

## Barchester Healthcare Homes Limited

# Magnolia Court

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 23 June 2016 and was unannounced. We last inspected the home on 18 July 2014 when we found the provider was meeting all the areas that we looked at.

Magnolia Court is a nursing home registered to provide accommodation, nursing and personal care for up to 54 older people including people with dementia. The home is operated and run by the Barchester Healthcare Homes Limited. At the time of our inspection, 51 people were living in the home.

The home has 54 bedrooms with ensuite toilet facilities split into two units on two floors. Each floor has two shower rooms, one assisted bathroom, dining area and lounge. The ground floor has the main dining room with two lounge areas. The two floors are accessible via two lifts and there is an accessible garden.

The home had a registered manager who has been registered with the Care Quality Commission since 30 June 2015. 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.

People using the service told us they felt safe at the service. The service had robust safeguarding policies and procedures. Staff were able to explain their role when raising safeguarding alerts and concerns relating to abuse. The service had systems to identify and manage risks. Risk assessments were detailed and individualised, and care records were maintained efficiently.

The service was clean and had effective measures to prevent and control infection. There were clear medicines administration records and the service kept accurate records of medicines administered by staff. There were effective systems for medicines collection. Care plans and risk assessments supported the safe handling of people's medicines.

The service followed safe recruitment practices. Staff files had records of application form, interview notes, criminal record checks and reference checks.

Staff told us they were supported well and we saw records of staff supervision. Staff told us they attended induction training and additional training and records confirmed this. According to the registered manager there were sufficient numbers of staff employed to ensure that people's individual needs were met. However people, their relatives and staff told us there were not enough staff at all times to meet people's needs. We saw some people waiting longer than others for their food during breakfast and lunch times.

People were provided with choice of food at all meal times. Not all staff used appropriate methods to support people in making choices of what they wanted to eat.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff asked people their consent before supporting them. There were appropriate referrals for DoLS authorisation for people who were unable to consent to care to ensure their rights were protected.

People using the service and their relatives told us they found staff friendly and caring. People told us staff listened to them and their individual health and care needs were met.

Care plans were personalised and people's life histories, individual needs and likes and dislikes were recorded. People and their relatives were involved in planning their care and were asked their views at residents' and relatives' meetings. There was a range of activities available for people. However, staff were not always available to assist people in accessing the activities. People and their relatives told us they were asked for their feedback and their complaints were acted upon promptly.

The service had robust systems and processes in place to assess, monitor and improve the quality and safety of service provided. There was evidence of regular monitoring checks of various aspects of the service.

We have made a recommendation about staff training on the subject of dementia.

We found that the registered provider was not meeting legal requirements and there was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to sufficient numbers of staffing to meet people's care and treatment needs.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe. People using the service, their relatives and staff told us there were not enough staff at all times to meet people's individual care needs.

People using the service told us they felt safe. Staff were able to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

The service had detailed risk assessments in place and were reviewed regularly.

The service kept accurate records of care delivery, medicines administered and accidents or incidents. People received medicines on time from staff who were appropriately trained.

### Is the service effective?

**Good** ●

The service was effective. People's nutritional and hydration needs were being met. However, they were also not always appropriately supported to make decisions regarding meals.

Staff received appropriate induction and additional training to meet people's individual needs. Staff told us they received regular supervision and felt very well supported.

The service liaised with relevant agencies to request mental capacity assessments and complied with deprivation of liberty safeguards.

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

People were referred to GP and other health and care professionals as required.

### Is the service caring?

**Good** ●

The service was caring. People and their relatives found staff caring and attentive towards their needs. They told us staff treated them with dignity and respect.

People told us staff understood them well. Staff were able to describe people's wishes and preferences. The service identified people's religious, spiritual, cultural needs and their life histories.

People told us they were involved in planning and making decisions about their care. They said staff listened to them.

People's end of life care wishes were discussed and documented.

### **Is the service responsive?**

**Good** ●

The service was responsive. A selection of individual and group activities were available for people including occasional trips out of the home.

