

Sweet Homes Limited (A Joshi)

Sweet Homes Limited t/a Carshalton Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Carshalton Nursing Home can provide accommodation, nursing and personal care for up to 33 people. The service specialises in supporting older people living with dementia. At the time of our inspection there were 15 people residing at the home.

At our last comprehensive inspection of this service in January 2015 we rated the service 'Requires Improvement' overall and for the three key questions 'Is the service safe', 'responsive' and 'well-led?' This was because the provider had failed to operate effective fire safety procedures, ensure people living in the home had sufficient opportunities to engage in meaningful activities that reflected their social interests and have a Care Quality Commission (CQC) registered manager in post.

We asked the provider to make improvements and undertook a focused inspection in August 2015 to check they had followed their action plan and sufficiently improved to meet the regulations. At the time of that inspection we found the provider had taken the necessary steps to improve their fire safety arrangements and social activities programme.

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

Following this inspection, which we carried out on 14 and 22 March 2017, we have rated the service 'requires Improvement' again. This was because the provider could not demonstrate they met all the regulations and fundamental standards. Specifically, we found equipment such as a swing arm grab rail in a toilet and all the radiator covers in communal areas were not always properly maintained which could be unsafe to use for their intended purpose. The provider had also failed to operate safe staff recruitment procedures and ensure they obtained two professional and/or character references in respect of all new staff they employed. Furthermore, although the provider had governance systems in place to monitor and review the quality of service delivery, these were not always operated effectively. Consequently, the provider had failed to identify a number of issues we identified at this inspection in relation to the safe maintenance of equipment and the proper vetting of new staff.

These failings represent three breaches of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The breaches and issues described above notwithstanding, people and their relatives told us they were satisfied with the care provided by the service. We saw staff looked after people in a way which was kind and caring. Staff had built caring and friendly relationships with people. Our discussions with people living in the home, their relatives and community health care professionals supported this.

There continued to be robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. There were enough staff to keep people safe. Medicines were managed safely and people received them as prescribed.

People were supported to eat and drink sufficient amounts of nutritious food that met their dietary needs. They also received the support they needed to stay healthy and to access healthcare services. Improvements had been made to the interior design and décor of the services environment, although the registered manager agreed further work was required to make Carshalton Nursing Home a more comfortable place for people to live.

Staff continued to care and treat people with dignity and respect. They also ensured people's privacy was maintained particularly when being supported with their personal care needs.

People received personalised support that was responsive to their individual needs. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. People were supported to maintain relationships with people that mattered to them.

People and staff spoke positively about the leadership style of the registered manager. The service had an open and transparent culture. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives, staff and external community health care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. This was because the provider's arrangements for maintaining equipment and recruiting new staff were not always operated effectively and safely.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. The provider also continued to operate effective fire safety procedures.

There were enough staff suitably deployed in the home to keep people safe.

Medicines were managed safely and people received them as prescribed.

Requires Improvement 

Is the service effective?

The service was effective. Staff had completed their required training or received adequate support from their line manager to ensure they had the right knowledge and skills to effectively perform their roles.

The registered manager and staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

Improvements had been made to the interior design and décor of the services environment, although the registered manager agreed further work was required to make Carshalton Nursing home a more comfortable and homely place for people to live.

Good 

Is the service caring?

The service was caring. People said staff were kind, caring and

Good 

respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good ●

The service was responsive. People were involved in discussions and decisions about their care and support needs.

People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

Improvements had been made to the activities programme and people were actively encouraged to participate in social activities that were meaningful and reflected their social interests.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. Although there were systems in place to monitor and review the quality of service people received; these systems had failed to identify a number of issues we found at the time of our inspection in relation to the safe maintenance of equipment and the proper vetting of new staff.

People, their relatives and staff spoke positively about the management style of the registered manager.

The views of people receiving services, their relatives, and staff were regularly sought and valued by the provider. The registered manager used this information along with other checks to assess and review the quality of service people received.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 14 and 22 March 2017 and was unannounced.

The inspection was carried out by an inspector 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. This expert-by-experience had experience of caring for a family member living with dementia.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We also reviewed the provider information return (PIR). The PIR is a document we ask providers to submit before our inspection about how they are meeting the requirements of the five key questions and what improvements they intend to make.

During our inspection we spoke with eight people who lived at the home, three people's relatives, a visiting priest, the registered manager, and six members of staff that included the deputy manager, two nurses, two care workers, the activities coordinator and the cook. We observed the way staff interacted with people living in the home and performed their duties. During lunch 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 also looked at six people's care plans, four staff files and other records that were relevant to the overall management of the service, which included various quality assurance audits, medicines administration sheets, complaints records and incident reports.

