRN (as needed) medicines such as for pain control and this was recorded on people's medicine administration record (MAR) sheet if they refused. However, we did not always see a PRN protocol in place for each medicine. Having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

People were also assisted appropriately with posture before receiving any medicines to minimise the risk of choking and staff ensured they were at eye level with someone if they were sitting in a chair to ensure they had the person's full attention. Someone needed cream applying to their legs and we observed steps were taken to preserve this person's dignity by shutting their curtains and regular checks that they were fine with what was happening.

We checked stock levels and found these were in line with records as were the Controlled Drugs as defined under the Misuse of Drugs Act 1971. However, we saw that temperature checks of storage areas such as the fridge were not consistent and that the room temperature checks did not exist for August. This meant the service could not be certain that medicines were being stored safely and appropriately in line with requirements.

We observed in one person's records they had received their medicines before they were actually given them. The nurse immediately realised their error, pointing this out to us. However, during the preparation of this medicine they realised they had no pill crusher which was an agreed method of administration for this individual. This showed a lack of preparation. Another person who was receiving digoxin needed to have their pulse taken before administration but the nurse did not have a watch with a second hand to do this. They spoke to other staff to see if they had one they could use. This meant that the nurse had not prepared for the medicines round causing delays and unnecessary disruption.

We saw that one person was unable to receive some of their medicines as they had run out. The need to re-order had been logged on their record and we were later advised this had been actioned. However, this situation should not have arisen as there should have been systems in place to alert to this issue.

While we were observing the medicines round, the nurse became distracted talking to another member of staff and we saw the person receiving the medicine remove a tablet from their mouth and put it in their hand. The nurse was unaware this had happened until we highlighted this. The tablet was re-administered and appropriate hygiene control measures taken, but it meant that the service was not ensuring people were receiving their medicines as required. A bit later on during the same medicines round the same staff member interrupted the nurse again querying how to re-order stock.

The above examples all illustrate a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they do not indicate the service was handling medicines in a proper or safe manner due to inconsistent recording, distracted staff and poor preparation.

One relative told us "Staff are always busy but are visible". When their relation was ill a staff member had escorted them to the hospital pending the arrival of the family. Another said "The majority of the time there are enough staff".

We asked the registered manager how staffing levels were determined. They advised us it was monitored monthly and altered if any changes in dependency needs were identified. They told us it was not based on the number of occupied beds. They told us they felt staffing levels were fine. However, this was not a view felt by staff. One told us "There are not enough staff. We need more staff to help us socialise with residents. We can't do any activities as there

Is the service safe?

is not enough time". Another member of staff said "I work extra shifts in addition to my current hours as sometimes people are off sick I do not have enough time to spend with people".

During the day we were approached separately by three members of staff who felt that there were not enough staff on the nursing unit in particular. They explained that the custom was three staff in the morning along with a nurse but then only two during the afternoon. They felt that this was nonsensical as "People's needs don't change in an afternoon". On this unit we saw that eleven people were nursed in bed and only three were in the communal area. This meant that the people on this unit had limited interaction with staff due to being in their rooms.

The registered manager told us they were having to rely on agency nursing staff for the nursing unit at night as despite the post being advertised more than once, applications that were received did not meet the criteria for the job role. This reliance on agency staff had caused difficulties the previous weekend to our inspection when the agency worker had failed to turn up. On checking the staff rotas for the previous weekend we found they did not reflect what we had been initially told. One member of the care staff had had to move areas of the home as an agency worker failed to turn up. This meant the other unit had less staff on duty than the service deemed to be acceptable.

We saw that on the morning of the inspection there were twelve nursing and care staff on duty spread between the three areas of the home, Southgate, Northgate and the Kitwood Suite. At 9.15am we observed three people in Kitwood in one of the upstairs lounges who had no stimulation as there was no radio or TV on. No staff were evident. In the dining room next door one person, who was using a wheelchair and unable to mobilise independently, was playing with the ties of an apron and no staff were evident. We checked again at 9.30am, 9.45am and 10.10am and on each occasion, there were no staff in this lounge or dining room. We were aware that there were only three staff in this area of the Kitwood suite and we observed they were all assisting people to get up.

