Anchor Trust

Simon Marks Court

Inspection report

Lynwood Garth
Lynwood View
Leeds
LS12 4BE
Tel: 01132310454
Website: www.anchor.org.uk

Date of inspection visit: 11 November 2014
Date of publication: 05/12/2014

Ratings

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

Overall summary

This was an unannounced inspection carried out on the 11 November 2014. At the last inspection in December 2013 we found the provider met the regulations we looked at.

Simon Marks Court is a care home for older people and people living with dementia, owned by Anchor Trust a registered charity. The home provides care and support for up to 40 people. Simon Marks Court is purpose built and is situated in a cul-de-sac facing sheltered accommodation. Accommodation is situated over two floors with lift access. There are lounge and dining areas with bedrooms having en-suite facilities. There is good parking facilities and a ramp to the front door providing level access.

At the time of this inspection the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

We did not see evidence that staff completed an induction when they started work. Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and competency was checked following completion of specific training courses. Opportunity was not available for staff to attend regular supervision meetings. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans included risk assessments; however, care plans did not always contain sufficient and relevant information.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

The home had policies and procedures in place in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The temporary manager understood when an application should be made, and how to submit one. This meant people were safeguarded. However, the care plans we looked at did not show that people's mental health and capacity needs had been assessed.

Suitable arrangements were in place and people were provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

We observed interactions between staff and people living in the home and staff were respectful to people when they were supporting them. Staff knew how to respect people's privacy and dignity.

Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed. People were supported to attend meetings where they could express their views about the home.

A range of activities were provided both in-house and in the community. People were able to choose where they spent their time for example in a quiet lounge, outside or in a busier lounge area.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the temporary manager and provider. We also saw refurbishment plans for the home to improve the environment.

We found the home was in breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of 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?

Good

The service was safe.

Staff knew about the different types of abuse and how to report it.

Staff discussed and agreed with people how risks would be managed which ensured their safety but also allowed them to enjoy their freedom and independence.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

People's medicines were stored safely and they received them as prescribed. All staff had received medicines training, which was updated regularly and included practical competency checks.

Is the service effective?

Requires Improvement

The service was not consistently effective in meeting people's needs.

We did not see evidence that staff completed an induction when they started work, staff training provided did not equip staff with the knowledge and skills to support people safely and staff did not have the opportunity to attend regular supervision.

The temporary manager knew the correct procedures to follow to ensure people's rights were protected. There were three people with a Deprivation of Liberty Safeguard in place. However, mental capacity assessments had not been completed. The temporary manger told us further work was due to be carried out on the assessment of people's mental health and capacity.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, opticians and attended hospital appointments.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. We saw staff involved people and supported them at their own pace so they were not rushed. People told us they were happy with the care they received and their needs had been met.

Summary of findings

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

Requires Improvement

The service was not always responsive to people needs.

We found care plans did not always reflect people's needs and contain sufficient and relevant information. The care and dementia advisor said they were reviewing the care plans and were updating them and this would be completed by mid-December 2014.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate.

People had a programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The home was managed by a temporary manager. The district manager told us they were in the process of recruiting a new manager.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the temporary manager and the organisation to ensure any trends were identified and acted upon.

Simon Marks Court

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 11 November 2014 and was unannounced.

At the time of our inspection there were 35 people living with dementia in the home. During our visit we spoke with seven people living at the home, seven members of staff, the care and dementia advisor, temporary manager, district manager and the regional home manager. At this inspection we also spoke with two visiting health professionals. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's care plans.

The inspection team consisted of one inspector and an expert by experience in people living with Dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We were aware of information that had been requested by the local authority regarding an improvement plan following their visit in September 2014 as some areas did not meet their requirements. Healthwatch feedback stated they had no comments or concerns regarding Simon Marks Court. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person told us, “I feel safe. There was a fella that tried my door. He was a bit confused. He used to try people's doors. Anyway, they dealt with that, they moved him. Now I always ask them to make sure my door is locked, but he's been moved anyway. They make sure I feel safe.”

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2013 or 2014. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed staff had received e-learning safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked at three care plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included falls, choking and smoking. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were several environmental risk assessments carried out, for example, refuse area, gardening tasks, cleaning windows and lifting heavy items. The temporary manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home.

