Dukeries Healthcare Limited

Victoria Care 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?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Victoria Care Home is located in Worksop, Nottinghamshire, and provides nursing and residential care for 93 people. At the time of the inspection, 83 people were using the service, which was divided into four separate units. The Camelot unit provided residential care. Lancelot unit also provided residential care to support people with Dementia aged over 65 years. Nursing care was provided in the Guinevere unit which also catered for people with higher dependency needs and short term care placements. Champion Crescent catered for people with an alcohol related brain injury in supported living flats.

This inspection took place on the 21 and 22 September 2015 and was unannounced.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

We found that people were at risk because the provider had not ensured the proper and safe management of people's medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We found that people who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Staffing levels were based on the assessed need of those using the service at the time to ensure that there were sufficient care staff. These staff had received the training they needed to provide care well and were supported by the leadership at the home, although not all staff had attended safeguarding adults' training which reduced the level of protection afforded to those using the service.

Risks assessments were in place to identify and reduce the risk to people's safety. People were asked for their consent before care was given and the Mental Capacity Act 2005 had been considered when determining a person's ability to consent to each aspect of their support. While some applications required under the Deprivation of Liberty Safeguards (DoLS) had been made, further applications needed to be made for others living at the service in order to reduce the risk of people being unlawfully restricted. People were able to choose what they ate and maintained good links to their healthcare providers if they needed them.

Staff were kind and attentive to the needs of those they were supporting, responding to people's needs in a timely manner. People were usually treated with dignity and respect, and were included in decisions that affected them and offered choice. However, on some occasions staff did not use respectful terms when referring to the support needs of those they were working with.

People received the care they needed in a way that met their needs. We saw staff provide planned care well and respond to people's changing needs, although the care records were not always updated. The complaints procedure was available throughout the service and people told us they would be treated fairly and their complaint would be resolved if they spoke out. There were formal and informal ways for relatives to be consulted and to share their views on the service.

Everyone we spoke with had confidence in the leadership of the home who shared clear expectations with the team. There were processes in place to check on the quality of the service, but these lacked action plans to ensure that any shortfalls found were rectified.

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?

Requires improvement

The service was not consistently safe.

Medicines were not always stored and administered correctly.

Staff could identify the different types of abuse and describe how to report concerns although not all staff had attended the required training.

People were supported to make choices and take risks.

There were sufficient numbers of care staff available to provide support to meet people's needs.

Is the service effective?

Requires improvement

The service was not always effective.

People's consent was sought before care was provided and staff applied the principles of the MCA appropriately when providing care for people. Not everyone who required a DoLS application had one in place.

Staff had the required skills to support people effectively, although there was no formal structure in place for the nursing staff to receive regular clinical supervision.

People had sufficient to eat and drink and could request drinks and snacks for them to keep in their rooms if they wished.

Arrangements were in place for people to have their healthcare needs met.

Is the service caring?

Requires improvement

The service was not always caring.

People were usually treated with dignity and respect but staff did not always use respectful terms when referring to the support needs of those they were working with.

People were treated with kindness and compassion by staff who involved them in planning their care.

Is the service responsive?

Requires improvement

The service was not always responsive.

People experienced a service which was planned around their changing care needs, however care records were not always kept up to date on a day to day basis as people's needs changed.

People had confidence that they could make a complaint if they needed to and that the appropriate action would be taken.

Summary of findings

Is the service well-led?

The service was not always well led.

Systems were in place to check that the service was a high quality and to learn from any untoward incidents, but there was no clear evidence that steps had been taken to avoid future, similar occurrences.

People benefitted from the positive and open culture in the home

People were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed from the staff team

Requires improvement

Victoria Care 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.

This inspection took place on 21and 22 September 2015 and was unannounced. The inspection team consisted of three inspectors.

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. We also reviewed information that we have on record about the service. In addition to this we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with 21 people who used the service, five relatives, five members of the care staff, one activities co-ordinator, two nurses, the catering manager and one of the catering team. We also spoke with two team leaders, two representatives of the provider and one visiting professional during the course of our visit.