In the afternoon at 3pm we observed staff leaving the home by the front entrance to have a break together which meant that there was only one member of care staff on the floor for people with dementia and two cleaning staff. We checked with the member of staff left and they confirmed this was the case. There were three people in one lounge and eight in the other, none of whom were being supported by staff. After staff had had their break they returned to complete care plans in the office which meant four staff were not monitoring activities on the floor.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we observed people were left unattended for long stretches of time with minimal interaction.

We found that relatives and staff felt people were safe and staff knew how to recognise the signs of abuse and how to report it. Staff described using their observations of changes in someone's behaviour, low mood or depression to identify any possible concerns. Staff were also confident in how to report any concerns under the whistleblowing policy if they felt no action had been taken.

We saw risk assessments were completed in detail including ones for moving and handling, falls, nutrition and pressure care. People had been assessed on admission to the home and any concerns noted immediately. Weights were monitored weekly where there was a concern of weight loss. In the care records each person had a completed dependency tool which identified the level of support they required. We also found evidence of bed rails assessments which were reviewed regularly.

The premises were undergoing extensive refurbishment on the day of inspection. We were advised by the registered manager that the communal dining areas and the bathrooms were being improved. One of the bathrooms was being turned into a 'quiet' room where people would have the chance to relax. Every dining room was to become open plan and a sensory garden was being created to create a safe environment for people to access with raised flower beds.

The home was clean and had appropriate infection control measures in place such as handwash and paper towels with reminders of proper hand washing routines in each communal bathroom and a display on the wall. We saw evidence of monthly infection control audits completed by the home and use of specific colour-coded equipment to limit cross contamination. There was also a supply of protective personal equipment for staff to use as needed.

We did see action posters in the reception area as to what to do if discovering a fire or how to respond if someone could smell gas.

Requires improvement

Is the service effective?

Our findings

One person living in the home told us "The food's OK.". Another person said "I get to choose what I like." One relative we spoke with told us "the current meal arrangement is good [referring to having the main meal in the evening] as my relative has their breakfast late and wouldn't eat all their lunch otherwise." Throughout the day we saw people being offered a choice of hot or cold drinks and people were assisted to eat their breakfast in the dining room.

We observed lunchtimes in different parts of the home. We watched a member of staff on the nursing unit speak with a person who had not eaten much and offer them an alternative as the person had not liked their meal. People were also asked how much food they would like.

In the area for people living with dementia we found that it was not such a positive experience. We saw people in the dining room were confused as to what was happening as the tables were not set and there was no information on the menu board. We later saw that it was the teatime menu being offered at lunchtime and the lunchtime menu at teatime.

One person was eating sandwiches with a spoon. We saw them remove the top slice of bread and put it in their soup and then use the spoon to pull out the full piece of bread. They then went onto try and eat the soup with their fingers. During this period all the staff were busy serving food to people who were in their rooms and so were not able to assist this person.

We observed another person struggling with a spoon to eat their pureed lunch and no staff were free to offer assistance. The meal was served as separate sections on the plate to help the person identify different parts of the meal. The same person was given two drinks – one in a beaker with a lid and another without a lid. The person was not asked if they wished to have orange juice, it was just given to them. We had heard the person say to a carer previously that they did not want orange juice. Overall we observed very little interaction between staff and people in the dining room over this period. This is a further breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we observed people were left unattended for long stretches of time with no assistance where they required it to ensure they ate adequately.

Staff told us the dietician visited the home regularly along with the Speech and Language Therapy team to assist with people with swallowing difficulties. This information was left the person's own room but then shared with the staff team by the nurse on duty to ensure all were aware. If someone required thickeners in their drink this was recorded in their care plan and on their bedroom wall to ensure the correct consistency was made.

One relative told us that staff were quick to seek further advice from other health professionals if required such as the GP or district nurse. The registered manager also showed us where contact had been made with services such as the Care Home Liaison Team who provided particular support for people presenting with more complex behaviour.

Staff knew the process of effective pressure care and said that all pressure relief actions such as turns for people nursed in bed, were recorded in charts which were kept in the person's own room. We saw evidence these had been completed as required and that appropriate pressure relief equipment was in place where needed.

