Berengrove Limited

# Berengrove Park Nursing Home

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

## Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. Berengrove Park Nursing Home is registered to provide accommodation and personal care for up to 36 older people. We found that people living there required varying levels of care and support to manage conditions such as diabetes, the after effects of illnesses associated with old age and conditions such as dementia. Some people required support to move around. The premises has accommodation arranged over three floors. Most rooms could be accessed via a small passenger lift.

The manager at Berengrove Park had applied to become the registered manager. A registered manager is a person

# Summary of findings

who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Risks to people's safety were identified and managed effectively and there were enough staff on each shift to make sure that people were protected from the risk of harm. Robust recruitment procedures were followed to make sure that only suitable staff were employed to work with people in the home. However, during our inspection we noted that environmental risk were not well managed, the home had not been maintained to an appropriate standard and was not free from smells. We added this to our inspection plan. You can see what action we told the provider to take at the back of the full version of the report.

Audits were not always effective because they had not picked up issues in the home relating to maintenance in bathrooms and the need for areas of risks in the home to be removed. You can see what action we told the provider to take at the back of the full version of the report.

People were protected from the risk of abuse and risks to their health and wellbeing were well managed. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff knew how to safeguard the people they supported.

All of the people we talked with told us they were happy with the care home and felt safe. We observed staff had good professional relationships with the people they cared for. People were encouraged to join in activities and people could move freely around the care home. There were a range of activities available which people could chose to join in with. Staff were kind and caring, treated people with respect and maintained their dignity.

The care home manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS is legislation which ensures that people who are unable to make certain decisions for themselves were protected.

Staff had the information they needed to provide personalised care and support. People's health and care needs were assessed with them, and people were involved in writing their plans of care. People told us they were very happy with the way they were cared for.

Staff received the training, supervision and support they needed to enable them to carry out their roles effectively. This included induction for new staff, key training and additional training in people's specialist needs.

People told us they enjoyed their meals and there was always plenty to eat and drink. Meals were home cooked, freshly prepared and well presented. People were offered variety and choice. Special diets were catered for and people were involved in the assessment of and decisions about their food and drink. Professional advice and support was obtained for people when needed.

People's health care needs were supported through arrangements for them to see health professionals such as GPs, chiropodists, dentists, nurses and opticians as required.

People were listened to, valued and treated with kindness and compassion in their day to day lives. People were involved in planning and making decisions about their care and treatment. People could be confident that information about them was treated confidentially..

People's individual assessments and care plans were reviewed. These were updated as people's needs changed to make sure people continued to receive the care and support they needed.

There was an open and positive culture which focussed on people who used the service. The manager and provider were approachable and people who lived in the home, staff and visitors could speak with them at any time.

Throughout our visit the staff and management team showed us that they were committed to providing a good service. There were systems in place to monitor and review the quality of the service. The management team carried out regular environmental audits in the home, but these were not always effective because they had not identified areas of maintenance that was required.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was not safe.

Environmental risks were not well managed. The home had not been maintained to an appropriate standard and in some areas did not smell clean.

People told us they felt safe. There were no restrictions on people's freedom. Safeguarding procedures were robust and staff knew how to safeguard the people they supported from any kind of abuse. Risk in relation to the care delivered were assessed and managed to protected people from harm.

Robust recruitment procedures were followed to make sure that only suitable staff were employed. There were enough staff employed on each shift to make sure that people were safe.

**Requires Improvement**

**Is the service effective?**
The service was effective.

Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

People's health needs were supported effectively. People were involved in writing their plans of care. Their nutritional needs were assessed and professional advice and support was obtained for people when needed. People told us there was always plenty to eat and drink.

**Good**

**Is the service caring?**
The service was caring.

People were listened to, valued, and treated with kindness and compassion in their day to day lives. They were involved in planning and making decisions about their care and treatment. There was a calm and relaxed atmosphere in the home.

Staff were careful to protect people's privacy and dignity. People could be confident that information about them was treated confidentially.

**Good**

**Is the service responsive?**
The service was responsive.

People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

**Good**

# Summary of findings

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns. The service obtained people's consent to the care and support they provided.

