

The Grange Care Centre (Cheltenham) Limited

The Grange Care Centre (Cheltenham)

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?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

We inspected The Grange Care Centre on the 5 and 6 October 2016. The Grange provides accommodation and nursing care to older people; many of the people living at the home lived with dementia. The home offers a service for up to 60 people. At the time of our visit 53 people were using the service. This was an unannounced inspection.

We last inspected the home in January 2016 and found the provider was not always meeting the regulations. We found people did not always receive their medicines as prescribed, were not always protected from the risks of infection and their care plans did not contain necessary information about their care. Staff did not always have the training and support they needed to meet people's needs and the provider did not have effective systems to monitor and improve the quality of service people received. Following our inspection in January 2016, the provider issued us a plan of the actions they would take to meet these breaches in regulation. At this inspection we found some appropriate action had been taken but other actions were still work in progress. One breach had been repeated from our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 did not always receive their medicines as prescribed. We discussed this concern with the registered manager who took immediate action. People's care plans were not always current and accurate. The registered manager had a clear plan in place to ensure all people's care plans and risk assessments were reviewed and updated.

People and their relatives were positive about the home, the staff and management. People told us they were safe and looked after well in the home. Staff managed the risks of people's care and understood their responsibilities to protect people from harm.

People benefitted from activities and person centred care. There was a friendly, pleasant and lively atmosphere within the home. People also enjoyed the time they spent with each other and staff and carrying out activities. People were offered choices about their day. People and relatives told us they felt listened to and able to raise concerns or suggestions.

People had access to plenty of food and drink and received a diet which met their needs. Staff ensured their on-going healthcare needs were met.

People were cared for by staff who had access to the training they needed to meet people's needs. The registered manager had a clear plan for staff to have the training they needed and to professionally develop. All staff felt supported by the registered manager and provider.

Staff were supported by a committed registered manager. There were enough staff with appropriate skills deployed to meet the needs of people living at the service and support them with activities. Staff spoke positively about the home and the registered manager.

People and their relatives spoke positively about the management of the service. The registered manager ensured people, their relatives and external healthcare professionals' views were listened to and acted upon. The registered manager and provider had systems to assess, monitor and improve the quality of service people received at The Grange Care Centre (Cheltenham).

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 could not always be assured they would receive their medicines as prescribed.

The environment was maintained and staff were aware of how to protect people from the risks associated with their care.

Staff understood their responsibilities to report any concerns to the manager.

There were enough staff deployed to meet the personal care needs of people.

Is the service effective?

Good ●

The service was effective. Care staff had access to the training and support they needed to meet people's needs. The registered manager had a clear plan of training for staff working at the home.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their day.

People received the nutritional support they needed. People were supported with healthcare appointments.

Is the service caring?

Good ●

The service was caring. Care staff and nurses knew people well, what was important to them.

People's dignity was promoted and care staff assisted them people to ensure they were kept clean and comfortable.

Care staff engaged with people positively.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. People's care plans were not always current and accurate. The registered manager had a plan to ensure care plans were improved.

People had access to activities and events which they enjoyed.
People were supported to maintain their personal relationships.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

Good ●

The service was well led. The registered manager and provider had ensured there were systems in place, which could be regularly accessed in order to, monitor and continually improve the quality of service people received.

People and their relatives' views regarding the service were sought and acted upon.

Relatives, healthcare professionals and staff spoke positively about the direction of the service.

The Grange Care Centre (Cheltenham)

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 was 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 the 5 and 6 October 2016 and it was unannounced. The inspection team consisted of 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. The expert had experience and knowledge of caring for older people.

At the time of the inspection there were 53 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with three healthcare professionals, including social care commissioners and safeguarding teams.

Due to CQC inspection scheduling changes a Provider Information Return (PIR) was not available. 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 took this into account when we inspected the service.

We spoke with five people who were using the service. We also spoke with six people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight care staff, two registered nurses, an activity co-ordinator, the chef, the home administrator and the registered manager. We reviewed seven people's care files, six care staff records and records relating to the general management of the service.

Is the service safe?

Our findings

At our last inspection in January 2016 we found that people did not always receive their medicines as prescribed and staff did not always keep an accurate record of when they supported people with their medicines. People were not protected from the risks of infection as they did not have their own individual moving and handling slings. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet this. At this inspection we found some appropriate action had been taken to address these concerns, however people were still at risk of not receiving their medicines as prescribed.