Staff told us that they had received an induction which lasted for six months and pending the satisfactory completion of their probationary period. They told us they had received training prior to starting their role and this had continued since their employment. Two staff told us recent topics had been dementia awareness, safeguarding and moving and handling where one person said "I feel confident in using these skills". Another staff member said they had done lots of e-learning but some courses such as moving and handling were in house and involved a practical assessment using a hoist and slide sheet for example. Another staff member said most of the training was e-learning and that "I struggle with this. There should be more support if that method is hard for you". The registered provider later told us there was further support available and systems were in place to monitor if particular staff were having difficulty completing the modules. We looked at the training records for the home and found the

Requires improvement

Is the service effective?

majority of staff were up to date with core training and those that were not had deadlines set for completion showing the service was keen to ensure all staff had current knowledge and skills.

One staff member told us they had received supervision from the registered manager a week ago and that these sessions were normally held monthly. However, another said they 'hadn't had one in a while and couldn't ever remember having an appraisal'. We saw evidence of staff supervision records and appraisals. The latter was completed by both the employee and the registered manager who commented on an individual's initiative, enthusiasm, and their attitude amongst other areas. Most staff had only had a maximum of three sessions this year which had involved pre-completed sheet regarding topics such as chart completion, hydration or teamwork which, although shared specific information allowed little opportunity to discuss their own performance or individual training needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Some staff were able to explain what a capacity assessment was for and had a basic understanding of DoLS. One told us "It is a balance between supporting independence and choice with keeping people safe. We encourage people to do as much for themselves as they can". The same staff member was aware if a person lacked capacity then a decision should be made in their best interests. They were also aware that two people in the home had a DoLS in place. However, they were not able to explain what this was for. Another member of staff had a limited understanding of mental capacity as they had not undertaken any training in this area. They had sketchy knowledge about the principle of best interest decision-making. We spoke with the registered manager who advised us that best interest decisions were evidenced in people's care plans and we saw some evidence of this.

We found the environment was adapted to reflect the needs of people with dementia. The bedroom doors were like 'front' doors with a number, false letter box and door knocker. There were also memory boxes on the walls next to each person's room containing some important artefacts from their life such as photos or souvenir programmes. There were also displays of artwork around the home featuring people's own creations and there were photographic displays. Attempts had been made to provide sensory activity for people living with dementia by having a collection of handbags in corridors. This showed the service was keen to make the environment as much like a home as possible.

Requires improvement

Is the service caring?

Our findings

One person living in the home said "The staff are lovely. I'm well cared for." One relative told us their relation had been at Snapethorpe Hall for about a year and they "find it lovely. The staff are friendly." They went on to say that "I feel staff know my relative well and that staff are caring. It takes a special person to do this job."

Another relative said "The carers have been absolutely lovely with my relation – they are marvellous. My relative is looked after very well." A further relative said "The way they care for my relative is wonderful. Staff go the extra mile and my relative is relaxed. Staff are kind and considerate."

We observed staff assisting a person to move from a wheelchair into an armchair. This was done sensitively and with clear instructions at each step of the process. The staff members communicated well with each other ensuring the sling was correctly positioned and that the person was positioned in the armchair and they were comfortable.

We saw the activity co-ordinator talking to people in the lounge and in their own rooms during the course of the day. They demonstrated an empathetic approach and from the conversations being held, clearly knew people well. We also saw a person living in the home sharing their knitting knowledge with a member of staff who responded positively by complimenting the person on their skills. Another member of staff also spoke with someone else later in the day and asked if they minded them going to their room to collect their knitting for them, thus respecting this was someone's room and private space.

We spoke with the dignity champion who told us part of their role "is to challenge staff". Dignity champions are staff designated to ensuring all staff are committed to taking action, however small, to ensure people are treated with compassion, dignity and respect. They said they actively looked at how staff responded to people living in the home, relatives and other visitors. All staff undertake e-learning in this area and this is then continued with face to face training. They had undertaken work with staff discussing what dignity meant to them and used a dignity tree as a visual reminder.

However, a few times during the day while we were in the activity co-ordinator's room we heard staff shouting to each other down the corridor. This was to share non-confidential information but we did not feel it showed respect for people living in the home. One such conversation between staff was discussing as to which area of the home they should be working in.