After our site visit we contacted two local authority health care professionals and an NHS palliative care nurse who knew the service well and were able to provide us with positive feedback regarding their experiences of working with Carshalton Nursing Home.

Is the service safe?

Our findings

At our last inspection of the service in August 2015 we found the provider had taken appropriate action to improve their fire safety arrangements. Specifically, we found the service continued to regularly test their fire alarm system and ensure all staff routinely participated in fire evacuation drills at the home. We also saw fire extinguishers were regularly tested and serviced in accordance with the manufacturer's guidelines and people had personal emergency evacuation plans which explained to staff the help people would need to safely leave the building in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and records indicated they had received fire safety training in the last 12 months.

However, although we saw utilities and equipment, such as gas, water, electrical wiring, wheelchairs and mobile hoists were regularly checked by the provider to make sure they were fit for purpose; at this inspection we found some equipment was not always appropriately maintained. For example, in a first floor toilet we found a swing arm grab rail was not safe to use because it was no longer secured to the wall properly. Similarly, we saw most of the radiators covers located in the main communal lounge/dining area were no longer safely secured to the wall. This meant the grab rail and radiator covers were no longer safe for their intended use and/or purpose, and therefore could have placed people living in the home at unnecessary risk of harm.

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

Furthermore, we found evidence that the provider did not always carry out the checks required by law when recruiting new staff. Although records indicated most pre-employment checks had been undertaken by the provider in relation to new staff's identity, criminal records and their eligibility to work in the UK; they had failed to obtain a second professional and/or character reference for two new members of staff. This contradicted the provider's staff recruitment policy and recognised best staff recruitment practice. This meant the provider had not done enough to satisfy themselves about the suitability and fitness of new staff to work at the home.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had robust systems in place to identify report and act on signs or allegations of abuse. People and their relatives told us they felt the service was safe. One person told us, "I've always felt safe here." Another person's relative said, "It's the staff that make me feel that my [family member] is safe. I am happy to leave them here. I don't worry at all." Staff had received up to date safeguarding adults at risk training and were familiar with the different types and signs of abuse. Staff were also aware of the reporting procedures to follow if they witnessed or suspected abuse had occurred. One member of staff told us, "I would tell the manager or the nurse in charge straight away if I saw anyone being abused." We looked at several examples of safeguarding incidents. We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up to ensure people,

remained safe and to prevent reoccurrence.

People had personalised risk assessments and management plans in place that covered risks specific to them and around their environment. Staff were knowledgeable about the risks to people's wellbeing and supported people to prevent or manage those risks. This included implementing preventative measures in regards to the development of pressure ulcers, falling, moving and transferring and becoming dehydrated. Managers and senior nurses followed up the occurrence of any accidents or incidents involving people living in the home and developed action plans to help prevent them from happening again. Examples included reviewing people's risk assessments and reviewing guidelines for staff about how to support people safely. Staff gave us some examples of situations where they had used incident reporting to identify trends and patterns to develop an action plan which had resulted in a significant decrease in the number of incidents related to people's behaviour that challenged the service.

People said there were enough staff to keep them safe. One person told us, "There are lots of staff to help me when I need them." Throughout our inspection we saw staff were visible in communal areas, which meant people could alert staff whenever they required assistance. We saw numerous examples of staff attending immediately to people's requests for a drink; help to stand or to have a chat. We saw the staff rota for the service was planned in advance and took account of the level of care and support people required in the home. Additional staff were arranged when needed, for example, when people attended hospital appointments. The registered manager worked as part of the staff team and was available to provide support if required.

There were robust systems in place to ensure medicines were managed safely. One person told us, "They [staff] know about my medicines and when I need them." Another person said, "Staff make sure I take my medicines on time." People's care plans contained detailed information regarding their prescribed medicines and how they needed and preferred these to be administered. We looked at medicines administration records (MARs) and our checks indicated people received their medicines as prescribed. Staff received training in the safe management of medicines and their competency to handle medicines safely was assessed annually.

Is the service effective?

Our findings

Staff were given the training and development opportunities they needed to perform their roles well and provide effective care and support to people. New staff received a thorough induction that included shadowing experienced members of staff. A new member of staff told us, "My induction was really good and I learnt a lot from the nurse that mentored me." Systems were in place to ensure staff stayed up to date with training considered mandatory by the provider. This ensured they retained the right competencies to continue meeting people's needs. Records we looked at were all up to date and showed us staff received essential training for example in dementia awareness, moving and handling, safeguarding adults, end of life care and fire safety.