We looked at the care records of five of the people who were using the service at the time of our Inspection, as well as one easy read care plan. We observed care being delivered at the time of our visit and also looked at a range of records relating to the running of the service including staff files and quality audits carried out by the registered manager.

Requires improvement

Is the service safe?

Our findings

We found that people's medicines were not managed in a way that ensured they could receive them safely. We checked the storage and recording of controlled medicines and saw that on two occasions one person had not received a pain relieving patch on the correct day. A new patch was to be applied every three days to provide on-going pain relief for the person. On one occasion it was applied two days late and on the other occasion it was one day late. This meant the person may have been in unnecessary pain at those times. We asked the assistant manager to report this matter to the local safeguarding authority, which they did immediately.

People's medicines were not always stored at the correct temperatures, which may have affected how effective they were. All medicines are required to be stored between certain temperatures, either at room temperature or in a designated medicines fridge. Staff were infrequently recording the room and fridge temperatures so there was a risk that people's medicines had been stored at inappropriate temperatures. The contents of one medicine fridge were tightly packed and this may have affected the fridge's ability function properly. Records for this fridge showed the temperature had been erratic over a three month period. The temperature recorded had dropped both below and in excess of the required temperatures, but no action had been taken to rectify this.

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

The people we spoke with told us they got their medicines as prescribed and in a timely fashion. One person said, "I got my tablets this morning, I always have done." A relative told us they were happy that medicines were given at the correct times. We observed a member of staff administering people's medicines and saw that they followed correct procedures in doing so. Staff members we spoke with told us about the training and observation that they received in relation to the management and administration of medicines. They spoke about the steps that were taken to ensure that they administered medication correctly. "I wear an apron when I am giving medication to stop interruptions. If I get a phone call I will take it later – medicines come first." During our inspection we saw staff administering medicines wearing a brightly coloured apron bearing wording to remind people approaching that the wearer needed to focus on administering medicines so should not be disturbed.

All of the people we spoke with told us they felt safe living at the home. One person said, "I do feel safe here, I have no concerns." Another person said, "I suppose I do feel safe, yes." The relatives we spoke with also confirmed they felt their family members were safe. One relative commented, "I know [my relative] is safe and I don't worry about them."

The risks to people's safety were reduced because they were supported by staff who could identify the signs of abuse and knew to whom concerns should be reported, both internally and to external agencies. A staff member told us they felt able to keep people safe and described how they did so. One staff member said that a person who used the service could at times become distressed and that this could affect other people. We were told that staff would spend some time reassuring the person to reduce their distress.

Staff had access to information about safeguarding and a safeguarding adults' policy was in place. The records we looked at confirmed that incidents were referred to the local authority safeguarding team for their review when needed. However, not all staff had attended safeguarding adults training and could not articulate the role that the local authority might play in the event of them wishing to raise a concern. This reduced the level of protection from abuse people might have while using the service.

People we spoke with felt that any risks to their health and safety were well managed. "I have the furniture arranged to reduce risks," one person told us. Another person said, "I have my freedom." The relatives we spoke with also felt staff worked to reduce risks to people. A visitor to the home told us how they had met with staff and the registered manager after their relative had sustained a fall to discuss ways of reducing the risk of this happening again. During our visit we observed the atmosphere was calm and relaxed and people appeared to be comfortable in the presence of staff and others living at the home. Staff reacted quickly and competently when there was the potential for an incident to occur.

Where people chose to spend time in quieter areas of the home, or in their room, staff checked on them as needed to make sure that they were safe. We observed staff

Requires improvement

Is the service safe?

supporting people to reduce any risks to their safety, such as by ensuring they had mobility equipment to hand. One person told us, "This is my [walking] frame, I couldn't do without it. Staff always make sure I've got it with me." We saw someone tell staff that they could not reach their call bell and staff quickly replaced the handset with one which had a longer cable so that they could call for help if they needed.

The staff we spoke with told us they felt able to safely manage risks, "Especially now we are fully staffed" one staff member commented. An assistant manager told us the home had good links with external agencies, such as the local falls prevention team so that they could access support and advice to reduce risks whilst maintaining people's independence. During our inspection we saw members of the falls prevention team visit to make assessments and give advice.

