Moorshield Limited

Finch Manor Nursing Home

Inspection report

Finch Lea Drive
Dovecot
Liverpool
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Tel: 01512590617

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

Summary of findings

Overall summary

This inspection visit took place on 03 November 2016 and was unannounced.

At the last inspection on 20 May 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Finch Manor Nursing Home is a purpose built, single storey service situated in the Dovecot area of Liverpool, close to transport routes. The service provides care and support in five separate areas of the home. People are accommodated in areas of the home depending on their individual needs. Four of the areas provide care and support for people who are living with dementia.

There was a registered manager in place. 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.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training was in place.

The provider had ensured training was available for staff and staff we spoke with were knowledgeable about how to provide care and support to people. However, we found some staff had not received training in important subjects such as safeguarding, infection control, moving and handling, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found medicines procedures at the home were not always safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept in four out of the five areas with appropriate arrangements for storing in place. However, in one area of the home, we saw staff left the medicines trolley unlocked and unattended. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staffing levels were sufficient to provide the care and support people needed in four areas of the home. However, in one area, we found staff appeared to be task oriented and rushed, which meant they did not get time to spend with people, other than when delivering care. Activities in two areas of the home were limited due to staffing levels. This was in breach of Regulation 18 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In all but one area of the home, people we spoke with told us they were supported to express their views and wishes about all aspects of life in the home. However, in one area of the home, people told us they had not

been asked for their views of the care and support they received. We have made a recommendation about this.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about the support needs of people in their care.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff we spoke with had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. However, the outside areas at the home required regular maintenance to make them suitable for people to use.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

Provision for activities was good in three areas of the home. In the other two areas, people told us they were bored and 'had nothing to do'. We raised this with the registered manager who had already identified this as an area for improvement.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were confident their complaints would be addressed.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient in four out of five areas of the home with an appropriate skill mix to meet the needs of people who lived at the home. However in one area they were not.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

We observed staff left the medicines trolley unlocked and unattended in one area of the home. Staff had received training to administer medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were generally supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life. However, some staff had not received training in important subjects.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Requires Improvement

The service was not always caring.

People in four areas of the home were able to make decisions for

themselves and be involved in planning their own care. However, in one area, people told us they had not been asked for their views and preferences.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care. However, in one area of the home, staff appeared rushed and were more focussed on tasks than people.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People in three areas of the home participated in a range of activities which kept them entertained. However, in the other two areas of the home, activity provision was poor.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems and procedures were in place to monitor and assess the quality of service people received. These had identified the issues we raised during this inspection, with the exception of doorguards not working correctly.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care. However, we found the registered manager had met resistance to change in one area of the home which was impacting negatively on the quality of the service provided to people.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

The registered manager involved people, their relatives and staff in how the service was run and asked for ideas about how the service could be developed further.

Finch Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 03 November 2016 and was unannounced.

The inspection team consisted of three adult social care inspectors, joined by an additional two adult social care inspectors during the afternoon.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, 13 staff members, six people who lived at the home, six visiting relatives and one external healthcare professional. Prior to our inspection we spoke to the commissioning department at the local authority and Healthwatch Liverpool. Healthwatch Liverpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people, staff training records, personnel files of five staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Requires Improvement

Is the service safe?

Our findings

People we spoke with us told they felt safe. Visiting relatives we spoke with also told us they had confidence their loved ones were safe at Finch Manor. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home said, "Yes, I feel safe. There's staff around and it's secure." Another person told us, "I feel safe here, I think I'm looked after fairly well." Another said, "I'm safe here, staff check on me, I don't have to wait for help." Visiting relatives told us they did not have any concerns about safety at the home. One told us, "Mum's safe here, she's looked after properly." Whilst another commented, "I'm really happy that she's here, she's safe and well looked after."