The temporary manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. We saw there were enough staff to meet the needs of people. The temporary manager told us staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or agency staff were requested. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home. Members of staff we spoke with told us staffing levels were getting better. One staff member said, “We did not always get cover on a weekend if people called in sick, but now we can ring the agency to arrange cover.” Another staff member told us, “Weekends were not always good but it is getting better.”

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

The home was undergoing a total refurbishment. A new lift had recently been installed and all the corridors leading to the bedrooms were being painted. The regional home manger told us the refurbishment programme was due for completion in spring 2015. All of the bedrooms had the personal belongings and mementoes of the people in them.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicine. For recording the administration of medicines, medicine administration records (MARs) were used. We looked at three people’s MAR charts which showed staff were signing

Good

Is the service safe?

for the medication they were giving. We did not observe any gaps on these MAR charts. However, we did note that when people refused their medication no explanation was given on the MAR charts. A senior member of staff told us they would address this with other members of staff. We checked the controlled drugs records and found them to be accurate and properly managed.

Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory. The room in which the medicines were stored was tidy. We saw the fridge was locked and the temperatures were checked twice daily. However, we noted that on five days in November 2014 the fridge temperature had not been recorded. We saw two people's eye drops were stored in the fridge, however, the prescribers instructions stated 'once open should be stored below 25 degrees'. A senior member of staff told us they would address this immediately.

We observed the medication round at lunch time and found the member of staff was patient and gentle in manner whilst supporting people taking their medication. Staff giving people their medicines followed safe practices and treated people respectfully.

We found creams were stored safely and they were locked away in the medicines room. We found there was clear information recorded to guide staff as to where and when to apply creams which ensured people were given the correct treatment.

Requires Improvement

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included fire safety practical, care planning and documentation, moving and handling and infection control. On the day of our visit some staff attended falls awareness training. The temporary manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff.

Staff we spoke with told us they had completed several training course during 2014 and these included safeguarding, first aid, infection control, back care and fire safety.

The temporary manager told us staff completed a knowledge test at the end of each e-learning session. However, we were concerned the training provided would not equip staff with the knowledge and skills needed because staff completed several training sessions in one day, sometimes up to seven and these could include infection control, dementia awareness, safeguarding and Mental Capacity Act 2005. We saw medication competency checks were carried out for members of staff who administered medicines; however, the temporary manager told us that no other competency checks for staff were in place. This meant staff may not fully understand how to deliver care safely and to an appropriate standard.

We were told by the temporary manager staff completed an induction programme which included information about the company and principles of care. They also told us the induction period was three months and a meeting was held on a monthly basis with the new member of staff to discuss their performance. We looked at three staff files and were not able to see information relating to the completion of induction or to the monthly meetings. The temporary manager told us they had also looked at one staff members file and were not able to locate the monthly meeting records.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Two members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. However, one member of staff told us supervision meetings were every six weeks and another member of staff said they were three monthly. Other staff we spoke with said they had regular supervision and training and some said that supervision had not happened for a while. When we looked in staff files we were not able to see evidence that each member of staff had received supervision on a regular basis. For example, one member of staff had received supervision in July 2014 but none since then. We saw staff had received an annual appraisal in 2014.

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and competency was checked following completion of specific training courses. The opportunity was not available for staff to attend regular supervision meetings to discuss their progress and personal development needs. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. One member of staff told us, "It is the right to make decisions." The staff we spoke with told us they had completed Mental Capacity Act (2005) training as e-learning. The records we looked at confirmed this.

However, care records did not included an assessment of people's mental capacity to make decisions. The temporary manager told us they were in the process of carrying out mental capacity assessment for each person living at the home. They showed us the paperwork that was in place which included best interest's decisions, assessment of complex and significant decisions and guidance notes. They said this would be completed by mid-December 2014.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The temporary manager told us there were three people living

Is the service effective?

in the home who needed an authorisation in place and they had obtained these. They also said they were working closely with the local authority in identifying any other applications that needed to be made.

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their care plan.

We observed the lunch time meal in three of the four dining rooms and saw this was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. The atmosphere was calm and relaxed. People could also choose to eat in their bedroom. We observed staff working as a team and saw they indicated to each other where they had observed a person requiring support.