People's care plans were detailed and personalised and regularly reviewed. Staff understood people's needs.

Complaints policy and procedures were followed and logs maintained. People and their relatives were encouraged to raise concerns and complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led. People and their relatives told us they found the manager friendly and approachable. They told us the service had a hardworking and caring team.

The home had robust systems in place to assess and monitor quality of the service.

The registered manager involved people, staff and professionals in continuous improvement of the service.

# Magnolia Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 23 June 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and one 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.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. 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 spoke to two health and social care professionals and local authority commissioners about their views of the quality of care in the home.

During the inspection we spoke with five people using the service, four relatives and two friends of people using the service. We spoke with the registered manager, the provider's national dementia care advisor, the deputy manager, two nurses, two care staff, one activities coordinator and one cook.

We observed care in communal areas across the home, including medicines administration, mealtimes and activities. Some people could not inform us on their thoughts about the quality of the care at the home. This was because they could not always communicate with us verbally and we could not understand how they communicated. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We wanted to check that the way staff interacted with people had a positive effect on their physical and emotional well-being.

We looked at five people's care plans, daily records and risk assessments. We looked at seven staff personnel files including their recruitment, training and supervision records and last two month's staff rosters. We also reviewed the service's statement of purpose, selected policies and procedures, accidents / incidents and complaints records, staff team meeting minutes, residents' and relatives' meeting notes, activities schedule, quality audits and monitoring checks and eight medicines administration charts for people using the service. We also reviewed the documents that were provided by the registered manager (on our request) after the inspection. These documents included additional policies and procedures, food menus, and health and safety checks.

# Is the service safe?

## Our findings

People using the service and their relatives told us that they felt safe at the service. One person told us, "No problem with safety here." One relative said, "Always, he's been safe. This is a wonderful home."

Staff told us they had received training in safeguarding. They were able to describe the types and signs of abuse; they explained they would report any concerns to the registered manager and if they were not available then they would report it to the deputy manager. Staff gave examples of types and signs of abuse. We saw incidents records that confirmed they were reported appropriately. The service maintained effective systems to prevent abuse of people using the service.

Staff we spoke to told us they had received training in whistleblowing and they would feel comfortable to follow the procedure if required. The registered manager told us staff were encouraged to raise concerns. Contact details of various agencies were provided to staff. Information on the whistleblowing process was displayed in the communal areas including lifts.

The service maintained clear and accurate accidents and incidents records in people's individual care plans. The accidents and incidents records clearly stated action points to prevent incidents from reoccurring. The registered manager told us they discussed incidents that had occurred with the staff team in the staff meetings and supervision sessions.

We looked at the safeguarding logs and there were clear and extensive records on the safeguarding cases. The registered manager was able to explain the measures they had implemented to avoid similar situations.

There were robust systems for the handling of people's finances. People were involved in how their finances were managed. The registered manager carried out weekly checks and six monthly audits were conducted by the finance officer to ensure people's monies were handled safely.

Individual risk assessments and measures to manage or reduce identified risks were developed. The risk assessments were person-centred to meet people's individual health and care needs. Risk assessments were for areas such as falls, medicines, premises, accessing hoist and pressure ulcers. Staff told us they worked with healthcare professionals in drawing up specific risk assessments such as speech and language therapist. Staff told us they managed falls by monitoring people with a high risk of fall every 15 minutes. We saw their repositioning charts and these were completed accurately. There were detailed and personalised emergency fire evacuation plans. Staff were able to describe how they would support people in case of a fire emergency. The risk assessments were reviewed every month or earlier if there were any changes in people's needs.

The service had two units; each unit had four care staff, one senior care staff and one nurse on duty per shift. In addition to this the registered manager and the deputy manager were available during the day for support. At night there were two care staff on each unit and one nurse covering both units. The registered



manager told us they used the provider's dependency assessment tool to determine staffing ratios. The registered manager told us they did not reduce the staffing ratio even when they had vacant rooms. We were told by the registered manager that they did not use agency staff and had a pool of bank staff they would contact in case of emergencies. The registered manager told us the home had a low sickness absence rate.