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed two staff members administering medicines in three different areas of the home. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines, including an explanation of what they were for and, where required, prompts were given. However, in one area of the home, we saw staff did not lock the medicines trolley and it was left unattended. We observed the trolley was left unlocked and unattended for up to five minutes, on four occaisions, without staff nearby. This meant people who used the service had opportunity to access the medicines within the trolley. This could have resulted in serious consequences if people had accessed the medicines in the trolley. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed this with the registered manager who assured us they would address the issue with staff who administer medicines.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We received mixed feedback from people about staffing levels in different areas of the home. Our observations showed three areas of the home had sufficient staffing levels, however in the two other areas, staffing levels did not appear to be sufficient. In these two areas, people we spoke with and visiting relatives told us staff did not have time to spend with people and appeared to be pushed to complete tasks. Staff in these two areas of the home confirmed what we had been told. People's care needs were attended to by staff, however staffing levels were such that staff did not have time to spend with people, other than when delivering care and support. This had also had a negative impact on the activities provided in these two areas of the home. We discussed this with the registered manager during our inspection. They told us they had undertaken a lot of work on the three other areas to improve the service delivered to people and were moving their focus to the two areas where we had identified concerns. They explained that staffing levels were to be reviewed as part of this work and gave assurances they would consult with people, their relatives and staff to ensure staffing levels were sufficient. Staffing levels on these two units were such that sufficient number of suitably qualified, skilled and experienced staff were not deployed at all times. This was in breach

of Regulation 18 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Discussion with the registered manager and staff confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

Staff spoken with had received moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We looked around the home and found it was generally clean, tidy and maintained. The registered manager had introduced an audit to check on the safety of the environment which included cleanliness. During the inspection, we observed staff followed infection control procedures and made use of Personal Protective Equipment (PPE), such as disposable aprons and gloves appropriately.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

The fire alarm had been regularly checked to confirm it was working correctly. Fire doors were fitted with electronic devices which held them open if desired and allowed them to close when the fire alarm was activated. We found the majority were in good working order, however, some of the devices were inoperable or low on battery power. In these cases they would not hold the doors open. We observed staff had used furniture to hold doors open in these cases, which meant the fire doors would not close in the event of the alarm sounding. We raised this with the registered manager during our inspection. We received confirmation shortly after our inspection that this had been dealt with as a priority and that checks on these devices would be added to the home's environmental safety audit.

Records were kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted notifications to the Care Quality Commission (CQC) about, for example, serious injuries suffered by people who lived at the home.

We looked at recruitment procedures. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

Care plans we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members

when delivering care and support to people. Where potential risks had been identified the action taken by the service had been recorded.

Requires Improvement

Is the service effective?

Our findings

People we spoke with and visiting relatives told us they felt staff knew what they were doing and provided effective care. Staff we spoke with told us they were able to provide effective care because they understood people's needs and received training and support to enable them to carry out their role effectively. We saw people had unrestrictive movement around their area of the home and could go to their rooms if that was their choice. We saw people visiting the home were made welcome by staff and updated about their relative's welfare. Comments we received from people included, "The care is good here, I know if I need help the staff will arrange it – like if I need a doctor", and "The staff are good. They know what help I need, they know what they're doing".

We spoke with 13 staff members and looked at staff training records. This confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff we spoke with had received dementia care training and were knowledgeable about how to support people who lived with dementia. Staff responsible for administering people's medicines had received medication training and had been assessed as competent. Some staff had achieved or were working towards national care qualifications. However, we saw from training records some staff had not received training in subjects such as safeguarding, infection control, moving and handling, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). For example, 18 staff had not received training in safeguarding, 18 staff had not received training on the MCA and DoLS and 9 staff had not received training on moving and handling.This meant not all staff had the right competencies, knowledge, qualifications and skills to support people effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

The people we spoke with told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. On the day of our inspection we saw people chose what they wanted to eat for breakfast and for lunch. People were provided with drinks and snacks throughout the day. One person told us, "The food is first class, really good".

At lunch time we carried out our observations in three areas of the home. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals

were made where appropriate. The support we saw provided was organised and well managed.

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 to 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).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

We looked at the premises to see how suitable they were for people who used the service. We were told by the registered manager and staff that a lot of work had been undertaken over the past 12 months to refurbish three areas of the home and that work was planned to refurbish the remain two areas. The areas of the home that had been refurbished were well decorated and the facilities provided were good. Facilities such as rummage boxes, a bar and pool table and an old-fashioned kitchen had been installed, which people appeared to enjoy. The walls had been decorated with art work and murals which people told us they liked. Outside the home, the gardens had been split into five separate areas. These provided a good outdoor space for people to make use of, however they required regular maintenance to keep them safe and appealing.

Requires Improvement

Is the service caring?

Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with six people who lived at the home. We also spoke with six visitors. One person said, "The staff are lovely, they always knock. I shout 'come in' and they do", another told us, "I'd talk to the staff about anything, they look after me really well."

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received a good standard of care. However, in one area of the home, people told us staff were not able to spend time interacting with them as they were rushing to complete tasks. Staff in this area of the home confirmed what people had told us. We raised this with the registered manager during our inspection. They assured us this would be reviewed as part of the work they were undertaking to improve the quality of the service in this area of the home.