The chef told us, they were provided with a budget which allowed lots of fresh food, flexibility and choices. For example, we saw a choice of two meal options were available at lunchtime. Information was present in the kitchen to ensure staff met people's individual needs, such as who required a diabetic diet or their food fortifying.

People living at the home told us they enjoyed the food. We observed the chef checking with people during their lunch time meal if it was alright and if they needed anything. We saw the food looked and smelled appetising and was well presented and hot. Staff asked people if they wanted their food cut up, and this was done without fuss. One person who was quite distracted was encouraged to eat their food, and a member of staff came to sit at their table and chatted whilst encouraging them to eat.

We found drinks were available for people throughout the day and we observed staff encouraging people to drink to reduce the risk of dehydration.

There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare which included health professionals, GP communication records and hospital appointments.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. We observed the GP attend to one person who was not feeling well.

We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs, District Nurses, Chiropodists and Opticians. A visiting health care professional told us, "It is one of the nicest ones I have been in. A senior member of staff always takes me to see the person and they are knowledgeable about the person's condition. They make appropriate referrals and they call the GP if needed. I am happy with the care." A visiting GP told us, "One of the best. The calls are relevant and required. The staff know the residents and I trust them."

Good

Is the service caring?

Our findings

Some people who had complex needs were unable to tell us about their experiences in the home. We spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. We saw staff approached people with respect and support was offered in a sensitive way. We saw people were relaxed and at ease in the company of the staff who cared for them.

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. Staff clearly demonstrated they knew people's likes and dislikes and they had good relationships with people. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people. One member of staff said, "It is person centred." Another member of staff said, "It is a nice place to work." People could choose where to sit and spend their recreational time. One staff member said, "I've been here seven years. I like it. I get to know the residents. We alternate floors, one week upstairs and one week downstairs, so we get to know everyone. There are a lot worse jobs."

People we spoke with said they were very happy with the staff and felt they were competent and caring. One person told us, "They ask me when I want a bath and I go to bed and get up when I please. I had to move here because my legs don't work and I kept falling over, but they look after you alright. If I were worried about anything, I'd tell the girls [staff] or my sons." Another person said, "The staff are fantastic. They don't make fun of anyone. They're like sisters. They keep us laughing. They'll come and have a chat, and play games and things like that. I don't want for anything at all. If I need anything I can just talk to them, they sort it all out." Especially the young ones, they keep us laughing. We can rely on them." One person said, "I like it when the little ones, the children, come to visit." Another person told us, "I have never been a mixer, I like it quiet, so I stay mostly in my room, but [name of staff] organised for a lady to visit me every week. She works at M&S and she brings me cake. I like that; we have a right good chat" and "All the staff are lovely. [Name of staff] is coming to do my nails soon. She says you can have diamante and all sorts these days, she makes me laugh. I love her to bits. They always cheer you up."

We observed on occasion one person became a little agitated and verbally aggressive towards another person. Staff swiftly intervened, distracting the person being aggressive kindly and suggesting something else to do. For example, they said, "Come on [name of person], let's go and get a cup of tea, the entertainers will be here soon, let's find a nice spot to sit, over here." We saw distracting techniques included chatting about another subject which calmed the person down.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished.

We observed staff members encouraging people to be independent whilst ensuring their safety. For example, we saw a member of staff, when taking one person through to lunch, encouraged them to get out of their chair themselves. The person said, "What if I can't do it." The staff member said, "I think you can do it. I know you can, and I won't let you fall, I'm right here. If you're having trouble, I'll help you back into your chair and we'll get there." With that, the person stood up without a problem and they went off together to the dining room.

People living in the home were given appropriate information and support regarding their care or support. We looked at care plans for three people living at the home. There was documented evidence in the care plans we looked at that the person and/or their relative had contributed to the development of their care and supports needs.

Everyone we spoke with told us their dignity and privacy was respected. We observed staff attending to people's needs in a discreet way which maintained their dignity and staff knocked on people's bedroom doors before entering.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "I always knock on the door before

Good

Is the service caring?

entering someone's room and I cover people up when supporting with personal care." Another member of staff said, "I close people's doors and cover with a towel when helping them."

