Pebblestones Limited

Casterbridge Manor

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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 19 and 22 June 2017 and was unannounced.

We last inspected this service in July 2016 but did not rate the service or any of its key areas on that occasion. The home had registered and started to provide a service on 13 January 2016. We use the phrase 'inspected but not rated' where a service is new, or where we do not have the evidence to apply a rating (for example it is a 40 bedded care home that has recently opened but only eight people are living there at the time of the inspection).

Casterbridge Manor provides accommodation and nursing and personal care for up to 64 people. There were 28 vacancies at the time of inspection. The service is located in Cerne Abbas and is a large building with rooms arranged over two floors and a central ground floor lounge and dining area. Three of the bedrooms offer the option for double occupancy and all rooms have a call bell in situ. There are two staircases to access the first floor and a passenger lift. People are able to access secure courtyard gardens within the home and there is a cinema on the premises and a small hairdressers which is also open to the local community.

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.

There were not enough staff to meet people's needs in a timely manner. People told us about how this affected them and staff explained why they felt they needed additional staffing.

Staff understood the risks people faced but these were not consistently monitored or effectively managed.

Medicines were not consistently received on time and on both days of our inspection people were still receiving their morning medicines at 11:30.

The service was not always effectively managed because actions were not taken to ensure that people had consistent access to basic amenities including hot water and gas central heating.

There had been several changes to the senior staff at the service and changes in staffing and staff roles meant that there was a lack of consistency and stability amongst staff.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of how to whistle blow if they needed to and reported that they would be confident to do so.

Staff were aware of the risks people faced and understood their role in reducing these. People had individual risk assessments which identified risks and actions required by staff to ensure that people were supported safely.

People were supported by staff who had been recruited safely with appropriate pre-employment, reference and identity checks.

People had access to a range of health services when these were needed.

People were supported by staff who had the necessary training and skills to support them. Training was provided in a number of areas and refresher sessions were booked for certain topics on a regular basis.

Staff understood and supported people to make choices about their care. People's legal rights were protected because staff knew about and used appropriate legislation. Where people had decisions made in their best interests, these included the views of those important to the person and considered whether options were the least restrictive.

People spoke positively about the food and had choices about what they ate and drank. The kitchen were aware about people's dietary needs and where people required a special diet or assistance to be able to eat and drink safely this was in place.

Staff knew people well and interactions were relaxed and caring. People were comfortable with staff and we observed people being supported in a respectful way. People were encouraged to make choices about their support and staff were able to communicate with people in ways which were meaningful to them.

People were supported by staff who respected their privacy and dignity and told us that they were encouraged to be independent.

People had care plans which were person centred and included details about how they wished to be supported. Care plans were regularly reviewed with people and their loved ones where appropriate.

People were able to engage with a range of activities when staff were available to support with these. People felt that they had enough to do at the home and had input into what activities were arranged.

Relatives spoke positively about the staff and management of the home. They told us that they were always welcomed and visited when they chose. Both relatives and people told us that they would be confident to complain if they needed to.

Feedback was gathered both formally and informally and used to drive improvements at the home.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 consistently safe

There were not enough staff to provide people with support required in a timely way.

People did not always receive their medicines on time.

Staff were aware about the risks people faced and how to support them safely.

People were protected from the risks of abuse because staff understood their role and had confidence to report any concerns.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People who were able to consent to their care had done so and staff provided care in people's best interests when they could not consent.

People enjoyed a choice of food and were supported to eat and drink safely.

People were supported to access healthcare professionals appropriately.

Is the service caring?

Requires Improvement

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them

appropriate choices.

People were supported to maintain their privacy and dignity.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

People had access to a range of activities and there were dedicated activities staff to provide this.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Inadequate

The service was not well led.

The service had not consistently ensured that people had access to basic amenities.

Changes in staff and roles meant that people were not supported by a stable and cohesive group of staff.

Staff and people felt that the registered manager worked hard and was approachable.

Quality assurance was regular but actions were not consistently acted upon to improve the service.

Casterbridge Manor

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.