People did not always receive their medicines as prescribed. One person was prescribed medicines which needed to be administered at specific times to help with their ongoing healthcare needs. A nurse explained the importance of the person having this prescribed medicine and the possible impact not receiving the medicine could have on their well-being. When we checked the person's medicine administration record and their prescribed medicines, we found more doses of their prescribed medicine than we expected to see. On two occasions the person had not received their medicine as prescribed, although nursing staff had signed to document this medicine had been administered. We discussed this concern with the registered manager, who implemented an immediate procedure for nursing staff (including agency staff) to follow.

Although action and improvements had been made regarding the administration of people's prescribed medicines, there remains a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's prescribed medicines were kept secure, and staff ensured when medicines were taken from the labelled boxes that the date the boxes were open was recorded. Where people were prescribed medicines 'as required' such as pain relief medicines, there were clear protocols in place of how and when people could take these medicines to protect them from harm.

People could be assured the premises were safe and secure. A maintenance worker carried out safety checks on the premises. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Regular fire evacuation drills were carried out to ensure staff understood the actions they needed to take in the event of a fire.

People were protected from the risk of infection. Since our last inspection the registered manager had ensured all people who required a sling had their own personal sling. This ensured people were protected from the possible spread of infection. Care staff had the equipment and training they needed to protect people from infection. People were cared for in a clean and safe environment. People who spent some of their time walking with purpose around the home were protected from risks in their environment. For example, rooms which contained equipment and chemicals that could harm people were kept secured. When domestic staff used cleaning products they ensured these were never left unsupervised.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person was at risk of pressure sores, their care plan had information on how they should be assisted with their mobility and the pressure reducing equipment they needed. Where people had pressure relieving equipment, such as pressure reducing mattresses, these had been set in accordance with their weight. This ensured they were protected from the risk of damage to their skin.

People told us they felt safe in the home. Comments included: "I'm safe, I am very happy" and "I feel safe". Relatives told us they felt their loved ones were safe at The Grange. Comments included: "I have absolutely no concerns"; "I think it's a good safe home" and "I'm very happy with the way they're (relative) looked after."

People were protected from the risk of abuse. Care and nursing staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I'd go to my team leader or the manager". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "I would go to local authority safeguarding or CQC if I felt people were unsafe". Staff told us they had received safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC.

People and their relatives told us there were enough staff to meet their needs. Comments included: "They are always around. They do so much for people"; "I know most of the staff, there is always a member of staff around" and "I have no concerns around staffing".

There was a calm and homely atmosphere on both days of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff told us there were enough staff available in the week to meet people's needs. Care staff raised concerns around staffing at weekends, however spoke positively that action was being taken to address these concerns. Comments included: "We have enough staff if everyone turns up. Sickness is an issue, we manage but we're pressured. The manager is aware and things are improving"; "Staffing levels are going up. Weekends are not as good as the week, however we meet all people's needs" and "My main concern is staffing at weekends, we seem to struggle at weekends, it can be stressful". The registered manager informed us they had recruited new care staff and action was being taken to address staffing concerns. The registered manager had identified the number of staff needed to ensure people were kept safe. Staff rotas showed on the days of our inspection and other days, there were an agreed number of staff in line with the provider's expectations to meet people's needs.

Records relating to the recruitment of new nursing and care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Where nurses were employed a record of their registration to the Nursing and Midwifery Council was obtained by the service.

Is the service effective?

Our findings

At our last inspection in January 2016 we found that staff did not always have the training and support they needed to meet people's needs. This was breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet this. At this inspection we found appropriate action had been taken to address these concerns.

People were supported by staff who had received effective training to meet their needs. People and their relatives felt staff were well trained. Comments included: "The staff are brilliant. They are absolutely fantastic. The staff always seem to have a strategy to help him"; "They (the staff) always check things through. I think they're all really on the ball" and "They are all amazing to me."

Care staff told us they felt they had the training they needed or could access this training on request. Comments included: "I've got the training I need to meet people's needs"; "Yes, I do have the skills. However, I would always like more training" and "We have most training however I would like more training in relation to dementia, how to deal with different residents." Most people who lived at The Grange Care Centre Cheltenham lived with dementia. We discussed staff training in relation to dementia with the registered manager. They informed us they had identified staff training needs and were going to provide more dementia training where a need had been identified or staff had requested support.