On the day of the inspection, we observed staffing in the morning was not sufficient to support people to eat their breakfasts, as there were people waiting for their breakfast when we were shown around at 09:30am. One person asked staff "where is my breakfast" they told us they had been waiting for some time. Another person waiting dressed in their room told us, "I am starving. I can wait for food but I am very thirsty." And said they had not been offered their breakfast yet, a staff member said they would go and get it. We saw the staff member give that person their breakfast. The nurse on the unit told us one member of care staff had called that morning to inform they were sick and although, the nurse had called for a bank staff member to cover, they did not arrive till 1pm.

Staff told us it was difficult to meet the standard when supporting people to eat as they could benefit with more hands to help people eat.

People and their relatives told us there was a shortage of staff. They told us the staff were not always available to take them to the activities. Their comments included, "There are definitely not enough staff here," and "The home is quite well managed as long as they can do something about the staff numbers."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they monitored call bell by their log output system. The call bells if lasted longer than five minutes would go straight to their log output system and the registered manager would be able to pick up on the delays. The regional director conducted unannounced call bell checks. On the day of the inspection, we noticed people's call bells were answered promptly.

We looked at staff personnel files and saw that the recruitment procedure was adhered to. For example, potential staff submitted application forms, an interview took place, references were requested and received, and proof of identity and Disclosure and Barring Service (DBS) checks was received before employment. The service renewed DBS every three years as a good practice to ensure the staff were safe to work with vulnerable people. The service kept records of nurses pin number and dates for renewal. Staff completed a probationary period to ensure they had the necessary skills to be employed at the service.

Medicines were stored in a lockable drawer that had individual blister packs labelled with people's names to minimise errors. We saw the medicines cupboard temperature record sheet showed the temperature was maintained at the recommended level. Only nurses administered medicines. People were encouraged and supported to self-administer medicines wherever possible. People received medicines in blister packs that were supplied by the local pharmacy and staff recorded the delivery in the medicines folder.

We looked at medicines administration record (MAR) charts; they were accurate and easy to follow. Staff were able to explain how they maintained these. The medicines audits were carried out by the unit lead on a weekly basis, by the deputy manager on a monthly basis and by the registered manager on a quarterly basis. Any errors would be picked up on a weekly basis and reported to the deputy manager. It would then be investigated by the deputy manager and the registered manager. If an error was confirmed then they would seek help from the pharmacy and the doctor alongside reporting to all concerned professionals. The registered manager also told us following any medicines errors they ensured staff were given refresher

training for medicines administration.

The service was clean and there was no mal-odour observed. Staff used protective clothing such as disposable aprons and gloves when they supported people with personal care. The service had systems in place to manage people's laundry requirements and employed a staff member to undertake the washing of laundry for people. The staff member removed linen from the units in colour coded laundry bags to avoid cross infection and washed soiled linen at regular intervals throughout the day. The staff member was able to tell us the correct temperatures for washing soiled clothing to avoid cross infection. People's hoist slings were labelled to prevent and control infection.

Staff told us the temperature they washed clothes and bed linen at so as to ensure they were following the requirements. People had designated laundry day to avoid any mistakes. People's clothes, kitchen towels and bed linen were washed separately. Laundry room was locked all the time, and only staff had keys to the room. People were encouraged and supported to wash their laundry on their designated weekdays.

We looked at health and safety checks, cleaning schedule and records, water tests and maintenance and equipment testing records. They were all up-to-date.

# Is the service effective?

## Our findings

People using the service and their relatives told us staff understood their health and care needs and were able to provide the right support. People and their relatives' comments included, "I do get the care I need," and "The care here is of a good standard."

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

New staff were required to complete a six weeks detailed induction that had to be signed off by the training manager. Induction included areas such as safeguarding adults, lifting and handling, fire safety, and policies and procedures. Staff also had to shadow experienced staff as part of their induction. Staff received refresher training in various areas including safeguarding, moving and handling and fire safety. The refresher training was mandatory. We saw staff were sent reminders if they had not attended the refresher training and there were disciplinary action if they continued not to attend. Staff also received training to support them to manage specific support needs for example some people living at the home had a diagnosis of dementia. Staff gave examples of the training they had completed and how it had helped them in carrying out their responsibilities. They felt the training was very helpful. One staff said, "The training is good here."