The inspection took place on 19 and 22 June 2017 and was unannounced. The inspection was carried out by two inspectors and a specialist advisor on the first day and by a single inspector on the second day. The specialist advisor had a nursing background and knowledge and experience in training and general clinical skills.

Before the inspection we reviewed information we held about the service. We reviewed information the provider had included in their 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. In addition we looked at notifications which the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to obtain their views about the service.

During the inspection we spoke with twelve people who used the service and four relatives. We spoke with a social care professional and a two health professionals with knowledge of the service. We also spoke with thirteen members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of records during the inspection. These included eight care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments, meeting minutes and staff training records.

Requires Improvement

Is the service safe?

Our findings

People, relatives and staff all told us that there were not always enough staff to support people. One person told us "No there aren't enough staff…especially if I want to use the toilet". A second person explained that they had needed to wait to receive support to access the toilet on several occasions and that when staff came to answer when they rung their call bell, they sometimes only came to turn the bell off but then had to go again and finish supporting another person before they were able to assist them. They said that they on occasion their "pad has been saturated which is a bit demoralising". A third person said that staffing was always "worse in the morning and evening". A fourth person told us they had been supported to at a time that was not their choice as, they had to wait for support. They had gone to bed over an hour later than they told us they had wanted. A fifth person explained that they would prefer to get up earlier but they needed "more staff in the mornings" to be able to do this. A relative explained that from their observations and discussions with staff when they visited "the staffing model is not keeping up with the increase of people admitted and their needs and dependency".

Staff told us that people needed to wait for support and that there were not enough staff available. One explained "there are times when people have to wait long periods of time before being supported". Another told us that people were "not getting up until later or having their breakfast later…not out of choice but because there are not enough staff". The first morning of our inspection the last person was supported to get up at 11:30 and the morning medication round was still being completed at this time even though this was due to commence at 8am. The medication round was also running late on our second day of inspection. Another staff member explained that staffing had not been increased when new people moved in and they were now trying to support more people with less time to do so because of this. Another staff member explained that staff had "no time to sit and speak with people or do anything outside of basic level care". They told us about one person whose pad had been soaked through to their bed which they felt would not have been the case if they had enough staff to support them with personal care earlier in the morning. Another staff member explained "I don't feel there are enough staff. If upstairs is short, downstairs (staff) go up leaving downstairs short (of staff)". Three other staff told us that they needed an additional staff member on each floor at all times to be able to meet people's needs safely.
The service had an activities co-ordinator who was not present on our first day of inspection. A staff member explained "the activity person is off and (name) has been asked to cover elsewhere…people are just sat and are bored". One person told us "it would be nice if staff had the opportunity to sit and chat but they don't seem to have time". There were insufficient staff to provide activities support for people and this meant that if the activity staff were absent, people did not have access to social opportunities.

The service used a system to calculate how many staff were needed to meet peoples' needs and this was reviewed regularly. The registered manager told us "I feel staffing is at its minimal". They explained that they had been in discussions with the provider about staffing levels but at the time of inspection, there were no planned changes to the levels of staffing to provide people with care and treatment.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not consistently receive their medicines on time. One person needed to have a tablet every morning and on the first day of inspection had requested this at 06:30. This had not been given until the end of the medication round at 11:30. The medicine was prescribed to encourage significant urinary output and this effectively meant that the person was limited during the afternoon as they were unable to move far from a toilet while the medicine worked. They told us that they had asked for their medicine early on 21 June also but had not received it until 10:30. This had impacted on the persons daily routine and choices about how they spent their time.

Another person had pain relief prescribed to be administered four times daily. The medicine was required to be given with time gaps of at least 4 hours in between doses. We observed that the morning dose was being administered at 10:10 and the next dose was due at 12:30. The staff member told us that they did not record the times that doses were administered. This meant that there was no system to ensure that the medicine was administered safely with at least 4 hours between doses. We raised this with the registered manager who was not aware that the times for administration were not being recorded. They told us that they had followed this up with staff and were working on ensuring that medicines were given at the times required.