During the morning we heard a member of staff say to a colleague "Does she want tea? The one who's having toast?" At the end of lunchtime period another member of staff was heard to shout down the corridor "Are we done then? Are you doing [person's name]?" We observed two people in the dining area for a period of twenty minutes who had finished eating. One had fallen asleep and the other had food dripping down their chin. However, even though staff walked through the dining area during this time neither was offered assistance until for over twenty minutes.

While we were speaking with a member of staff they referred to people as 'feeders' but this was immediately corrected by two other members of staff who said "you mean people who need assistance to eat". In the latter part of the afternoon one person living in the home was becoming increasingly distressed due to their level of confusion and we overheard a staff member say "[Person] is on one".

This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we observed and heard staff talking in a disrespectful manner about people living in the home and on one occasion, ignoring their needs.

Staff were able to explain how they would respect someone's privacy by ensuring their door was closed and they were appropriately covered during personal care assistance or when they were using a hoist to move someone. They also told us they would check whether the individual was comfortable while receiving any assistance and if an individual refused assistance, to leave them (if they were safe) and return a little later. This was corroborated through our observations of staff.

Good

Is the service responsive?

Our findings

We asked staff how they knew what was important to people living in the home. One member of staff said "We ask them and also look in their care plan". Another said "You get to know what people like". Staff told us when someone moves into the home they get a background history from families and complete an admission assessment which helps to form part of their knowledge about an individual's needs and preferences. One member of staff said "Some families fill in books about people's lives".

One member of staff told us "We could always do with more activities. There is only the one co-ordinator and people should have something to look forward to and keep them occupied". They went on to say "I will get the bowls out when I get time and people like to join in". Another said their role was 'task led', "I do not have the time to spend genuine caring such drying hair with a hair dryer or cutting nails".

We heard a conversation between the registered manager and a member of staff about seeking some 'dementia friendly' tools for someone who used to be an electrician. This showed the service was focused on ensuring they understood the individual's interests and were trying to accommodate this as much as possible.

We saw the activities board which included sessions around arts and crafts, songs from the past, skittles and floor games, bingo and film shows. This was set out as a weekly programme with morning and afternoon activities. There was a display on the stairs about 'looking after bones' and a notice about a 'Pulse' fitness class due to happen the following week.

The activities co-ordinator had made links with a local art hub encouraging the use of arts and crafts within the home. They told us about a 'knit and natter' group usually held monthly with five regular members. The home also had a minibus which was used for trips to local garden centres or the local town at Christmas time. People told us they had chosen some new decorations for the home last year.

The activity co-ordinator had an in depth knowledge about people living in the home, describing how one person did not like hand touching but preferred their face to be stroked. To enable this, the co-ordinator had bought a swatch of fabrics to promote sensory interaction. They had also developed a basic audit tool to establish how people with limited verbal communication could show their preferences. This included smiley faces which were graded to determine how much someone liked an activity. We also observed the activity co-ordinator encourage personal interaction with people who were cared for in their rooms by spending time reading to them or having a conversation.

We looked at care records and found these were detailed. We saw people's medical history was noted in depth alongside other key information. Records were person centred containing a photograph, information about people's personality and preferences, and also their identified support needs. Each need was broken into specific sections including nutrition, personal care requirements and mobility needs and reviewed regularly with recommendations. We also saw appropriately completed forms evidencing people's choices around their end of life care.

We asked people how they would raise any concerns. One relative said "If I'm not happy I would tell staff and they would sort it out". Another was confident in speaking to the registered manager or care staff if they were not happy. They said "I am listened to when I raise things and I'm made to feel welcome at any time". They also advised us their opinion about the care in the home had been requested via a questionnaire. We saw that notices were displayed in the entrance area of the home advising on how a complaint could be made but there were no complaints forms to complete.

We asked staff how they dealt with complaints. One staff member said "We try and resolve them and discuss with the unit manager". The registered manager spoke in detail about their response to a recent issue and it was clear they had conducted a thorough investigation and taken necessary remedial action. We also saw the written feedback to support this showing the home took complaints seriously and responded to them ensuring they learnt from them.

Requires improvement

Is the service well-led?

Our findings

One relative told us "Staff are brilliant. My relative's chuffed to bits. I visit every day and I'm always made to feel welcome". Another said "Things have improved recently since the appointment of the manager. They have done a lot". A further relative said "This is a wonderful home and staff know what they are doing".