Care records were available for staff to refer to. In each of the care records that we looked at we saw the risks to people's safety had been assessed and steps to minimise the risks had been identified. Staff were aware of these and explained to us what they did to keep people safe. However, people's care records did not always accurately reflect the level of risk to the person because risk assessment forms were not always correctly completed. The registered manager had audited a sample of the care records earlier in the year. Shortfalls had been found, but actions were taken to resolve the issues identified.

The service had a number of checklists to ensure that the premises and equipment were maintained well, although there were a few occasions in the last year when these checks had not been carried out. The provider agreed to ensure that these checks were made at the required time in the future so that equipment was maintained in good working order.

People told us there were sufficient numbers of staff available to meet their care needs. One person said, "The staff are very busy, but they make sure I get what I need." However, some people did comment that at times staff were too busy to spend time talking with them and told us, "The staff try their best but they are so busy they can't stop and chat much." Relatives we spoke with felt that there were sufficient staff. A relative told us, "They seem to have enough staff, they are always popping into [my relative's] room when I visit." The staff in the 'care team' we spoke with also told us that there were sufficient care staff. One team member told us, "When we are fully staffed like we are now it is nice, there is time to talk with people rather than have to rush."

However, staff in the nursing team and in the kitchen, told us they felt they were working under pressure. We saw that the nursing staff experienced some difficulties in managing their workload which meant that some administrative tasks relating to people's care records were not always completed. Similarly in the kitchen, the staffing structure meant that catering staff experienced difficulties in maintaining the kitchen in an orderly state whilst preparing people's meals.

During our inspection we saw that people were supported by staff that understood their needs and had the required skills to meet them. People's support needs were assessed using a dependency matrix to provide a guide as to how many staff were needed to meet their needs. The duty rota confirmed that there were sufficient staff. We saw that when people requested help this was provided in a timely manner, for instance, call bells were responded to quickly by staff when they were activated.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Staff files had the appropriate records in place to make safer recruitment decisions including; references, details of previous employment and proof of identity documents. Before staff were employed, the provider requested criminal records checks, through the Disclosure and Barring Service (DBS), as part of the recruitment process. These checks enabled the provider to reduce the risk of people receiving support from inappropriate staff. The manager had audited a sample of the staff files earlier in the year and had identified shortfalls which needed to be addressed.

Requires improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. The people we spoke with felt that staff were competent in their duties. One person said, "They certainly seem to know what they are doing." Another person nodded when asked if they felt staff were good at their job. The relatives we spoke with also felt that staff were well trained.

Staff we spoke with felt the quality of training they received was good. A staff member told us, "Over the last year I have had lots of training and it was delivered well." Another told us about their induction and how, as a new staff member, they were buddied with experienced staff while they gained confidence. This helped to ensure those who used the service received care in a consistent way from all staff.

People were supported by staff that were able to develop their skills by undertaking training over and above that which was required. A member of staff told us that they were encouraged to seek out additional training and funding had been provided for them to undertake this. The assistant manager ensured that staff competency and understanding was checked following attendance at a training course. During our inspection we observed staff applying the skills they had been provided with, for example by effectively supporting people living with dementia.

There was a risk that people may not receive appropriate nursing care as nursing staff had no formal structure in place to receive regular clinical supervision from a named person. However, care staff told us that they felt well supported and received supervision and appraisal of their work. They told us there was always somebody they could talk to if they had any concerns. "We don't have to wait for our supervision meeting, we can just talk to [our supervisor] when we need to." Another staff member said, "We have team meetings and staff meetings and can always speak to [the registered manager] her door is always open or we can speak to her on the phone."

People we spoke with told us they were provided with sufficient quantities of food and drink which they enjoyed. One person said, "The food is very nice, sometimes a bit too much." Another person said, "I haven't had a bad meal yet." Three people commented to us that the choice of food was limited and on the first day of our inspection there was only one main meal option with either salad or vegetables as an accompaniment. We spoke with one person who was vegetarian. They felt that their diet and preferences were well catered for. The kitchen staff had information about people's dietary requirements, likes and dislikes. We saw that staff serving meals had an awareness of people's dietary requirements and served food to each person accordingly.