Where people were prescribed medicines 'as required' these did not all have specific instructions about when these were needed. We looked at the records for nine people who had a medicine prescribed in this way and saw that three of these did not have any documented instructions for staff in administering these. Other people had prescribed creams which they needed staff support to apply. We looked at nine records and saw that all had body maps to indicate where creams needed to be applied but none of these were filled in. Three people who had creams prescribed on their Medicines Administration Record (MAR) did not have a record to identify when these had been applied. Medicines were stored safely and securely and where additional checks were required for some medicines, these were in place.

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

People told us that they felt safe living at the home. One person said "I feel safe living here, they are all very good". Another said "I feel safe, they do fire drills and the doors close". A relative said that they felt that their loved one was "physically safe".

Staff were aware about the possible signs of abuse and how to report. One staff member said "Any concerns with bruising, I will report and document". Another staff member told us that they would "look for signs of changes in normal presentation" of people and would report any concerns. Staff all told us that they would be confident to whistleblow if they needed to and gave examples of organisations outside the home who they would contact if they needed to.
Staff were aware about the risks that people faced. We observed staff supporting people to move safely and providing reassurance and guidance. One person was at risk of falls and a staff member explained how they supported them to stand and explained that the person "feels safe with me so (name) is more confident to try".

Checks were undertaken on staff suitability before they began working at the service. These included references, identification, employment history and criminal records checks with the Disclosure and Barring

Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Any gaps in applicants employment histories were checked as part of the recruitment process.

Accidents and injuries were recorded and analysed by the manager to identify any patterns or trends in data. Records included details about who had been injured and what had happened. Any known causes were also recorded and used to identify emerging risks.

The service had emergency plans in place for people which included details about support they would require to evacuate in the event of a fire. There was an emergency folder which included an emergency contingency plan which included contact details for the major utilities for the home. There were regular fire drills and checks completed on the fire alarms as part of regular audits.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that people had MCA assessments in place and that these were decision specific and provided evidence about how the decision had been made. For example, one person had a piece of equipment in place which alerted staff if they got out of bed. There was a capacity assessment in relation to this and a best interests decision which included the options which had been considered and an explanation about how the piece of equipment had been the least restrictive option for the person. The person's family had also been involved in the decision. Where people need consideration for DoLS, applications had been made. Authorisations granted were monitored and subsequent applications submitted if these expired.

Staff had the correct knowledge and skills to support people. Training was offered in a range of areas including some which were considered essential topics. These included infection control, mental capacity, moving and assisting and safeguarding. A staff member told us they had received training in end of life care and dementia and said "it helps me to deliver better care". Trained nursing staff had access to additional training opportunities in relevant areas including catheterisation and venepuncture.

The registered manager had set up folders and provided support for revalidation for nursing staff when this was required. One staff member explained that they had recently undertaken several days training in moving and assisting and they were planned to use this learning to cascade the learning to other staff.

New staff received an induction into their role which was in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The registered manager explained that they had supported staff through this and we saw that the service used a checklist to ensure that staff completed an induction programme prior to starting in post.

Staff received regular supervisions and an annual appraisal. There was a structure in place which ensured that all staff received supervision from a named supervisor and this information was fed back to the registered manager. Staff told us that they received regular supervision and that they were asked about their development needs and discussed any changes or updates. One told us "I receive supervision, I have had 2-3 since being here. We use them to raise concerns or seek support and reflect on my progress".

Staff understood how to communicate with people in ways which were meaningful for them. For example, a staff member told us about one person who had limited vision. They explained that they introduced themselves when they entered the person's room so that they knew which member of staff was there to support them.

People consistently told us that the food at the home was good and explained that they had choices about their meals. The chef explained that they spoke with people daily about whether they enjoyed their meals and made changes to menu's based on feedback from people. The chef confidently explained the dietary needs of the people living at the home and how they met these. For example, they were aware if people needed a softer diet so that they were able to eat safely and we saw that meals were provided in the way described. Where people required a fortified diet because of concerns about their weight, these were provided. One person explained "Chef often comes and talks to us after meals and is open to feedback".