Staff told us they were very well supported by the registered manager, and received regular supervision. The supervision was delivered in three different ways to meet, a specific learning need one-to-one supervision, group supervision and general support supervision. We looked at the staff supervision and appraisal records, and it showed staff were receiving appropriate and regular support to enable them to do their job effectively. The registered manager told us they arranged both planned and responsive supervisions to ensure staff were fully supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had signed consent forms for people using the service. There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw DoLS authorisation from the local authority in place. There were records of staff receiving Mental Capacity Act (MCA) and DoLS training. Staff we spoke with were able to demonstrate their understanding of MCA and DoLS and how they got people's consent when

offering to support them.

The service was awarded five stars (the maximum) in January 2016 by the Food Standards Agency. People and their relatives told us that they found the food good and they were given choices. Their comments included, "The food is absolutely gorgeous." "If the menu of the day is not to your liking, you can order something else and wine is available for lunch or evening meals and also fruit juices." However one relative said, "breakfast and lunch is excellent but dinner is not great," and one person said, "The food is okay but they are slow in bringing it."

Breakfast was served both in the dining areas and in people's bedrooms as per people's choice. Lunch was well presented and the menu was displayed on the dining tables however not everyone was able to read the menu. People, who could read the menu, were offered choices. The clinical lead gave the person they were supporting choices of food by showing the person the food options. However not all staff used personalised methods such as food images or food options to offer choices to people who could not read the menu. This meant people were not always appropriately supported to make a decision of what they wanted to eat.

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

People told us their specific needs around food and drinks were met such as people on soft food diet. We looked at the service's food menus they had four weeks' set food menus including an alternative menu choice if someone does not like what is on the menu. Food menus were set with people's input and their consultation.

Food and fluid charts were in maintained for people to monitor the amount of food or drink they consumed. Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties with swallowing. The service maintained appropriate systems for people who received food via PEG tube (directly into their stomach). As a good practice, the service weighed all the people on a monthly basis. We saw weight management records, people's weight were stable. We saw diet management plans for people on specific diet including diabetes management plan. We found guidance information on diabetes and its management in people's care plan. Staff were able to describe the way they supported and encouraged people to maintain a healthy lifestyle and balanced diet. Staff were able to explain risks associated with diabetes such as hypo and hyperglycaemia.

There were clear and accurate records for food temperature logs maintained for lunch and dinner meals. The cook was able to explain people's dietary requirements and how they supported those specific needs for example, they maintained a list of people needing fortifying foods and people's food allergies. We saw the care home open day food menu and special festival days food menus such as for Christmas and new year's eve.

People told us their health and care needs were met by the service. People and their relatives told us staff and management were efficient in maintaining contacts and liaison with health and social care professionals. One person said, "The doctor visits on Tuesdays and if you are unwell you can see him. If I am quite unwell, the doctor will be called." Another person said, "You can see the podiatrist or the optician if you need and they organise it." We saw records of correspondence and referrals to healthcare professionals such as tissue viability nurse, dentist and chiropodist. During our inspection we saw the home's physiotherapist providing individual exercise sessions to people. People seemed happy with the support. One person told us physiotherapist's input was improving their walking and they were feeling a lot more confident.

The service was well maintained and purpose built with wide corridors to allow good wheelchair access. There were spacious lounge and dining areas on the ground floor and an accessible garden with higher built up flower beds so people using wheelchair could engage in gardening if they wished to. However the service lacked suitable storage areas for equipment such as hoists and wheelchairs. People's bedrooms had ensuite toilet facilities. Each unit had two communal shower rooms and one specialist bath facility for easy access for people who preferred a bath rather than a shower. However, bathrooms and shower rooms had equipment stored in them. For example, one shower room contained two hoists, one shower chair, one walking frame and one wheel chair. In order for people to use these facilities the staff would need to move all the equipment out. We raised this with the registered manager who acknowledged it was not an ideal arrangement and explained they did not have adequate storage space however were exploring different options.