Throughout the inspection visit we saw people were encouraged to make decisions for themselves. We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere. However, we received feedback from people in one area of the home that raised concerns. People in this area told us they had not been asked for their preferences around their daily routine. They told us everyone got up, ate and went to bed at the same time. People told us this was led by staff, rather than led by their individual needs and preferences. We raised this with the registered manager during our inspection. They assured us this would be reviewed as part of the work they were undertaking to improve the quality of the service in this area of the home.

In all but one area of the home, people we spoke with told us they were supported to express their views and wishes about all aspects of life in the home. Care records we looked at showed this had been recorded. We observed staff enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example we saw staff asking people in the lounges if they were comfortable and if they required drinks or snacks between meals. However, in one area of the home, people told us they had not been asked for their views of the care and support they received. We would recommend the provider reviews their systems for capturing, recording and putting into practice, people's individual views and preferences in relation to their care.

Staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew people they were caring for and had the knowledge and understanding of support people required.

We looked at care records of four people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's

current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Requires Improvement

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff members undertaking their duties. We saw they could spend time with people making sure their care needs were met. However, in one area of the home, staff appeared more focussed on completing tasks than delivering person centred care. We raised this with the registered manager who confirmed they had identified this and were working to improve the quality of care delivered in this area of the home

We looked at care records of four people to see if their needs had been assessed and consistently met. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

We looked at how the service provided activities for people in each area of the home. We found in three areas of the home provision had been made for activities so people could entertain themselves if they wished and staff supported people with activities when they wished for them to do so. For example, one area of the home had a communal lounge and dining area which included a bar, table football and a pool table, along with various other activities that were available. In another area of the home, an old-fashioned kitchen, rummage boxes and various other facilities for activities were provided. These areas had been designed for people based on their individual and collective needs. They helped people who were living with different stages of dementia to find stimulation and comfort. Throughout our inspection in these areas of the home, we observed staff supported people individually with activities, often spontaneously when they recognised changes in people's behaviour.

However, in two other areas of the home, we found provision for activities was limited. We observed people sitting in one lounge area watching television, with limited staff interaction and no other activity provision. In another area of the home, we witnessed the same and received negative comments from people about the lack of activities provided. Comments we received included, "There's not a lot to do here, the staff don't sit with me and talk." Another told us they were bored and said, "There's nothing to do here, just staring at the TV." We raised this with the registered manager who confirmed they had already identified this as an area for improvement and they were working to improve this area of service provision. They explained two activity coordinators had recently left employment and they were recruiting staff to replace them. They told

us they were also reviewing the types of activities provided with people who lived in these areas of the home.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. The registered manager told us no confirmed no formal complaints had been received for over 12 months.

Requires Improvement

Is the service well-led?

Our findings

Comments received from staff, people who lived in the home and relatives were mainly positive about the registered manager's leadership. We did, however, receive some negative comments from staff in one area of the home. When we explored this further, we found the registered manager had been making changes in this area of the home to improve the quality of the service provided. They had met some resistance to change which had negatively impacted staff morale and staff perception of the management team. Staff members spoken with in other areas of the home said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One staff member said, "The teamwork here is great, since [Registered Manager] came, it's been getting better and better."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. People visiting the home told us the atmosphere was relaxed and calm. They said they were made welcome by friendly and polite staff when they visited. One staff member told us, "It's a team home, we try and work the best way for our residents."

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager and were aligned with the CQC key lines of enquiry. These included reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward. The issues we highlighted during our inspection, with the exception of the doorguards, had already been identified by the registered manager during their audits and a plan of action had been developed to address them.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought views of people who lived in the home, their relatives and visiting professionals using a variety of methods. These included satisfaction surveys and group meetings, as well as one to one conversations with people who lived in the home. People's feedback was used to develop and improve the service. For example, we saw the registered manager had asked for feedback from people about what each area of the home should be called, rather than labelling them with a number. People and their relatives had chosen names for each area and the registered manager had nameplates produced to be displayed at the entrance of each area.

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff did not always follow safe procedures when administering medicines. We observed the medicines trolley was left unlocked and unattended in one area of the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Some staff had not received training in important subjects such as safeguarding, infection control, moving and handling, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider had not ensured a sufficient number of suitably qualified, skilled and experienced staff were deployed in each area of the home at all times.