People had access to healthcare service when needed. We saw evidence that support for people had been sought from a range of health professionals including GP's, chiropody and physiotherapy. A health professional told us that referrals were usually prompt and appropriate and that they had an improving relationship with the staff and the registered manager."

Requires Improvement

Is the service caring?

Our findings

People were supported to maintain their privacy, however some issues with amenities meant that people did not have consistent access to hot water. The home used a system to show on people's room doors if they were being supported with intimate care. Staff were able to explain how they protected people's privacy and we saw that the system was used when staff entered people's rooms. Some people told us that they did not have consistent access to hot water in their bedrooms. Staff confirmed that some people's bedrooms did not consistently have hot water and this meant that staff had to carry hot water to people's rooms. One person explained that staff had to "fill a bowl with hot water from the kitchen". A staff member explained that the problem was worse in some rooms and said "we have to go and get water to assist people, its takes up more time and there are more health and safety issues". Another staff member told us "hot water in some rooms doesn't work….we have told management but no change". A maintenance staff member explained that they were aware of the issue and that some valves needed replacing and that this had been reported to the registered manager. After the inspection the registered manager provided evidence that the valves has been replaced.

We observed that some people had not been assisted to maintain nail hygiene. Care Plans did not include any information about whether people required support to maintain their finger and toe nails. We observed that two people had very dirty finger nails. We spoke with a trained staff member about this and they said that they would provide this support to the person. We also made the registered manager aware. This evidenced that support had not been designed to meet people's individual needs because it had not recognised that some people required support to manage care of their nails. This showed a lack of care and dignity for the person and also presented a potential infection control risk.

People's information was not consistently stored confidentially. In additional to main care plans, people had daily care notes which included regular safety checks, eating and drinking records and monitoring of people's pressure relieving equipment and turning charts. The registered manager explained that these were kept inside people's bedrooms, however night staff moved them into the corridors overnight to avoid disturbing people when they were sleeping. These files were not put back into people's rooms and were evident in the corridors on both days of our inspection. This meant that other people living at the home, visitors and relatives could have access to confidential information about people. The registered manager told us that they had implemented daily checks as a result of this information to ensure that people's information was stored in people's rooms and not in any communal areas.

People and relatives told us that staff were caring and we saw that there was good rapport and that people were relaxed in the company of staff. One person told us "ItsIt's lovely, we are well looked after". A relative told us that the home had "extremely caring staff" and another said that staff were "always happy, polite and cheerful". Another explained that staff got along well with their loved one and understood their sense of humour. A staff member told us "I get to know people by talking to them about their life, looking at pictures. I love listening to their stories". A second member of staff said "my colleagues are caring…people are happy". We observed a mealtime at the service and saw that staff were chatty with people and there was appropriate banter and interaction. Staff were tactile with people, reassuring and helpful.

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. A staff member explained that they asked people questions to assist them to make choices about their day and said that they also wrote things down for some people to help them to understand the options available. We observed staff offering choices to people throughout our inspection. For example, one person was asked whether they wanted a shower. Another person stayed in bed longer because it was their choice to do so. Where people told us that they had limited choices about their support this was related to the number of staff available which impacted on people having consistent choice about how they spent their time.

People were supported to be as independent as possible and the service employed an occupational therapist part time to enable people to increase their independence. This had a positive impact on people and a relative explained that this had been "very beneficial for (name)….much more independent". They explained that they were more independent and that this had not only been positive for their physical health, but that they were much more outgoing and chatty. Another person was not able to stand when they arrived at the home, but were now being supported with equipment to stand for short periods of time. Another person told us how the service had supported them to get a new chair so that they were able to maintain their posture and this made them more independent with eating and drinking. Another person was being supported to view alternative accommodation options by the home because they had become more independent and were no longer in need of 24 hour support.

Good

Is the service responsive?

Our findings

There were a range of activities available for people and were saw that there were several activities planned in daily. These varied between group options and scheduled time for activities staff to spend one to one with people if this was their preference. There were regular trips arranged to local places suggested by people. The service had activities staff who provided the programmed events along with some external companies who visited the home. There were no activities taking place on the first day of inspection due to staff absence, however the programme showed that there had been activities planned. Without staffing to support this, they did not go ahead. One person explained that they had enjoyed a trip out with other people and staff and another told us that they enjoyed the art activities.