# Is the service caring?

## Our findings

People using the service and their relatives spoke highly of staff's kind and caring approach. Their comments included, "The staff we have are smashing, lovely girls," and "They are kind and attentive." Relatives' comments included, "The care staff are hardworking, very good, dedicated and willing to help." and "The staff have a very good relationship with residents. My family member gets such good care."

During the inspection, we observed staff interacting positively with people and encouraging them to take part in activities. Staff were patient with people and listened to their requests attentively. Although staff showed a caring attitude towards people they looked rushed when caring for them. We observed the registered manager and staff talking with people and there was good eye contact and relaxed conversations.

People and their relatives told us they found staff friendly. People were happy with the staff team and said they treated them with respect and dignity. Staff were able to describe the importance of preserving people's dignity when providing care to people. We observed staff respecting people's need for privacy and dignity, knocking and waiting for a response before entering people's rooms. Staff told us they knocked on people's doors before entering, closed bathroom and bedroom doors when supporting people with personal care to maintain their privacy. One person told us, "If I need it, they give me my privacy by shutting my door and drawing curtains." One relative told us, "The staff do treat residents with dignity and respect."

People told us they were involved in planning and making decisions about their care. People's relatives told us they were invited to attend care reviews. Staff encouraged people to voice their wishes and preferences. Staff recognised people's individual needs in regards to race, sexual orientation, gender and religion. Two different religious services were available to people on a regular basis.

Staff demonstrated an understanding of dementia awareness. The home was piloting a six month programme to help enable staff, regardless of their role, to deliver person-centred care to people with dementia by providing intensive dementia training. The training was being delivered to groups of staff in batches so that people were still being supported. We observed staff interacting with people with dementia with patience and politeness.

People had been supported to voice their wishes about their end of life care and these had been recorded in their care plans. Their wishes were revisited when the care plans were reviewed to ensure people were given choice to change their wishes. Care plans provided personalised information regarding the support people required and their wishes for their funeral arrangements. Staff were aware of people's end of life care wishes.

Photographs of people living at the home involved in activities were posted throughout the home, and bedrooms had been personalised with people's personal belongings providing a homely environment.

Staff were able to demonstrate the importance of maintaining confidentiality and not sharing people's

sensitive information with other people. We saw people's personal information was stored securely.

## Is the service responsive?

### Our findings

People using the service told us they were happy living at the home. People told us staff were responsive to their individual needs and understood the importance of person-centred care. They told us people's gender care preference was respected. One person said, "I get the female staff to look after me."

The registered manager assessed people's needs in-depth before they moved to the home and began receiving support. Care plans were drawn up by the registered manager once the initial assessment was carried out. The care plans were well organised, easy to follow and person-centred. The care plans outlined people's needs, abilities and how their needs were to be met. The care plans were detailed and included people's personal information, family, life history, eating and drinking, cultural and religious needs and health related information and correspondences. The care plans also included people's hobbies and activities preference sheet and their monthly review and evaluation sheet to monitor how well people were engaging in activities.

People's care plans were routinely reviewed every month or sooner when people's health or needs changed. Therefore staff were provided with the most current information on people's health and care needs which enabled them to deliver efficient care. People told us they were included in their review meetings, and were supported and encouraged to express their views and wishes regarding their care. People's relatives told us they were invited to participate in the care reviews.

We saw people's bedrooms, they were personalised and people had their personal belongings in the rooms for example books, photos. The service's pet fish that was initially based in the reception area was moved closer to one person's bedroom according to their wish. One person had been living at the home with their pet dog. We saw the person and other people looking happy with the pet dog.