The majority of people were able to eat independently and staff ensured the dining experience was pleasant and relaxed. Where people required support this was given in a timely and calm manner. Some people preferred to eat in their rooms rather than in the main dining area. One person told us, "I asked if I had to go down for meals and sit with others, and was told it was entirely my choice." Drinks and snacks were available to people between meals. We saw people ask for drinks if they wanted one and these were always brought to them in a timely fashion. People were able to keep drinks and snacks in their rooms if they wished and some people had small refrigerators in their rooms so that they could store these correctly.

People's nutritional and fluid intake was not being effectively monitored. Where people had been assessed as being at risk of dehydration, records were not always up to date and care plans did not always specify the amount of fluids people needed to maintain their hydration. Fluid charts for three people showed staff had not always recorded the drinks provided to people meaning that staff did not know if someone had been given sufficient to drink.

People told us that staff always asked for their consent prior to giving any care. Staff asked people, and looked for signs of consent, before proceeding, for example a member of staff asked a person if they wanted a protective apron on at lunchtime. One person told us, "I make my own decisions." People's records confirmed that their consent was sought when they first moved to the home and they had signed various sections of their care plan to agree to the care package they received. A staff member told us how important it was they, "Involved the client in all decisions that affected them."

The provider followed the principles of the Mental Capacity Act 2005 (MCA) when people did not have the capacity to make their own decisions. Staff we spoke with told us how they needed to be mindful of people's capacity changing due to advancing dementia and the need to keep care

Requires improvement

Is the service effective?

records updated with how people made decisions. Assessments of people's capacity to make certain decisions had been carried out and if needed decisions were made in their best interests. For example, one person had been deemed not to have the capacity to manage their own medication. A best interest decision had been made that staff should manage this person's medication.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately so that people were not at risk of being unlawfully restricted. One person told us they were not able to leave the home if they wished. No DoLS application had been made on their behalf. This meant that they were restricted unlawfully. We raised this during our inspection and immediate action was taken. A DoLS application was submitted to protect this person from being unlawfully restricted. DoLS applications had previously been made for a number of other people living at the home.

The people we spoke with told us they were able to see healthcare professionals when required, "I can see my doctor when I need to," one person said. Staff followed guidance provided by healthcare professionals to assist them in providing effective care. Visitors we spoke with told us that staff kept them updated when their relative had a medical appointment. During our inspection, we saw various healthcare professionals visit the service, including the local GP and the district nurse. A visiting healthcare professional praised the staff team saying they had a, "Multi-team holistic approach." They told us that staff don't complain about any of the difficult behaviours that they may be presented with at work. "They try to understand and manage the behaviour and not change the person," they said.

Guidance from visiting healthcare professionals was included in people's care plans. For example, one person had received support from the falls prevention team on how to reduce their risk of falling. The guidance was built into the person's care plan and staff followed the guidance in practice.

The staff team had recently received two awards from the local Clinical Commissioning Group to acknowledge their work of the team supporting people whose skin was at risk of breaking down.

Requires improvement

Is the service caring?

Our findings

People we spoke with told us staff were caring and had developed good relationships with them. One person said, "I've not been here for long, but everyone seems nice so far." Another person told us, "The carers are all lovely, we have a laugh sometimes." The relatives we spoke with also felt that staff were caring and friendly. One relative said, "I am always made to feel welcome when I visit. I have no concerns about the way staff treat people."

Staff told us they valued their relationships with people and showed a clear understanding of different people's likes and dislikes. A staff member told us, "The best part of my job is seeing people smile and be happy. When you see someone smile that's an achievement, my work has been worth it." Care records contained information about what was important to each person and plans for staff to help people to do these things.

People benefitted from friendly relationships with the staff who supported them. We saw a staff member reassure someone who was upset and give them a hug, spending time reassuring the person and trying to reduce their distress. Staff acknowledged people, checking how they were, when they passed them in the corridor. It was evident that staff understood people's sense of humour and we observed a lot of laughter during our visit. Staff also responded to situations when people became distressed in a compassionate manner.