People had person centred care plans which reflected their individual needs and how they wished to be supported. People also had a memory diary which included information about people's histories and what was important to them. For example, one person's information noted what made them laugh, what their most exciting memory was and special events in their life. Care plans also gave details about how to support people in ways they preferred. For example, one care plan identified a life event which had made a person upset. The information guided staff to "offer a listening ear and reassurance when noted that (name) looks sad". Care plans were regularly reviewed and identified changes in support people required. For example, one person's information included the implementation of some equipment at the persons request to make them feel safer.

We saw that people and those important to them were included in planning what support they needed before moving to Casterbridge Manor and pre-admission assessments were comprehensive and included details about all aspects of a persons needs and wishes. A relative explained that the registered manager had visited before their loved one had moved to the service and they had been "involved in planning the support (name) would need".

Visitors and relatives all told us that they felt welcomed at the service and visited whenever they chose. One relative said "there are always staff available for me to speak with" when they visited and explained that they were always welcomed. Another relative explained that staff "have been a great support to me as well as (name)". Relatives told us that they were kept updated by the home about their loved ones and if they were unwell or there were any changes, they were informed promptly.

People and relatives were confident about how to raise concerns if they had any and the service had a complaints policy in place. One person said "If I had to raise any issues, I'd speak to the manager". Where complaints had been received, these were clearly documented with details about the issue raised, what investigations had taken place and any learning from this.

Inadequate

Is the service well-led?

Our findings

The service was not consistently well led. Quality assurance measures were regular but did not always lead to required improvements in the service. For example, monthly checks were made on water temperatures to ensure that these were within recommended limits. Guidance form the Health and Safety Executive(HSE) identifies that "high water temperatures over 44 degrees celsius could create a scalding risk to vulnerable people who use care services". A maintenance staff member advised that hot water should be between 40 and 43 degrees Celsius. The monthly checks from May 2017 indicated that none of the bedrooms had water at this temperature with records between 36 and 39 degrees. The monthly checks from June indicated that the majority had temperatures within the range we had been told. However nine bedrooms had temperatures above the HSE guidance with records between 46 and 48 degrees Celsius. Issues with the water temperatures had been noted in the service action plan as early as November 2016 but this issue had not been adequately resolved with some people experiencing a lack of hot water and others at risk of scalding from temperatures which were too high. Following the inspection, the registered manager confirmed that the bedrooms which had recorded temperatures in excess of the HSE guidelines had had replacement valves and water temperature checks from July 2017 confirmed that this was the case."

Information about the risks people faced were not consistently recorded or the information used to manage risk. For example, several people were identified at being at risk of dehydration or weight loss and had records in place to record what they had eaten and drunk. One person had lost just under 3kgs of weight in a four month period. The registered manager was aware of this and explained that they were closely monitoring by weighing the person weekly. However there was no guidance to indicate what the person needed to eat to know whether they were having sufficient nutrition and although staff had recorded what they ate, this information was not used to identify whether further action was needed to manage this risk. The chef was aware about the weight loss and explained how they fortified the persons foods. We looked at the fluid charts for four people. Three had target amounts of fluid identified for people to drink and staff had recorded the amounts people had drunk.

However none of these records were totalled to indicate whether the person had drunk sufficiently. We identified that two people had amounts below their target on two days and one person had no target amount set to identify whether they were drinking enough. A quality assurance visit carried out by the local Clinical Commissioning Group in April 2017 highlighted that food and fluid charts had not been completed or consistently totalled and identified this as an area for improvement, however these issues were still evident at our inspection. This demonstrated that the service had not effectively monitored or managed the risks people faced or used feedback to drive improvements in how risk was managed. The service advised that they were implementing a new care plan management system which would highlight any clinical alerts with regard to food and fluid intake.