The service shared two buses with other Barchester Healthcare homes. This enabled people to go out on day trips including shopping and the seaside. The service provided hair dresser facility in the salon room on the ground floor. People told us they found hair dresser facility helpful. The service had two activities coordinator so that they could offer activities seven days a week. We saw weekly activities schedule that offered a selection of activities including music sessions, cheese and wine afternoon, board and card games. One person told us, "There is a good programme of entertainment."

The registered manager told us they held quarterly residents' and relatives meetings where people were encouraged to say how they felt about the service, if they had any concerns or specific wishes. We saw notes of residents' meeting, demonstrated people's views, comments and concerns. One of the meeting's minutes stated there were some complaints regarding food not being hot enough. The registered manager held food forum meetings to address the food temperature complaints.

People were actively encouraged to raise their concerns or complaints. People told us they knew how to make a complaint and felt comfortable to do so if required. The provider's complaints procedure was easily accessible and was displayed in the hallway and on each unit. The provider's policy detailed guidance on



how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. The home also maintained verbal complaints log on each unit to address issues as soon as possible. We saw complaints logs and they were efficiently maintained.

People and their relatives felt their complaints were listened to and acted upon in a prompt manner. One person using the service told us, "I have never complained but if I needed to, I would go to the registered manager." One relative told us, "The registered manager listens to me and immediately takes action. I attend relatives' meeting on a regular basis. I raised concerns at the last relatives' meeting and the registered manager addressed my concerns appropriately."

## Is the service well-led?

### Our findings

The service had a registered manager in post. They demonstrated a good understanding and experience in working with the people the service provided care for.

People using the service and their relatives told us they were able to speak to the registered manager and that they were easily reachable. People and their relatives told us if the registered manager was not there they could speak to the deputy manager. People and their relatives comments included, "The registered manager is very approachable, as are all the staff." "The registered manager is approachable and told me that I did not need to wait for a meeting but could pop in their office anytime."

People and their relatives told us they were happy with the service and staff. One person said, "This is my home and I feel quite happy about it." One relative said, "We are happy for our family member to stay here, the place seems to be run very well." Staff were able to describe their role and responsibilities. People told us the staff were always available and willing to help.

Staff told us the registered manager involved and consulted them on matters related to the people using the service and improvement of the service. One staff said, "The registered manager is very open and easy to talk to and so is the deputy manager and the clinical lead, we can always talk to them." There was effective communication with staff; various communication methods included monthly team meetings, two to three monthly nurses' meetings, daily stand up meetings with the head of departments and daily staff handover meetings at the beginning and end of each shift. Staff told us at the meetings the registered manager informed them on the various matters affecting the service and their role. We saw staff team meeting minutes; they included discussions on matters such as people's health updates and dignity and care ratings.

Staff told us they were listened to and their suggestions were taken on board. We observed positive and supportive interaction between members of staff team and the registered manager.

People using the service told us the registered manager asked them about their views on care delivery on a regular basis. The registered manager told us they spent time with the people to seek their views on staff and the care delivery. People's views were then discussed with staff in the staff meetings.

The service maintained robust systems to audit and monitor, safety and quality of the service. There were clear records of audits and night spot checks to monitor the quality of the service including monthly health and safety checks, care plan and risk assessments audits. However, the registered manager did not always maintain written records of their spot checks. The registered manager assured us that in future they would maintain written records of the spot checks. The regional director carried out bi-monthly quality audits. The audits demonstrated areas recorded that needed improvement and the actions taken to resolve the situation.

People and their relatives told us they were asked for informal feedback on a regular basis and formal

feedback via questionnaires once a year. We saw 'your care rating' residents' survey results. The analysis showed people were happy with the care they were receiving, they were happy with staff's support and with the accommodation.

The registered manager told us there were plans to upgrade the home starting with refurbishing the main entrance corridors, dining room, some bedrooms and the main lounge. They told us this would give a more pleasant environment for people using the service to live in. People were consulted about these refurbishment plans and approved the proposal.

The registered manager worked with the provider, independent audit organisations and local authorities for continuous improvement. We spoke with two health and social care professionals and commissioners, and they confirmed their input with the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of staff were not deployed to meet people's needs effectively. Regulation 18(1)