People told us that they felt involved and able to make choices about their care and their day to day lives. One person said, "I was asked how I wanted to be cared for." Another person said, "I choose when I want to wake up and go to bed." Visitors we spoke with felt they were involved in making decisions about the care of their relatives. One family member told us, "I had a meeting with some staff and the manager about my relative's care."

We observed staff included people in decisions that affected them and offered choice. For example, one person was offered the opportunity to join in an activity but declined to do so and staff respected the person's wishes.

People's records demonstrated their involvement in planning their care and making decisions about the support they required. Things that were important to people were also noted, such as any preference of gender of the care staff that supported them. However, it had been acknowledged by the provider that staff did not always have access to detailed information about people's life history and any activities they may want to participate in. Work was underway to implement a new style of care planning documentation at the service, this was easier to read and an early version of an 'accessible support plan' enabled clear and concise information to be shared about the person's past and preferences of activity and support.

People could seek independent support to make difficult decisions in their life as the service had links with the advocacy service based at the local hospital. Advocates are trained professionals who support, enable and empower people to speak up.

The people we spoke with told us they were treated with dignity and respect at all times. One person said, "I think all the staff are lovely." Another person commented on how kind the staff were, pointing out a member of the care staff team they were particularly fond of. The relatives we spoke with were also complimentary about the way in which staff treated people. One relative said, "The staff always seem to treat people properly. [My relative] has never complained about any of the staff."

People's personal details were protected as care records were stored securely so that they could only be accessed by those who needed them. Overall staff were respectful towards people, but we heard inappropriate labelling of some people during our inspection. Three members of staff used a derogatory term in reference to people who required support to eat. This term was also written in one person's care records. The assistant manager told us they would take action to stop the use of this term.

The layout of the building meant that there were plenty of places to go if someone wanted to be with others or be alone, or to receive their visitors.

Requires improvement

Is the service responsive?

Our findings

People told us they received the care they needed in a way that met their needs. One person said, "Yes I don't have any complaints, I am well looked after." Another person told us, "I would rather not be here, however I can have no complaints about the way staff care for me." The relatives we spoke with told us they were happy with the care that staff provided.

People were supported by staff who could tell us how important it was for people to be involved in choosing who supported them. A staff member said, "Different people like different staff so if someone is not responding then we try a different face." Another staff member told us people had choices about which activities they took part in, "They might want to do baking or painting, or we can use memory cards and just talk which some people enjoy."

People told us they would have liked more activities to be available. This view was shared by a relative who said, "There don't seem to be as many activities [here] as other places." Several people told us about outings that they enjoyed, including one person who liked to go to a place of worship on Sundays. They said, "Staff take me to church on Sunday. I make sure I go." We checked with them that there were always staff available for this and the person replied, "I've never missed one yet!"

Regular reviews of people's care plans were carried out, but in a small number of cases we found these were not always updated when people's needs changed. One person's care plan stated that they were unable to carry out tasks independently but, during our visit we observed this not to be the case. Another person's care plan said that they were to be provided with a particular brand of calorie-rich drink each morning and their weight checked every fortnight. However, staff told us that this information was inaccurate. Because the care plans did not always reflect people's current needs staff may not be aware of the correct support to provide.

People we spoke with told us they would feel able to complain if they needed to. One person said, "I suppose I would talk to the manager if I wanted to complain, but I haven't needed to." Another person told us, "Would speak to staff if I had any problems. I would tell them and they would sort it." However, someone also told us that they were not sure how to make a complaint. A relative told us they had raised a concern with the registered manager and were satisfied with the outcome.

The complaints procedure was available for people throughout the service, although it was not understood by everyone we spoke to. This meant that some people might not have been able to complain if they needed to. The complaints file had comprehensive records of complaints made and the steps that had been taken to remedy each situation. A representative from the provider was able to speak about how they had supported the team with a complex complaint and the records we saw confirmed the steps that had been taken to listen, investigate and resolve the issues for the person and their family. Staff also told us about the learning that they had taken through this situation and how they had acted to support the person and their colleagues.