Staff spoke positively about the training they had received and confirmed it was on-going. One member of staff told us, "We get plenty of training which we have to keep up to date with; otherwise the manager will be on your case." Another member of staff said, "Recently I've been on a safeguarding adults and behaviours that challenge training courses. The training we get is very good here." Furthermore, nurses had completed additional specialist training in various clinical topics such as pressure area, wound and catheterisation care and medicines management. This ensured they retained their knowledge and skills and knew how to care for people with a range of medical needs.

Staff were supported through regular meetings with the registered manager and senior nurses. Staff's overall work performance was appraised annually and they attended individual supervision meetings with their line manager at quarterly intervals. In addition, all staff were expected to attend monthly group meetings with their fellow co-workers. Staff told us these individual and group meetings gave them sufficient opportunities to discuss their work and training needs. Staff also told us they felt supported by the service's manager and deputy manager. The registered manager told us that in addition to all the meetings and appraisals described above they regularly carried out direct observations of staff performing their duties.

Staff worked within the principles of the Mental Capacity Act 2005 (MCA) code of practice. They respected people's decisions and ensured they consented to the care provided where they were able to. When people did not have the capacity to consent 'best interests' decisions were made on their behalf. We saw that people had signed to indicate that they agreed with and had been involved in decisions about their care. Where they did not have capacity to do this, there was evidence that others involved with the person's care such as families, community health care professionals, and social workers were involved in the process to help ensure that decisions about people's lives were made in their best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware when to apply for an authorisation to deprive a person of their liberty. We saw that they had appropriately applied to the local authority to deprive a person of their liberty when required to maintain their safety.

People were supported to have enough to eat and drink. People told us they could choose what they ate and drank and described the meals they were offered at the home as 'good'. Typical feedback we received from people about meals they were offered included, "I love the breakfasts. As good as any cafe I've been in", "The staff do ask us what we want to eat. I chose to have a cooked breakfast this morning, but I know I could have had porridge or cereal if I wanted" and "I usually like all the food the staff bring me". Staff demonstrated a good awareness of people's dietary requirements and respected their mealtime choices. For example, we observed staff serve people various cooked breakfasts they had chosen which included a full English, egg on toast and cereal.

We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. We observed staff offering people drinks throughout the day. People's nutrition and hydration was provided in a way that met their specific needs, which included providing thickened fluids and soft diets.

People were supported to maintain good health. A relative said staff were good at communicating with them about their family member's condition and changing health care needs. They told us, "The staff are always keeping me up to date with what my [family member] is doing. When they injured themselves the staff rang me straight away to tell me, even though I was coming in later. They are very good like that." Staff ensured people attended scheduled appointments and check-ups with their GP, district nurses, dentist, optician and chiropodist. Staff also maintained records regarding the outcome of people's health care appointments with the various health care professionals described above. Care plans set out how staff should meet people's specific health care needs.

People told us the home was a comfortable place to live. One person said, "I've got everything I need in my room and I quite like the way it's decorated." We saw bedrooms were personalised and included some personal possessions that people had brought with them including, family photographs and ornaments. The registered manager confirmed that three bedrooms had been refurbished and all the old arm chairs in the main communal area replaced in the last 12 months.

However, the carpets on the ground floor ramp leading to the main lounge and the first and top floor landings looked thread bare and worn in patches. The large gazebo in the rear garden was also unusable because it was currently being used to store the old disregarded chairs and damaged furniture from the lounge. Three members of staff told us they felt further improvements were required to make the homes environment a more comfortable place for people to live. One member of staff said, "A lot of work has been done lately to redecorate some people's bedrooms and to replace the old chairs from the lounge, but I still think there's a lot more the owner could do to the homes interior to make Carshalton Nursing Home a really nice homely place for people to live."

We discussed these premises issues with the registered manager who said the home's owner was aware most of the home's carpet needed to be replaced and all the old furniture currently stored in the gazebo thrown away as a matter of urgency. The registered manager told us these outstanding premises issues would be addressed by 1st July 2017. Progress made by the provider to achieve these stated aims will be assessed at their next follow up inspection scheduled to take place within three months of the final publication of this report.

Is the service caring?