**Is the service well-led?**

**Requires Improvement**

The service was not well-led.

There were quality assurance systems in place to monitor and review the quality of the service. However, these were not always effective because they failed to pick up environmental issues. The manager was proactive in looking for ways to develop and improve the service and promoted the active involvement of people who lived at the care home and the staff team in this process.

There was an open and positive culture which focussed on people who used the service. The provider visited the home frequently and was supportive to the management team, staff and people in the home. The staffing and management structure ensured that staff knew who they were accountable to and where to get support.

# Berengrove Park Nursing Home

**Detailed findings**

## Background to this inspection

This inspection took place on 5 August 2014 and 6 August 2014. The inspection team consisted of an inspector, a nursing care specialist advisor and an expert by experience. The expert-by-experience was a person who had personal experience of caring for someone who uses this type of care home.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We considered information that the provider sent to us after the inspection, such as the providers policies on employing staff. We looked at other information we had received about the care home such as notifications about events or incidents in the home that affected people who lived there.

Some of the people who lived at the home were unable to tell us about their experiences because they were living with complex dementia. Therefore we used the Short Observational Framework for Inspection (SOFI) on this inspection in parts of the home where people were unable to talk with us about their experiences. (SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.)

We talked with people who used the care home, their visitors, relatives and staff. We talked in depth with the care home manager, nurses and the owner (Provider). We gathered information from a wide range of staff, this included domestic staff and people employed as care staff. We spent time in each part of the care home during the inspection.

We observed the daily life within the care home including the care being delivered. We spent time looking at records, which included people's care file records and records relating to the management of the care home. We also looked around the care home and the outside spaces available to people. We looked at some people's bedrooms, bathrooms, the kitchen and communal areas.

On the day we visited we spoke with 24 people who lived at the care home, seven members of staff, nine relatives and one health care professional.

We looked at the provider's policies and procedures, complaints records and quality auditing systems. We looked at seven files that related to staff recruitment, training and supervision. We checked the health and safety systems within the care home and we observed staff health and safety practice. For example, how staff had carried out manual handling techniques safely. We checked records such as for clinical waste disposal, fire procedures and water temperature records. We looked at records of staff meetings. We looked at 13 care plans for people living in the care home. We looked at feedback that had been gathered through the provider's quality audit systems.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

# Detailed findings

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

# Is the service safe?

## Our findings

People who used the care home told us that they felt safe. One person said, "I get my medication okay and the nurses manage my health needs well". Another person said, "I feel safe". Relatives told us that they felt their family members were cared for safely at the care home and were satisfied with the care people received. None of the people we spoke with had concerns about safety.

During our inspection environmental risks were seen on the ground floor that had not been addressed. The floors were uneven and there was poor or no lighting at the far end of the ground floor corridor leading to some people's bedrooms. At the end of the same corridor there were a set of stairs leading to the first floor areas of the home which were not adequately lit. We observed staff using these stairs in darkness. Elderly frail people in the service had to pass through this area to get to their bedrooms and they could also access the poorly lit stairs. This had the potential to cause harm if people were at risks of falls or had poor eyesight. In some bedrooms people could not see out of the windows because the double glazed units had filled with condensation. The sealed units were compromised and were no longer effective at protecting the room from becoming cold in winter. One person said, "The view would be nice if I could see out of the window". This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home had not been maintained to an appropriate standard and was not free from smells. These smells were coming from a small room with a machine in it for cleaning commode pots and bed pans. People on the ground floor were exposed to the smells from the room as it had not been cleaned sufficiently or there was a drainage problem. We saw three bathrooms were poorly maintained, the baths were scratched and had not been cleaned properly. In one bathroom around the toilet the flooring had perished and the floor could not be adequately cleaned. Although people preferred to have showers their choice to have a bath was limited because of the poor conditions the baths were in. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's rights were protected because the manager had ensured that staff had received training in relation to protecting people's rights. The manager had also ensured that where possible people gave written consent to their care. The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how and when to submit DoLS applications because they had sent us appropriate notification's about their applications after they had contacted the local authority.

Staff had received safeguarding training and had a good understanding of what abuse was. They knew the correct action to take if they suspected abuse was taking place. Staff confirmed that they had received safeguarding training. They told us that this training was updated annually. Staff we spoke with described their safeguarding training and understood the types of abuse to look out for to make sure people were protected. They knew who to report any concerns to and had access to the whistleblowing policy.

Accidents and incidents that had occurred had been reviewed and analysed by the manager. We found that actions that had been taken were recorded. Staff had recorded who they had informed about the incident, what immediate action they had taken and what further action had been taken.

The care home manager had ensured that individual risks had been assessed and that safe working practices were followed by staff. Relatives were positive about the safety of the care home. Staff demonstrated that they had a good understanding of people's needs and how they delivered care and treatment safely. For example, we observed staff using safe manual handling procedures.

Staff managed risks to people's safety and ensured that people's independence was supported. We observed that a person who was at risk of falls was encouraged to use their walking frame. Where people needed one to one staff support this happened which kept them safe.

There were procedures in place that dealt with emergencies. Personal emergency evacuation plans were in place for people so they would be safe in an emergency situation. These plans ensured that staff were aware of how people should be evacuated or moved to safe zones within the care home in the event of a fire. The manager had identified other places where care and support could continue if the home had to be evacuated. We saw a range of emergency numbers for emergency contractors, such as

Requires Improvement

# Is the service safe?

for gas leaks were easily accessible to staff. There was a fire risk assessment in place. The care home manager explained how the care home would be evacuated by stages in the event of a fire.

There were safe recruitment practices. There was a staff recruitment policy that had been followed by managers. Staff records showed that people had completed employment applications and had been interviewed for roles within the home. The manager had made checks to ensure that people were eligible to work in the UK. Staff records showed that staff had criminal records checks.

During our inspection we observed there were sufficient staff to meet people's needs and keep them safe. For example, throughout the home staff were easy to locate and on hand. The manager said staffing levels were kept under review and adjusted according to the dependency levels of people who lived in the home. The manager had a system in place to do this. When people required care or support this was provided in a timely manner, by the appropriate number of staff. For example when people needed two staff to help them get up or move around the home. Staff told us that the staffing levels during our inspection were at normal levels.

We had received information of concern about the management of medicines in the care home. This was about some changes that had been made to the way medicines that were only required as and when requested by people were recorded. We discussed this with the manager in charge of the home and several nurses. We found that the changes that had been made by the manager in charge were designed to make the recording system easier for nurses to use. There was no indication that the changes were inappropriate or that people's safety was affected by the changes.

Good

# Is the service effective?

## Our findings

People told us they were happy with the way they were cared for and supported. They said, "Couldn't want for better care." Relatives said "The home is run very well" and "The home is excellent".

Most people said the food in the home was good or excellent. One person said "You can have what you want". Others said, "I like my food cut up for me and this always happens".

People had an individual care plan. These were reviewed each month or when people's needs changes or they were unwell. Care plans reflected people's health and personal care needs. Information was included about people's preferences of how their care was delivered. For example there was information about how people liked to spend their time, when they liked to get up and go to bed and if they preferred a bath or a shower.

All staff had received training in moving and handling, infection control and food safety. In addition some staff had improved their skills by attaining a national vocational qualification or diploma in social care. When staff started work at the home they were provided with induction training. Most staff were given an induction folder to work through which complied with nationally recognised standards. They completed these as they developed their competence in their roles. Some staff told us that they felt they needed more hands on training rather than using on line style training. However, what we observed and how staff described the way they delivered care demonstrated that staff had the training they needed to ensure they provided effective care.

We talked with staff about how they were supervised and supported by managers. Staff told us that they had received supervision and that the care home manager was approachable and supportive. Staff told us that they had attended team meetings and that they were encouraged to participate fully in the meetings.

People's nutritional needs were assessed and their weights were recorded regularly to make sure that people were getting enough to eat and drink. Where people required some additional support regarding their diet, external professional advice had been sought and followed. Their care plan had been updated to reflect the advice such as providing fortified drinks and food. Food charts recorded much they ate each day to protect people from dehydration and malnutrition.

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. We saw that meals were home cooked, freshly prepared and well presented. People said, "The foods not bad" and "I like the food." People chose their lunch time meal each morning, the menu options were also recorded on notice boards. People were offered different options if they did not like the main choices. Staff supported people who needed help by asking them if they would like their food cut up for them. People were not rushed in anyway. Where people had particular needs such as diabetes or swallowing difficulties, their diets were catered for. We saw that portion sizes were good, hot food temperatures were checked before food was served. People were offered more food if they wanted it.

People had been invited to complete end of life care plans if they wanted to, so that staff would understand how they wanted to be looked after and could carry out their wishes. End of life plans included where people wished to be cared for, their religious and cultural needs and any concerns they had for the future. The home worked closely with palliative care, pain control nurses, and hospice nurses to make sure that people were supported effectively at the end of their lives.

People told us they were able to see a GP whenever they wanted to. People felt comfortable to discuss their health needs with staff and ask their advice. Care plans contained information about people's health needs and medical conditions along with guidance for staff. We observed staff giving people their medicines at lunch time. Staff made sure that people had plenty of water to drink and waited with them to make sure they had taken their medicine safely. People were asked if they had any pain and pain relieving medicines were provided as needed. People told us they had regular appointments with other health professionals such as chiropodists, dentists and opticians. People were supported to manage their health care needs and their day to day health needs were met.

We spoke with an external health care specialist who provided support and advice to the nursing team at the home and a member of the local hospice palliative care

Good

# Is the service effective?

team. They gave positive feedback about the home. Other health professionals told us that the nurses and manager appropriately referred people to them they had concerns about.

Good

# Is the service caring?

## Our findings

People told us they were satisfied with the way they were cared for in the home. Their comments included, “Staff are so friendly” and “I can’t fault the care.” Another person said, “There isn’t one person here that is not caring”. Two relative told us about their positive experiences of the care provided to a person who had received end of life care at the home. One said “I felt that my relatives’ care in the last few weeks was especially good”. Another relative said “The care is good”. People were valued and treated with kindness and compassion in their day to day lives.

People said, “The staff treat me with respect”. Other people said, “I have been well looked after and have made friends here among the staff and other people”. The home had a displayed statement of values about how people had a right to be treated and this was understood by staff. We heard staff speaking to people in a respectful way. Relatives told us and we observed that people were treated with dignity and respect.

People responded positively when staff interacted with them. When staff approached people to assist them or to offer them drinks and food. We saw that staff were motivated and committed to working with people with dementia. They demonstrated patience, professionalism and a constantly calm attitude towards people in any given situation.

People told us that they had been involved in planning their care and that care plans were discussed with them. In addition to the monthly review, the manager arranged six-monthly reviews with residents and relatives where appropriate, to make sure that the care plan was working well and make any necessary changes. We saw that the person or their relative had signed the care plan to show their agreement. Staff knew each person well and were able to describe the kind of care people needed. We noted that some people who were underweight may have required a different type of pressure relieving mattress. We informed the manager about this and they told us that they would seek clarification from the NHS tissue viability team.

We spent time in the communal areas and observed staff interactions with people. Staff took time to explain things so that people knew what was happening. Staff enabled people to go at their own pace so they were not rushed. For example, we saw that staff were encouraging a person to eat their lunch, but not rushing them. Staff lowered themselves down to eye level when they talked to people who were sitting down. For example in an arm chair or wheelchair. Staff spent time listening to and conversing with people. Staff were creating a friendly and relaxed environment which had a calming effect.

People's dignity was maintained and their privacy was respected in their day to day lives. They could be confident that information about them was treated confidentially. Personal records were stored securely in a locked room or in each person’s private room. We observed that staff were discreet in their conversations with one another and with people who were in communal areas of the home. They were careful to close doors when people were being supported with their personal care. People who liked their privacy and wished to spend their time in their own rooms were supported to do so.

People’s bedrooms were comfortable and personalised with pictures and photographs. People told us they liked their rooms. Some bedrooms were shared. People we talked with who shared a bedroom were happy with the arrangement. They told us that it was good to have company and that staff still maintained their privacy. Staff respected people’s privacy, for example by knocking on people’s bedroom doors before entering rooms.

Staff members communicated effectively with people. People told us that staff explained what they were doing before and during the delivery of care and support. We saw that staff took the time to sit with people, listen to what they had to say and answer all their questions with patience and kindness. When people spoke to staff who passed by, we saw that staff stopped what they were doing and gave people their full attention. This showed that staff made people their priority rather than the day to day tasks they needed to perform.

People were encouraged to be as independent as possible. On the day of we arrived at the service at 8:15am. We found that some people were up and others were still in bed. People told us that they go to bed when they liked and got up when they liked. Staff told us that some people’s personal care needs had to be met early in the morning to maintain their health and welfare, but that people could stay in bed. People moved around the home as they chose, using different parts of the care homes communal space.

Good

# Is the service responsive?

## Our findings

People we spoke with told us they had no complaints about the service. They said, "We know how to complain if we need to". Some people said they had complained in the past and that these had been responded to. Most people told us that they did not need to wait very long when they rang the nurse call bell for help.

There was a complaints procedure that had been followed when people had complained. People knew how to complain and the process was advertised within the care home. The complaints procedure told people how to make a complaint about the service and the timescales in which they could expect a response. Records demonstrated that complaints were responded to in writing and that people were kept informed of the progress of any investigations.

People told us they could go to bed early if they wished and sleep until they woke up. Others felt they had made suggestions about changes to their care with good results. One person told us about how the staff had responded positively to their request to stay independent around some aspects of their personal care. They said, 'I can now put all my own cream on'.

A relative stressed that the staff were 'quick off the mark' when their mum's skin had become ulcerated and needed treatment. They told us that their mum had been in 'a poorly state' when she was admitted to the care home. They said "Improvements were soon noticed, she has settled in well."

Staff and the management team took time to listen to people, answer their questions and provided reassurance when needed. People's needs were fully assessed with them before they moved to the home to make sure that their needs could be met. Assessments were reviewed with the person concerned and care plans updated as their needs changed to make sure they continued to receive the care and support they needed. Each person had a named member of staff as their key worker. Staff told us that, as a person's keyworker, they were responsible for ensuring the care plan was kept up to date in consultation with them. Staff also said that they discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns.

Care plans were updated as people's needs or wishes concerning their care changed.

People were asked for their permission before staff did anything. For example before staff moved people using hoisting equipment or before delivering personal care. We saw that staff and managers knocked on people's doors, even when they were open, and waited for permission before they went into people's rooms.

People with non-healing wounds were referred to tissue viability teams. In response to the risks of people's skin becoming ulcerated wound care plans followed the Tissue Viability Nurses' advice and wounds were reviewed at each dressing change or weekly and a wound reassessment form completed. Photographs were taken of wounds to monitor them. Care in this area was reflecting best practice. A nurse stated that they were updated by the tissue viability nurse and by pharmaceutical representatives.

People who were losing weight were referred by the GP to a dietician and speech and language specialist and advice had been incorporated into the care plans. GP's had been alerted in response to people with excessive weight gain and recommendations were acted upon. Wounds or infections that had been treated by a GP, but were deteriorating had been referred to the out of hours Doctor over weekends. Care and treatment was responsive and timely.

Two relatives whose loved ones had been moved from another services felt it had been handled well by the staff. Another person told us that they had requested a bigger bedroom. They said, "I was offered a better room as soon as one became available, and that this had been sorted out quickly and well".

Each person's personal care file documented information about people's social history, significant relationships and their interests. Because of this staff were familiar with what was important to people and were able to take this into account in the way activities were organised.

People told us that they were asked about the kind of activities they would like to take part in. Activities were well managed and planned with times and dates advertised to people so that they could choose to attend. Activities were observed taking place in one of the lounges. A large group of people had attended and an activities coordinator and two staff were involved. Some people joined in the

Good

# Is the service responsive?

activities and others were choosing to watch. People said, "The coordinator always does the games and things". Others told us that they could access activities such as exercise groups.

Requires Improvement

# Is the service well-led?

## Our findings

All the people we talked with told us that they knew who the manager and provider were. One person said, "The owner and other people in charge come to talk to us". We saw that people were comfortable and relaxed with the managers in the care home.

Relatives felt they could talk easily to the managers and the provider because they were always available. One relative stressed that they would recommend the care home to anyone. Some staff had been happy to place members of their family in the care home.

Our observations and discussions with people, staff and visitors, showed us that there was an open and positive culture which focussed on people who used the service. The office was located in the centre of the home where the manager and nurses were based. There was an open door policy for people, visitors and staff. Staff told us, "You get good support from the team." "I really enjoy my work." and "People are well cared for, one hundred percent".

Throughout our visit the staff and management showed us that they were committed to providing a quality service. The new manager had been in post for ten weeks and had introduced new systems to monitor and review the quality of the service. The management team carried out regular audits of all aspects of the service including care planning, infection control, medication and health and safety to make sure that any shortfalls were identified and improvements were made when needed. However, these were not always effective because they had not picked up issues in the home relating to maintenance issues in bathrooms and the need for areas of risks in the home to be removed. This a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us that the provider visited the home frequently and was on hand to offer support to managers, staff and people. For example we saw evidence that the provider had supported staff when one person had been racially abusive towards them. This showed that the provider and managers in the home took their policies about equality seriously. The manager had been in post for ten weeks at the time we inspected and they had applied to become the registered manager of with CQC. The new manager was a qualified nurse and had experience of managing large nursing homes for older people.

People were actively involved in developing the service in a variety of ways. For example, people and their relatives were invited to meetings where they could give their views about the service. People told us that they were aware that meetings had taken place. Annual satisfaction surveys had been sent out to people and the results evaluated so that any areas for improvement could be identified and addressed if required. We saw that people's comments were taken into account, for example about the management of the temperature in the air-conditioned lounges.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people who lived at the care home. The staffing structure ensured that staff knew who they were accountable to. Each shift was led by a nurse who in turn was supported by the manager and the provider. At times when the management team were not on duty staff knew they could call the manager at any time for support.

We saw that the management team knew each person by name and stopped to talk with people as they were moving around the home. The manager told us that It was the practice of the manager and deputy managers to walk around the home daily and talk with people and staff. This enabled the managers to monitor the day to day culture in the home and keep this under review. Staff told us they felt free to raise any concerns and make suggestions at any time and knew they would be listened to. For example, some staff told us that if they could request training and cleaning staff told us that they had asked for a new carpet cleaning machine and that this had been provided.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise risk of reoccurrence. We looked at records of accidents, these showed that the manager took appropriate and timely action to protect people and ensure that they received any necessary support or treatment.

Staff had confidence in the care home manager and provider and said they felt they would respond

Requires Improvement

# Is the service well-led?

appropriately to any concerns raised. Staff knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with properly. We saw records that showed the management team within the care home understood when issues should be reported to the local authority and Care Quality Commission (CQC). For example when restricting a person's liberty. The manager and provider acted with transparency and appropriately when concerns had been raised about people's safety.

The manager told us and we saw that audits were carried out internally to monitor the operations of the service. For example, fire checks and emergency systems. Audits were carried out monthly. We found that the new manager had a system that measured improvements in performance because the audits were scored. For example, staff were told the percentage score they had achieved in infection control against the previous audits. We saw that the manager produced improvement action plans and that in team meetings staff were encouraged to improve their performance. Staff were well informed and communication between staff was good.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises<br><br>**The registered person had not ensured that service users were protected against the risk of unsafe or unsuitable premises because areas of risks in the premises were not suitably lit and the premises had not been adequately maintained.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control<br><br>**The registered person had not ensured that service users were protected against the risk infection because toilet floors were not washable and service users were exposed to unpleasant smells because there were areas of the home that were not cleaned properly.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br><br>**The registered person was not protecting service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of health and safety and quality monitoring systems.** |