Requires improvement

Is the service well-led?

Our findings

People benefitted from the positive and open culture in the home. The people and relatives we spoke with felt that the culture was open and enabled them to speak up should they wish to. One person told us, "We have meetings upstairs, you can raise anything you are not satisfied with." We observed people were relaxed in the company of staff and managers and saw people felt comfortable and confident to speak with the staff that were supporting them.

Relatives were able to be consulted and share their experiences as an active relatives' group met at the service each month. Notes of these meetings were available in the reception area. These notes were accompanied by a 'you said, we did' type feedback so that relatives were aware of actions taken by management at the home to address the issues they raised.

The staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those who used the service was very good. One staff member said, "I feel I can speak out if I need to." Another staff member told us, "There has been a real culture change since they started." Both comments were attributed to the approach from the new registered manager.

Staff spoke highly of the registered manager and the assistant managers. They told us they felt well supported by the registered manager and the team leaders and found the culture of the home to be open and inclusive. Staff felt able to be honest and were comfortable raising concerns or saying if they had made a mistake. One staff member commented, "I think it would be dealt with fairly."

Similarly, everyone on the staff team we spoke with had confidence that they could raise issues if they needed to and that the appropriate action would be taken. They knew where matters could be raised higher up the organisation, or externally to the organisation if they felt that matters were not being resolved within the service.

People who used the service knew who the registered manager was and told us that they felt they could approach them. Staff were equally clear that they had access to the leadership of the service, we were told "[The assistant manager] is always 'on the floor', and [the registered manager's] door is always open and there is a handover every morning." The position of the offices within the service meant that the leadership was visible and accessible to those who used, visited and worked in the service.

People were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed from the registered manager and the team leaders if they had a problem. Policies and procedures governing practice were available.

A representative from the relatives' group told us how much better the home was under the direction of the new registered manager. They said, "The manager is approachable, and the home is cleaner and fresher than it was in the past." Staff we spoke with felt that the provider ensured the necessary resources were provided to the home. One staff member said, "If we need to purchase some equipment, there are no issues with that." Another staff member told us there had been recent redecoration of some areas of the home, and a family member also commented on the recent improvements to the décor.

The conditions of registration with CQC were met. The registered manager had been in place since April 2015, and the provider had a strong presence at the service to support them. There was good delegation of tasks with each of the assistant managers knowing what was required of them, and staff knowing who was responsible for what.

The registered manager was not present during our inspection; however we were fully briefed on the service by the assistant managers on duty who were knowledgeable around how the service works.

There were processes in place to check that the home was of a high quality, including audits that had been completed in areas such as health and safety, medicines administration, support plans, staff files and fire. However, there were no action plans attached to these checks to avoid future, similar occurrences. The provider also took an overview of incidents and accidents so that these could be evaluated and any learning implemented.

We saw a lot of loose records in different treatment rooms which had been left on work surfaces or inside a diary. Recent records about people's weight could not be located when required and some records had not been

Requires improvement

Is the service well-led?

appropriately stored when completed. This meant there was risk that staff reading a person's care plan may not have access to the correct information to provide the care required.

Two of the people we spoke with were aware that they could attend meetings to provide their opinions about the quality of the service. None of the people we spoke with could recall having received a questionnaire or otherwise having been asked for their views, but they were aware of meetings that they could attend if they so wished. The relatives we spoke with were aware of regular meetings for families of people living at the home. One relative told us they had attended a meeting and found that staff were receptive to any comments made. A visiting healthcare professional told us that they regarded the team as going over and above what would be expected of them. We were told by the provider that several staff had relatives who lived at the home which showed they were satisfied with the standard of care provided.

Clear communication structures were in place within the service. There were regular staff meetings which enabled the registered manager and provider to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. There were also less formal ways for relatives to share their experiences, and meet with the leadership at the home, such as the regular 'Sunday tea' events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not always provide care in a safe way for service users because they had not always ensured the proper and safe management of medicines.** Regulation 12 (2) (g)

This section is primarily information for the provider

Enforcement actions

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