We also asked staff how they felt working at Snapethorpe Hall. One staff member said "I love working here. It's a rewarding job. I like seeing people smile at you when you come in". Another told us "Staff are friendly, and help people to help themselves". A further staff member told us "The team is like a little family. We all help each other". Another said "The home is managed really well and the manager is approachable". A further staff member said "I feel able to go to the manager with any concerns".

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

Staff told us they attended monthly staff meetings. One staff member said "Our views are asked for but not always listened to which can be frustrating". However, another said "We talk about everything and I feel able to speak up and am listened to." We saw the minutes of staff meetings which had included topics around good practice in dementia care, a discussion about documentation, the importance of effective communication and a reminder about confidentiality.

Staff spoke with us about how they welcomed people into the home who wanted to complete work experience or were studying for a qualification in health and social care. They told us they found these an asset. There had also been wider community connections with the home having had an open day in June 2015 where people's artistic skills had been judged by the local mayor.

The registered manager said "There is a happy staff team and everyone works well together". They tried to ensure they made time for everyone and had an 'open door' so that staff could discuss any concerns with them. The registered manager spoke highly of the staff team saying "Staff are kind and caring, and uphold the values of the home". They told us that staff would often pick up a paper for someone on the way into work or collect a library book. The registered manager was proud that staff now had the confidence to do their jobs well which they felt had been achieved through people receiving appropriate training and support to develop in their roles.

However, despite these positive comments we overheard staff making negative comments about having to organise shifts, arrange cover for mealtimes and the general tone was unhappy. One member of staff said "Staff morale is kept up by teamwork but we do have days when staff are down". Another staff member felt they couldn't always speak to more senior staff. This reflected further that staff experiences were mixed in terms of feeling supported and valued.

We saw evidence of detailed and regular audits including those focusing on pressure care, weight, infection and falls. Information regarding each specific event was submitted to the registered provider who analysed this and produced an action plan where required. The registered manager told us the medication audit was supported by the local pharmacy who conducted their own audit. The home also ran spot checks on five medication sheets a day to ensure stock levels corresponded with records.

The registered manager told us that following any significant issues such as a safeguarding concern, they would conduct an audit of the person's care plan alongside sharing any learning with staff through staff meetings. We saw evidence following a recent safeguarding referral where action had been taken to reduce the risk of falls by providing alternative equipment and this was recorded in the care plan.

We saw evidence of detailed health and safety procedures giving clear guidance alongside the required maintenance checks for gas and electrical equipment, water temperatures and all moving and handling equipment. The emergency evacuation file contained in depth individual plans and all other necessary documentation.

The registered manager also completed a daily walk around and held a daily 'flash' meeting where key personnel discussed pertinent issues relevant to that day. This included staff from all areas of the home and on the day of our inspection it was particularly relevant due to the

Requires improvement

Is the service well-led?

amount of refurbishment going on in the premises. It was evident from this discussion that all staff were committed to keeping the disruption and changes to an absolute minimum, ensuring the safety and comfort of people living in the home as far as practicable.

We asked the registered manager how they promoted good practice. They told us the home had been chosen to be part of the Vanguard pilot project which meant that people living in the home would have a shared assessment and care plan between all health and social care providers, reducing the likelihood of duplication or omission. Alongside this they were also trialling being part of SystemOne which enabled faster access to GP advice or test results when needed.

In addition we were told about, and saw evidence of, bi-monthly meetings of a dementia support group for relatives of people living in the home which enabled people to discuss concerns but also support each other. There were also residents and relatives' meetings minutes which showed discussion items had included new staff, nutrition guidance, the exercise class and a new electronic feedback system 'have your say'. We noted on the day of inspection this was not turned on.

The home had a 'kindness award' scheme where people living in the home, their relatives or other staff members could nominate an individual to receive a voucher in recognition of exceptional care.

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 10 HSCA (RA) Regulations 2014 Dignity and respect People's needs were sometimes ignored and we heard staff on more than one occasion talk in a disrespectful manner about people living in the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicines were not always administered in an efficient manner and records were not always correct.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were not always enough staff to meet people's needs. At one part of the afternoon there was only one carer on duty on the floor for people living with dementia.