Requires Improvement

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

However, we saw care plans did not always reflect the needs and support people required. For example, one person's personal care assessment stated 'I prefer a shower'. Their 'my bath and shower' record stated they had only taken a bath. One person's care plan for sleep and rest stated 'to be checked every hour due to falls'. The night checks for November 2014 stated check had been carried out on a two hourly basis. We also noted two 'do not attempt to resuscitate' documents had no review date and one was dated October 2013. The care and dementia advisor told us they were working through each care plan to update them with relevant and accurate information. They said they had identified themes in the care plans and would be addressing these and the care plans were due to be fully completed by mid-December 2014.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. However, one member of staff said, "The care plans need to be more in-depth with life histories."

The temporary manager told us people living at the home were offered a range of social activities. We saw activities included live entertainment, cake decorating, movie night, treasured memories, flower arranging and tenpin bowling. We saw the activities were displayed on the wall near the lift area of the home. We saw staff were actively engaging with what was going on and involving people in the activity. During the musical entertainment, a member of staff danced with several people.

The activities were real and meaningful. People actively engaged with them, and clearly enjoyed them. We saw there was opportunity for people to be involved in a wide range of activities within the home and we saw evidence of connections into the wider community. For example, volunteer befrienders and visits from the local priest. One person said, "I'm a good Catholic. The Priest comes to see us. I can hear him talking. Sometimes I lie in bed and thank God that I'm here. I'm a very happy bunny. I've got no problems. They're like my friends." We saw there was a magazine from the local Church in the lounge area.

Apart from the main lounge area, there was also a quiet lounge with a library and a very well stocked CD cabinet with a range of music from classical to swing, 60s and 70s and classic comedy.

We saw one person with a particular interest in gardening, spent a lot of time in the memory garden, which was safe and secure. One person started singing a song in the main lounge, and a member of staff joined in with them. Other staff were sitting with people chatting and involved them in activities. Two people told us they won 2nd prize together in the Christmas cake decorating competition last year, and there was discussion about what they were going to do in the competition this year.

People we spoke with told us they had no complaints. They said they would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident that the staff would listen and act on their concern. One person told us, "I have no complaints at all. If anything were wrong, they'd sort it out. They'd do anything for you. If I ring my buzzer they come straight away."

We saw the complaints policy was displayed in the entrance to the home. The temporary manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. This showed people's concerns were listened to, taken seriously and responded to promptly.

People told us the home enabled them to maintain relationships with family and friends without restrictions. On person told us, "Relatives visit mostly at the weekends."

Good

Is the service well-led?

Our findings

At the time of our inspection the registered manager had submitted an application in October 2014 to the Care Quality Commission to cancel their registration. The home was been managed by a temporary manager and a regional home manager. The regional home manager told us they were in the process of recruiting a new permanent manager.

There was a system of audits which were completed weekly and monthly which included medications, infection control and care plans. Where gaps and issues were identified action plans were in place which included completion dates and the person responsible for completing the task. For example, the care plan audit dated October 2014 had identified some gaps in people's care plans and this was being addressed by the care and dementia advisor. We also saw the district manager visited the home on a monthly basis and completed an action plan which included occupancy and financial issues.

Staff spoke positively about the temporary manager and they were happy working at the home. One member of staff said, "I've been here five years. I like it. Sometimes you have bad days, but it's like anything. We get loads of training. I do have regular supervision. I usually work days, but I have covered occasionally at nights and in the laundry if someone's off sick. It's a good team, we support each other." Another staff member said, "The manager is consistent and listens." Other staff members commented they were a good team and said they enjoyed working at the home. However, members of staff also said the lack of a permanent manager was an issue. However, they said they were kept informed of what was going on to recruit a new manager and they were happy with the interim arrangements. One staff member said, "The temporary manager has been good. She is approachable and gets things done."

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for October 2014 and discussion included care plans, uniforms, badges and overtime. We saw a residents/relative meeting was held in November 2014 and discussion included the refurbishment of the home and colour schemes. The temporary manager told us a resident/relative survey had been conducted in October 2014 and the provider was in the progress of analysing the results. We also saw a suggestions box which was located in the entrance to the home. The temporary manager told us they would assess any suggestions made and respond to the person.

Any accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. The temporary manager confirmed there were no identifiable trends or patterns in the last 12 months. We saw safeguarding referrals or whistle blowing concerns had been reported and responded to appropriately.

During the inspection we spoke with two visiting health professionals. They told us the home ensured people's health care needs were met.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Suitable arrangements were not in place to ensure staff were appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard.