

Sunglade Care Limited

Benedict House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 23 and 24 February and 6 March 2015 and was unannounced. At our inspection of 06 June 2014 we found the provider needed to make improvements relating to staff training and supervision. The provider sent us an action plan on the 29 September 2014. They told us training had been arranged for staff and staff were receiving regular supervision. At this inspection we found that staff had received training and they were receiving regular supervision.

Benedict House Nursing Home provides accommodation and nursing care for up to 41 older people. At the time of this inspection the home was providing care and support to 34 people.

The home did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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. The previous registered manager left the home in December 2014. A new home manager started work at the home on 2 March 2015. A deputy manager had been in post since December 2014 and had been running the home.

At this inspection we found that systems for the management of medicines were not safe and did not protect people using the service. Appropriate systems were not in place to protect people using the service and staff from the risks of infection. People's capacity to give consent had not been assessed in line with the Mental Capacity Act. You can see what action we told the provider to take at the back of the full version of the report.

People said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. We found that the provider had reported safeguarding concerns to the Care Quality Commission and the local authorities as required. Where allegations of abuse had been investigated and substantiated the provider had taken appropriate action to protect people using the service. There were eight on-going safeguarding concerns being investigated. We will continue to monitor the outcomes of safeguarding investigations and actions the provider takes to keep people safe.

Risks to people using the service were assessed; care plans and risk assessments provided information and guidance for staff on how to support people with their needs. We have made a recommendation about staff training on the subject of dementia. People and their relatives (where appropriate) had been involved in planning for their care needs. People were being supported to have a balanced diet. People received appropriate end of life care and support. When necessary additional support was provided to people by a local hospice end of life care team.

Staff said they enjoyed working at the home. They received regular training and had good support from the deputy manager. There was a whistle-blowing procedure available and staff said they would use it if they needed to. There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work. There was an out of hours on call system in operation so management support and advice was available when staff needed it. Unannounced spot checks were carried out by the deputy manager to make sure people received good quality care at all times. There were monthly residents and relatives meetings where people were able to talk to the provider about the home and things that were important to them. People knew about the home's complaints procedure.

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. Systems for the management of medicines were not safe and did not protect people using the service. Pain assessments were not always completed for people.

Appropriate systems were not in place to protect people using the service and staff from the risks of infection.

Risks to people using the service were assessed; and management plans were in place to help keep people safe.

Appropriate recruitment checks took place before staff started work. There were enough staff on shift to meet the needs of people using the service.

Inadequate



Is the service effective?

The service was not always effective. People's capacity to give consent had not been assessed in line with the Mental Capacity Act.

Staff received regular supervision and training to update their skills to help ensure the quality of the care and support provided.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People had access to health care support.

Requires Improvement



Is the service caring?

The service was caring. People using the service and their relatives told us staff were kind and caring.

Staff spoke to people using the service in a respectful and dignified manner. People's privacy was respected.

People were consulted about and involved in developing their care plans.

There were arrangements in place to meet people's end of life care needs.

Good



Is the service responsive?

The service was not always responsive. People using the service said there was not much to do at the home. A new activities coordinator started working at the home on the second day of our inspection. We were not able to consider the impact of the activities coordinator on people's care at the time of inspection.

People using the service's care plans were under review. Nearly all of these had been completed. We were not able to fully assess the impact of the reviewed care plans at the time of inspection as not all of the reviews had been completed at the time of this inspection.

Requires Improvement



Summary of findings

People knew how to make a complaint and the complaints policy was available at the service.

Is the service well-led?

The service was not always well led. There were systems in place for monitoring the quality of the service that people received. However these systems failed to ensure people were protected against the risks associated with medicines and the risk of infections.

The home did not have a registered manager in post. A new home manager started work at the home on 2 March 2015. A deputy manager had been in post since December 2014 and had been running the home.

There were monthly residents and relatives meetings where people were able to talk to the provider about the home and things that were important to them.

Requires Improvement



Benedict House 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of three inspectors, a specialist nurse advisor and an expert by experience. 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 the inspection we looked at the

information we held about the service including notifications they had sent us. We spent time observing the care and support being delivered. We spoke with eleven people using the service, the relatives and friends of seven people, eight members of staff, the deputy manager, the new manager and the provider. We looked at records, including the care records of nine people using the service, five staff members' recruitment and training records and records relating to the management of the service.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Medicines were not managed safely. We found that supplies of a prescribed medicine for one person had run out February 2015. The nurse told us that this person was still receiving their medicine as it had been “borrowed” from another person in the home who had been prescribed the same medicine. Administering a medicine to a person other than the person it was prescribed and dispensed for is not legal, is not in accordance with the Nursing and Midwifery Council (NMC) standards of medicines management or the National Institute for Health and Care Excellence (NICE) guidance managing medicines in care homes 2014. Therefore people using the service were placed at risk because the ordering system for medicines was not effective in ensuring prescribed medicines were always available, and medicines were not always administered safely and in accordance with current medicines guidance.

People’s pain was not assessed. We found that there was insufficient information for staff on how to administer some medicines. Four people were prescribed medicines to be given only when needed (or PRN), such as pain relieving medicines. Some of these people were unable to verbally communicate their needs. Staff had not been provided with instructions on how often and under what circumstances to administer these medicines, such as what type of pain these medicines had been prescribed for, whether staff had to assess whether someone was in pain before making a decision to administer, or whether the person was able to request pain relief when they needed it. This meant that staff did not have sufficient information to administer these medicines safely and as prescribed.

These issues were in breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Effective systems were not in place to reduce the risk and spread of infection. We checked the sluice rooms on three floors of the home. We saw clean surgical gloves, incontinence pads and sterile equipment was being stored in these rooms instead of a clean storage area. The floors were dirty and we found soiled tissues. We saw a used sharps box with no lid was being stored in one room. In another room we found a pedal bin containing soiled

materials was broken and staff could not open it without touching the lid which could be dirty. Therefore there was a significant risk of clean materials and sterile equipment being contaminated by dirty materials. On the second day of the inspection we observed that the sluice rooms on three floors of the home had been thoroughly cleaned.

The deputy manager showed us a copy the homes infection control policy. The policy did not reflect current guidance from the Department of Health including the Code of Practice on the prevention and control of infections and related guidance, or the Prevention and the Control of Infection in Care Homes 2013. They told us the home did not have an infection control lead to monitor the compliance with the homes policy. They also advised us that no infection control audits had been carried out at the home since they started there in December 2014. They downloaded a copy of the Prevention and the Control of Infection in Care Homes 2013 and told us they would use this to review the homes infection control policy.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us that they felt safe and that staff treated them well. One person using the service said “I think I am safe here, there are no problems. I cannot complain at all.” Another person said, “Oh God yes I think I am safe, the staff do what they can for me. They see that I’m alright. I get very good care.”

The deputy manager told us they were the safeguarding lead at the home. The home had a policy for safeguarding adults from abuse and a copy of the “London Multi Agencies Procedures on Safeguarding Adults from Abuse”. The deputy manager said the homes policy was used alongside the London Multi Agencies procedure. We saw booklets with safeguarding adult’s information were located in the office and in the staff room. The booklet included the contact details of the local authority safeguarding team and the police and provided guidance for staff for taking action in the event of an allegation of abuse. We spoke with the provider, the deputy manager and five members of staff about safeguarding. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse

Is the service safe?

including who they would report any safeguarding concerns to. The deputy manager told us they and all staff had attended training on safeguarding adults from abuse. Staff training records we looked at confirmed this.

We found that the provider had reported safeguarding concerns to the Care Quality Commission and the local authorities as required. An officer from the local authority commissioning team told us that where allegations of abuse had been investigated and substantiated the provider had taken appropriate action to protect people using the service. They said the provider had responded quickly to any recommendations made as a result of safeguarding meetings. At the time of this inspection there were eight safeguarding concerns being investigated by the home and a local authority. We cannot report on these at the time of this inspection. We will continue to monitor the outcomes of safeguarding investigations and actions the provider takes to keep people safe.

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of five staff that worked at the home. We saw completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included two employment references, health declarations and proof of identification. The deputy manager showed us evidence that criminal record checks had been obtained for all of the staff that worked at the home.

People using the service, their relatives and staff told us there were always enough staff around to meet people's needs. We observed a good staff presence and staff were attentive to people's needs. A relative of a person using the service said, "There is always enough staff around as far as I

can see, even when I visit at weekends." Staff said if they were short of staff they would inform the deputy manager and they would get more staff in. One staff member said, "There are enough staff, two staff on each floor and a floating staff member who works between floors." Another staff member said, "There's enough staff, we have a floating staff in case we need them." The deputy manager said staffing levels were assessed and arranged according to people's needs. They said if people's needs changed then additional staff cover was arranged.

Prior to the inspection we had received concerns in relation to people not having access to call bells. However at the inspection we saw that people who could not easily move from their bed or chair had call bells within their reach. We tested four call bells. On each occasion staff responded quickly. Throughout the inspection we saw that staff responded to call bells promptly when they were activated. One person told us they had recently moved into the home. They said, "The staff usually turn up quickly when I use the call bell. I always have it by my side" Another person said "I always have my call bell with me even at night. When I use the call bell they get here pretty quickly." Another person said staff were very busy at times and commented "You just wait your turn, they come in reasonable time."

Risks to people's health and safety were managed. Care files included risk assessments and management plans for falls, pressure sores, moving and handling and nutrition to help keep people safe. There were arrangements in place to deal with foreseeable emergencies. The deputy manager showed us personal emergency evacuation plans for all of the people using the service. Staff said they knew what to do in the event of a fire. Staff training records confirmed that staff received regular training on fire safety.

Is the service effective?

Our findings

People using the service told us they were happy with the care provided however our findings did not indicate that this was always an effective service. One person said “I would say the staff are nice to me. They always take their time with me and do things the right way.” Another person said, “I have only been here a short time but from what I have experienced the staff are mostly good. A relative said, “The staff are very helpful.”

People’s capacity to give consent had not been assessed in line with Mental Capacity Act (2005). Assessments were being completed for people around the use of bed rails and wheelchair belts however these contained no information about the person’s mental capacity, their ability to consent or any evidence that staff had fully considered the least restrictive option. For example, a restraint assessment and register had been completed for one person around the use of a wheelchair belt and specified the reason for use was that the person could be ‘restless and agitated at times’. There was no decision specific assessment around the person’s capacity and consent to support the decision to use this equipment or any reference to it being in the person’s best interests.

An assessment form was available for staff to use for assessing individual capacity however this document did not prompt staff to fully record their evidence relating to each person’s ability to understand, retain, weigh or communicate information in relation to the decision being made. Therefore people who lack capacity to make specific decisions could be put at significant risk if they were making decisions that they did not fully understand.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Where required, applications had been made to the responsible local authority for Deprivation of Liberty Safeguards (DoLS) authorisations for people using the service. The home had recognised that these applications were required because

some people were not free to leave the home by themselves and required continuous supervision by staff. Some staff had commenced online training around the Mental Capacity Act (MCA) 2005 at the time of our inspection.

At our inspection of 06 June 2014 we found the provider needed to make improvements relating to staff training and supervision. At this inspection we found that staff were receiving regular training and supervision. Training records confirmed staff had received mandatory training in: safeguarding adults, infection control, health and safety, moving and handling and fire safety. More specialised training was provided, for example in phlebotomy and the use of mattresses. It was noted that dementia awareness training was not provided as mandatory.

We spoke with four members of staff about training and supervision. They all told us they had completed an induction when they started work and they were up to date with the provider’s mandatory training. One member of staff said, “I get all the training I need. If I need any more training I would speak with the deputy manager in supervision.” Staff told us they received regular supervision from their line manager where they could discuss their practice and identify any training needs. Records confirmed one to one supervisions and appraisals were taking place regularly with a schedule in place to ensure this. We spoke with two agency staff. They said they had worked at the home on a regular basis for two months. They completed an induction when they started work and had received extra training on topics such as safeguarding, moving and handling and food hygiene. They said they had regular supervision with the deputy manager. One said, “The current deputy manager is great at encouraging and supporting me”. The deputy manager confirmed that agency staff had received supervision.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People’s care plans included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. Care plans included information relating to people’s dietary needs for staff to refer to. For example, we saw risk assessments had been completed for malnutrition and there was guidance for staff to follow for supporting people who had difficulty swallowing. We spoke with the chef. They showed us a

Is the service effective?

record which listed people with specific dietary needs for example, if the person required a soft, pureed or fortified diet, a diabetic diet or if people wanted small or large portions. We saw information from one person's recent care plan review had been communicated to the chef. This indicated the person would like more cups of tea and more gravy on their food. The chef told us they had started working at the home the week before and they were trying to establish what people preferred before drawing up a new breakfast, lunchtime and supper menu.

People's opinions about meals served at the home varied. One person said "The food is lovely here." Another person said, "The food is not good at all." Another person said, "I don't always like what they offer but they will get me something else if I want it."

People were provided with adequate support at mealtimes. We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. Some people ate their meals in the dining room and some ate in the lounge. The atmosphere was relaxed and not rushed and there was plenty of staff to assist people when required. There were two options on a menu for people to choose from at lunch time. We heard two people tell staff they did not want the lunch which had been served to them. Staff asked what they wanted to eat instead and this was prepared for them. We saw a visitor was able to eat the lunch with their

relative. We noted on both days of the inspection that some people were served egg and chips. The deputy manager told us that some people had said they preferred egg and chips rather than what was on the menu for that day. We saw that people were also provided with drinks throughout the day and these were available in the lounge.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. The deputy manager told us a GP visited the home once a week or when required to attend to people's needs. People also had access to a range of visiting health care professionals such as dentists, physiotherapists, dietitians, speech and language therapists, opticians and podiatrists. People's appointments with health care professionals were recorded in all of the care files we looked at. One person using the service said, "I see the doctor when they come round if I need to, but I don't at the moment." A visiting relative told us their relative saw health care professionals when they needed to. They said if there was a change in their relative's health condition the nurses always phoned them to let them know.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

Is the service caring?

Our findings

People using the service and their relatives told us staff were kind and caring. A person using the service said, “On the whole the staff are very nice.” A relative said they were pleased to find their mother was not left in a wheelchair but helped into a comfy chair with her feet up on a stool. They said “Staff even went to get an ice cream for her the other day. She does well, lots of laughing with the staff. I have noticed that staff look after the other people the same way.” Another relative said they were always impressed when they visited the home. The staff were very pleasant and there is always lots of laughter and banter between people using the service and the staff.

People’s privacy and dignity was maintained. We saw that people’s care records were stored in a locked room when not in use. Staff were aware of the need for confidentiality and we saw them speak quietly with people about the support they needed. We observed staff took their time and gave people encouragement whilst supporting them. When people received personal care we saw that staff ensured their privacy by drawing curtains and shutting doors. One member of staff said “I make sure I knock on people’s doors before I go into their room. When I help people with personal care I am always prepared with all the items I need. I call people by their preferred names. I introduce myself to them and explain what I am doing. I always encourage people to do what they can for themselves.” One person said “The staff tell me who they are when they come in to my room and what they are going to do for me. On the whole I think the staff are nice and they are caring.”

People were provided with information about the home in the form of a service user guide however this was in small

print and therefore not accessible for some. We saw a copy of this in people’s bedrooms. The guide ensured people were aware of the homes philosophy of care, fire instruction, meal times and medical services which could be arranged. One person told us, “I’d love to read the service user guide as there looks like there is a lot of information in it but the writing is too small for me to read even with my glasses on.”

People using the service told us they had been consulted about their care and support needs. One person told us, “I know I have a care plan and I know what’s in it. The staff know what my needs are and how to look after me.” A relative told us “My partner moved in quite recently and they asked him and me about what his needs were. I can see they have taken on board what we told them because they are doing what we said.” We saw that discussions with family members relating to people’s care and support needs had been recorded in all of the care files we looked at.

People’s wishes around end of life care and support had been discussed with nurses from a local hospice. We saw end of life plans on all of the care files we looked at. One person using the service told us, “My McMillan nurse comes to see me every Tuesday. They see if I need any help or anything sorted out.” We saw records of the nurses visits had been recorded in their care file. The deputy manager told us that a local hospice end of life care team had been supporting this person with pain management. We found Do Not Attempt Resuscitation forms in the care files we looked at. These had been fully completed and signed by the people who used the service, their relatives [where appropriate] and their GP.

Is the service responsive?

Our findings

One person told us, “The staff are okay they do what they can for me. Sometimes they’re a bit slow but it’s not always me they’re dealing with. They’ll help me anyway they can, as soon as they can.” A relative said “The staff do a good job.” Staff told us that the team worked well together to make sure people were well cared for. Comments from staff included, “The residents are comfortable here”, “The residents always come first”, and “This is a lovely home.”

People’s health care and support needs were assessed before they moved into the home. The deputy manager told us that people’s care plans were developed using the assessment information and feedback from people using the service and family members. The care files we looked at included individual care plans addressing a range of needs such as communication, personal hygiene, nutrition and medical and physical needs. They included detailed information and guidance to staff about how people’s care and support needs should be met. For example, the equipment they needed to ensure safe moving and handling. The care files included information such as how people would like to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests. All of the care plans we looked at had been reviewed by staff on a monthly basis. We saw daily notes that recorded the care and support delivered to people.

The formats used in the care plans varied and therefore the information presented was inconsistent. The deputy manager told us they were currently reviewing the care plans for people using the service using a standard format. Nearly all of these had been completed. A member of staff said, “Peoples care plans have really improved since the deputy manager started working at the home. Prior to that the care plans were really horrible. Most of the care plans are now up to date. This helps me to support people with their day to day support needs.” We were not able to fully assess the impact of the reviewed care plans at the time of inspection as not all of the reviews had been completed at the time of this inspection.

The home had a complaints procedure in place. One person using the service told us, “If I had a complaint I would tell staff and the deputy manager and I know they would listen to me and do something about it.” Another person said, “I think I would just tell staff and I am sure they would sort things out for me. They are good at doing things

for me anyway.” We received mixed views from two relatives about the complaints procedure. One relative said, “I’ve made complaints in the past and I’ve been told it will be looked into but nothing has changed.” Another relative told us they were sure the deputy manager and provider would act on any concerns that had. We met with the new manager on the third day of our inspection. They told us about the various plans they had to make improvements at the home. They had already moved the manager’s office from a secluded basement area to the entrance of the home. We saw they had arranged residents and relatives meetings. They said they wanted to be more visible to people using the service, their relatives, visitors and staff and operate an open door approach.

The deputy manager showed us a complaints file. This included a copy of the complaints procedure and forms for recording and responding to complaints. Records showed that when issues had been raised these were investigated and feedback given to the complainant. The provider told us that any complaints received at the home were reviewed and used to ensure similar complaints did not occur. A visitor told us they had raised issues about the care provided to their friend. We saw records confirming that the provider had met with this person to discuss these concerns and these were being addressed at the time of the inspection.

On the first day of the inspection some people using the service said there was not much to do at the home. Two people told us the activities coordinator had left; there nothing was in place so they just watched telly. Another person said, “They do some things with us to break up the day. Some staff bring in cakes and we have tea and share them. A minister and a vicar also visit here. We had a choir in the other week; that was really lovely.” The deputy manager told us that member of a local church had recently started visiting the home to carry out prayer services and sing hymns.

A new activities coordinator started working at the home on the second day of our inspection. We saw them engaging with people in the lounge with various activities. They told us they had worked at the home for a year as a health care assistant and had just been appointed to carry out this new role. They knew people well and would be talking to them about the things they would like to do. They

Is the service responsive?

planned to draw up a three month activities plan. We were not able to assess the impact of the activities coordinator on people's care at the time of inspection as they had only just started working at the home.

Is the service well-led?

Our findings

The home did not have a registered manager in post. The previous registered manager left the home in December 2014. A new home manager started work at the home on 2 March 2015. A deputy manager had been in post since December 2014 and had been running the home. Staff spoke positively about the leadership provided by the deputy manager. One member of staff told us, The deputy manager is very supportive, they take their work seriously and they want things done the right way.” Another said, “The deputy manager is a good leader, very accommodating and they have a listening ear”. Another said, “We have good teamwork here. The deputy manager has made some good improvements since they started working here.”

Quality monitoring systems were in place. The provider had carried out regular health and safety, tissue viability, medicines and care plan audits. We saw records of regular call bell, bed rail, and pressure mattress and hoist checks. The deputy manager showed us a report from a recent night time spot check. They said they carried these out to make sure people were receiving good quality care at all times. Records of accidents and incidents were also kept with monthly audits taking place to look for any recurring themes or preventable causes. However we noted that the provider’s quality monitoring system had not identified the issues we had found in relation to medicines, infection control and mental capacity assessment.

The manager told us that prior to starting work at the home they had visited on two occasions to meet with staff and introduce themselves to the people living there. This was confirmed by the deputy manager, the provider and two members of staff. All said they were looking forward to working with the new manager. We were not able to assess the impact of the new manager on people’s care at the time of inspection as they had only just started working at the home.

There was an out of hours on call system in operation. Staff said management support and advice was always available when they needed it. They said there was a whistle blowing policy and they would use it if they needed to. Staff confirmed daily handovers took place so they were kept up to date with any changes to people’s care and welfare. Regular staff meetings took place with minutes of these meetings confirming discussions around areas such as pressure care, cleanliness and care planning. Staff said incidents and accidents were discussed at handover meetings. The deputy manager provided us with a recent example where an incident had occurred at the home. A meeting was held with staff and measures were put in place to reduce the risk of the incident happening again.

The deputy manager told us they had started a survey to obtain the views of people using the service and their relatives about the quality of care provided at the home. They showed us completed surveys received from the relatives of some people using the service. They said once they had completed the survey they would analyse the information and produce a report and an action plan. The feedback from the surveys would be used to make improvements at the home. We saw that a relatives meeting took place on a monthly basis. The minutes from the last meeting in January 2015 indicated the meeting was well attended by the relatives of people using the service. The provider and the deputy manager were also present. Issues discussed at the meeting included, management changes, activities and making complaints. We noted the minutes were placed on the notice board at the entrance for visitors to read. We saw that some of the actions requested by relatives, such as placing a notice on the board when people who used the service had passed away, had been implemented.

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	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>We found that the registered person had not protected people against the risk associated with medicines. This was in breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>We found that the registered person had not protected people against the risk the spread of infections. This was in breach of regulation 12 (1) (2) (a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>We found that the registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. This was in breach of regulation 18 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>