Another person was at risk of developing sore skin and was on a pressure relieving mattress to manage this. Their weight was regularly recorded and we saw that the pressure mattress was set for a weight which was nearly double the last recorded weight for the person. A staff member initially confirmed that this was the correct setting for the mattress and the daily checks of the mattress indicated that this had been checked

daily. The staff member later found us to advise that there had been an oversight on the records and that the setting should not have been as high as we had observed. This meant that the person had been at increased risk of skin breakdown because the risk they faced had not been effectively managed. We checked the mattress settings for six other people and found that one other person's mattress was set incorrectly. All seven people had records which indicated that their mattress settings were checked daily, however had not identified that these had been incorrect for two people.

We were told that earlier in the year, the gas supply had been stopped on one day between 09:30 and 16:00. The provider advised that they had made a payment the previous day and been assured that there would be sufficient gas available, however this had not been the case. The rubbish collection had also been temporarily stopped on one occasion, the provider advised that this was due to required correspondence not being received. This resulted in waste being taken to the local tip by the registered manager." The home also had some oil fired boilers and the tank had been condemned in September 2015, before the service was registered, and had not yet been replaced. This was due to be completed by August 2017. The provider told us that they were considering a temporary measure but there was no safe, permanent provision in place at the time of inspection. We reported in the caring section that issues with the hot water supply to people's rooms had been reported to the registered manager and an action plan indicated that this issue has been raised as early as November 2016. The service had not taken actions to ensure that this had been effectively managed and people were still experiencing issues with this on both days of our inspection.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had tried different systems to manage the service and reflected and adapted their approach over time.

People and staff generally spoke positively about the management of the service but staff did not consistently feel that there was equality about how staff were supported. Most staff spoke highly about the registered manager and felt that they were approachable and supportive. A social care professional told us that the registered manager had always been helpful and responsive when they visited and taken actions where these were required. A health professional advised that the registered manager had contacted them for advice and guidance. Staff consistently told us that the registered manager tried hard and was committed to the service. The registered manager explained that they "will always give a second chance" where possible to staff. Where there had been issues about competence, the registered manager had followed processes to effectively manage these.

The registered manager explained that they tried to support staff wherever possible to encourage retention of staff. They explained that they had assisted staff in times of personal difficulty and had also created and adapted roles to better suit staff and the service. For example, the registered manager had upskilled two staff members from housekeeping to be able to assist with personal care support for people if required. They had created a general assistant post which better suited a member of staff and gave flexibility to be adaptable to the changing needs of the service. There were regular competency assessments of qualified staff which highlighted areas for improvement if these were found. For example, one trained member of staff was identified as requiring catheterisation training which they had subsequently completed. The registered manager had links with a leadership group who met regularly to discuss issues and share good practice ideas. They advised that they had not received supervision however discussed issues with the provider and also the independent auditor who regularly visited the home. They also spoke with the local authority and clinical commissioning group to discuss any issues and gave examples of where they had found this to be beneficial in identifying ways to improve the service.

Staff were invited to attend regular meetings to discuss practice and drive improvements. We attended one meeting and found that it was attended by very few staff. The meeting was primarily used to cascade information to staff although staff were invited to raise any other issues for discussion. Meetings were arranged at different times for day and night staff and there were separate meetings attended by the trained nursing staff and head of departments. Minutes indicated that areas for improvements were discussed and actions were included on a master action plan which was reviewed and updated following meetings and also audits and checks completed by the registered manager.

The service sent out surveys to people, relatives and staff but had only received four responses back from the last staff survey sent. This was in the process of being sent again to try to gather more feedback from staff. There had been 12 responses to the last survey completed by people and responses were generally positive. Where there were areas for improvement, these had been identified and added to the overall action plan. For example, feedback from the survey indicated that some people were not sure who their named keyworker was. The action plan included plans for this information to be displayed in peoples' rooms.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service had not effectively monitoring and mitigated the risks to the health and welfare of people by ensuing that basic services to the home were maintained and effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The service had not done all that was possible to effectively manage the risks that people faced and people did not consistenly receive their medicines and creams as prescribed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The service had not ensured that there were sufficient numbers of staff available to meet people's needs.

The enforcement action we took:

Warning notice served requiring the provider and registered manager to ensure complaince with this regulation.