Our findings

People told us they were happy living at the home and frequently described the staff who worked there as 'caring' and 'friendly'. Typical feedback from people and their relatives included, "I want to say that this is a very nice home and that I'm very comfortable living here", "I really like the relationship that I have built up with some of the staff. They are all very caring and friendly" and "It's the kind nature of the staff that gives me confidence that my [family member] is being well cared for."

We also saw the service had received over 40 written compliments from people relatives in the last 12 months about the standard of care their family members received at the home. Typical comments included, "The staff are so supportive, welcoming and friendly", "I would recommend this home to anyone. Carshalton Nursing Home is a fabulous place" and "The staff do take their time to just sit and talk to my [family member], which I think is lovely". We observed staff were respectful, friendly and kind when speaking with people. People looked at ease and comfortable in the presence of staff. Staff also gave people their full attention during conversations and spoke to people in a kind and considerate way. During lunch we saw staff frequently checked if people were enjoying their meal or needed a drink.

Care plans were personalised and centred on people's needs, strengths and choices. People's life histories and the names of family members and friends who were important to them were recorded in their care plan. Staff knew people well and were able to tell us about their preferences, interests and background. They knew what people liked to do and what their preferred routines were.

People's privacy and dignity were respected and maintained. One person told us, "When I first came here staff asked me what I wanted to be called and they make sure new staff know what to call me." Another person's relative told us, "My [family member] has always liked to look their best. I know the staff always take their time to help them look presentable, which I know they would appreciate." We saw staff entered people's rooms after first knocking to seek their permission to do so. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity.

We saw people's care plans were kept securely to maintain confidentiality. However, we found records relating to the monitoring of people's health were kept on open display in the corner of the main communal area, which made this information accessible to anyone sitting at a dining room table. We discussed this issue with the registered manager who immediately made these records secure and agreed to remind her staff team about the importance of keeping personal information about people stored securely and confidentially. On the second day of our inspection we saw people's personal records were all stored away securely and in accordance with the provider's confidentiality policy. Notwithstanding the above staff demonstrated a good understanding of how to respect people's confidentiality. We observed staff spoke about people respectfully and maintained their confidentiality by not speaking about them in front of others.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way.

Information about people's spiritual needs were included in their care plan. One person told us a local priest regularly visited them at the home. We spoke with a visiting priest who confirmed they were often invited to visit the home and regularly met with the practicing Catholics who lived at Carshalton Nursing Home. We saw there was a calendar displayed in the main lounge that included lots of International festival days and religious holidays from the countries of birth of people living in the home and staff members. The activities coordinator gave us some good examples of how they had used the calendar to plan various events which had included celebrating Diwali and St Patrick's Day.

Although most people living in the home were dependent on the care and support they received from staff with day-to-day activities and tasks, staff still encouraged people to be as independent as they could be. Typical feedback we received from people living in the home included, "The laundry person lets me help them out sometimes. It's not my job really, just something I like to do", "I can transfer myself from my chair to bed and they [staff] encourage me to do this, and will stay to watch me to make sure I'm safe" and "I need help to shower, but staff let me attend to other aspects of my personal care on my own, which I like."

When people were nearing the end of their life, they received compassionate and supportive care. An NHS palliative care nurse who regularly visited the service to provide staff training and support told us, "Staff were always receptive to my advice and teaching on end of life care and the manager has worked hard to ensure everyone has an advanced end of life care plan in place." We saw care plans included documentation that showed discussions with people about their end of life care wishes had taken place. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. This included conversations with people, and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff also confirmed they had received end of life care training.

Is the service responsive?

Our findings

At our last inspection of the service in August 2015 we found the provider had taken appropriate action to improve the opportunities people had to participate in more meaningful social activities. At this inspection we found people continued to have sufficient opportunities to engage in a variety of fulfilling social activities. People told us the activities they could choose to participate had improved in the last year. One person told us, "I don't tend to join in many of the group activities, but I do enjoy sitting in the lounge watching others have fun", while another person said, "I like the new activities coordinator and joining in the sing-alongs she organises." Another person's relative also told us, "We can visit anytime we want and my sons and I have shared lovely occasions with summer barbeques and Christmas lunch."

We met the activities coordinator, who confirmed they had been in post since June 2016. We observed them initiate a sing-along and a game of musical bingo, which most of the people sitting in the main communal areas seemed to enjoy. The activities coordinator gave us several good examples of new activities they had introduced, which included gentle exercise classes, dancing, bingo, sing-alongs and quizzes.

It was also evident from care plans we looked at and comments we received from the activities coordinator they ensured people who liked to spend time on their own also had opportunities to engage socially with staff in their bedroom. One person told us, "Staff often come and have a chat with me in my bedroom, which I prefer as I don't really like to join in any of the group activities they have in the lounge." Staff explained the rationale behind this was to mitigate the risk of these individuals becoming socially isolated.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and contained detailed information about people's social interests, food preferences and how personal care and support was to be provided. For example people's daily routine set out for staff when people liked to wake up, how they wished to be supported with getting washed and dressed and when and where they would like to eat their meals.

Care plans were reviewed at least monthly or sooner if there had been changes to people's needs. Where changes were identified, people's care plans was updated promptly and information about this was shared with all staff.

Staff were knowledgeable about the people they were supporting, knew what was important to them and provided support in line with people's needs and expressed wishes. For example, staff were able to explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently. Each person had a keyworker. This was a member of staff assigned to a person to make sure their care needs were met, and their choices about their care were known and respected. Staff told us that key working was a useful tool to help them build positive caring relationships with people and to get to know them well.

People told us staff supported them to make choices every day about their care. One person told us, "Staff asked if I wanted help with shaving and I told them I was growing a beard, which they were fine with." Another person said, "I like my clothes to be matching and today I decided to be in blue which the staff helped me with." We observed people were offered choices throughout the day. This included what they wanted to eat and what activities they participated in. For example, we observed staff asking people what they would like to eat for their breakfast and whether or not they wanted to join in a game of musical bingo being organised by the activities coordinator in the main lounge.

The provider responded to complaints appropriately. People and their relatives told us they felt able to raise a complaint if they had any concerns about the service provided at the home. One person told us, "If I'm unhappy about something I will tell the staff who are pretty good at sorting things out." Another person said, "I made a complaint about the food and the cook makes sure I get something different to eat whenever they make roast dinners." The service had a robust complaints procedure that was designed to ensure people's complaints were dealt with in a prompt and fair manner. The complaints procedure was openly displayed in the home and explained what people should do if they wished to make a complaint or were unhappy about the service they received. The provider had a positive approach to using complaints and concerns to improve the quality of the service. Complaints were dealt with by the registered manager. The complaints records showed that any concerns had been taken seriously, investigated and where required action taken and lessons learnt.

Is the service well-led?

Our findings

At our last inspection of the service in August 2015 we found the provider was taking appropriate action to ensure the service had a registered manager in post as they had applied to the CQC to be registered. The services manager was registered by the CQC in May 2016.

The provider had established governance systems to monitor and review the quality of care they delivered. Records indicated the registered manager and senior nurses undertook a range of audits at the home that included regularly reviewing care plans, medicines, infection control, fire safety and food hygiene. Through these systems the registered manager had identified several issues which they had begun to address, such as replacing damaged furniture in communal area.

However, these governance systems were not always operated effectively. Consequently, they had failed to identify a number of issues we found during this inspection which related to the maintenance of equipment used in the home and pre-employment checks carried out on new staff.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people living in the home and their relatives. The provider used a range of methods to gather stakeholder views which included regular meetings for people living in the home and their relatives, and monthly satisfaction surveys. All the satisfaction surveys that had been completed and returned to the provider by people's relatives in the past 12 months were complimentary about the service and the care their family members had received at the home.

The provider valued and listened to the views of staff working in the home. Staff spoke favourably about the registered manager's leadership qualities and said they were always approachable and supportive. One member of staff told us, "You can talk to the manager about anything. She's very approachable and her office door is always open." Another member of staff said, "I think we work well as a team, and a lot of that is down to the way the manager runs the home." Staff meetings were held monthly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments in the home.

The registered manager and staff worked closely with the local authority, the clinical commissioning group (CCG), acute and community healthcare services to review joint working arrangements and to share best practice. For example, staff regularly attended training provided by an NHS palliative care nurse to learn more about how best to support and care for people living in a nursing home who needed end of life care.

The registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations for ensuring compliance with CQC registration requirements and for submitting statutory notifications of incidents and events involving people using 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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way because the registered person had not ensured equipment used by the service was always safe for its intended purpose. Regulation 12(2)(d)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective governance systems or processes to ensure they assessed, monitored and improved the quality and safety of the services they provided to service users. Regulation 17(1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not operate staff recruitment procedures safely to ensure service users were not placed at unnecessary risk of receiving inappropriate care and support from people who might not be 'fit and proper' or of 'good' character. Regulation 19(1)(2) & (3)