The registered manager informed us they were looking to up skill care and nursing staff using "train the trainer" courses to ensure more informal training and support could be provided within the home. One member of staff had gone to another of the provider's services to complete a "train the trainer" course in moving and handling.

Staff told us they could request additional training including qualifications. The registered manager had completed an appraisal with care and nursing staff to identify their individual training needs and requests. Additionally care staff felt confident about requesting additional support from the registered manager. One member of staff explained how they asked for communication training following the death of a person living at The Grange. They told us, "In appraisal I asked about how to communicate with people's relatives. I was given access to specific communication training. I feel they (the registered manager) has my best interests at heart." Another member of staff told us, "I wanted more end of life training. I discussed it with the manager and they are going to organise it. All training is obtainable. I think we're lucky." Another member of staff spoke positively about the training they had received including their access to professional qualifications in health and social care. They were also being supported to access a professional qualification in relation to team leading.

New staff were required to complete an induction programme which included shadowing a colleague as well as reading policies and documents relating to the home. New staff were also expected to complete a series of eLearning courses before they started to work at the home or within 12 weeks of employment.

Care staff had access to supervisions (one to one meeting) and appraisals with their line manager or the registered manager. Staff told us they had received appraisals which enabled them to discuss any training needs or concerns they had. Staff also told us they could always meet with the registered manager to discuss concerns when necessary.

Where people were at risk of choking or malnutrition they had a diet which protected them from these risks. For example, people who were at risk of choking had access to a diet which met their needs and included soft or pureed meals and thickened fluids. Care and nursing staff knew which people needed this support. Care staff were aware of people's needs and promoted appropriate choice. Where staff had identified people were at risk of malnutrition, they monitored the food people had and provided plenty of gentle encouragement.

People told us they enjoyed the food they received. Comments included: "I have plenty to eat and drink"; "So far the food has been decent, there is a lot of it" and "There is different food available for me. I like the meat." One relative told us, "I always feel welcome here; they offer me food and drink. It's good." People had access to drinks throughout the day. Care staff supported people to have their breakfast when they choose. People and their visitors had access to fruit and snacks throughout the day. We observed care staff ensuring people had access to all the food and drink they required.

People's special dietary needs were catered for. The chef was informed of people's preferences and dietary needs on arrival. The chef was also informed if people lost weight or required a change in diet to meet their needs; this information enabled them to ensure people's dietary needs were maintained. The chef told us they had received lots of compliments and their focus was providing "Good home cooking."

Staff had undertaken training on the Mental Capacity Act (MCA) 2005. The registered manager had also completed advanced training provided by the local authority to ensure the MCA was correctly applied within the home. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed a good understanding of this legislation and were able to tell us specific points about it. One member of staff told us, "We never assume someone doesn't have capacity to make a choice. It's all recorded in their care plans." Another staff member said, "We offer choice for people. Some people can't communicate their choice verbally, however if you provide a couple of options, such as meals, drinks or clothes they're able to decide."

The registered manager and nursing staff ensured people's capacity to consent to their care had been recorded. Where staff were concerned a person did not have the capacity to make a specific decision, they completed a mental capacity assessment. These assessments clearly documented if the person had capacity to make the decision. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they left the home without support. The registered manager had made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example,

records of appointments with healthcare professionals were clearly documented on people's records. GPs spoke positively about changes being made in the home and hoped communication between the home's staff and the GPs would improve following a meeting with the registered manager. They spoke positively about the registered manager's willingness to improve the service. Relatives also spoke positively about the support their loved ones received to attend medical appointments. One relative told us, "A carer helped me take (relative) to hospital. There is good continuity and if you need help, they'll find it for you."

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Comments included "We are very happy with the care here"; "If I won the lottery I wouldn't place him anywhere else. It's brilliant for him"; "I think it's a good home, good care"; "I'm happy here, definitely" and "I'm very happy here. It's lovely." A healthcare professional told us, "The care is good, and the care staff are very caring."

Care staff interacted with people in a kind and compassionate manner. Staff adapted their approach and related with people according to their communication needs. They spoke to people as an equal. They gave them information about their care in a manner which reflected their understanding. For example, one person was assisted with their meal by a member of staff. The staff member promoted the person's independence, assisting them with their cutlery, the person then started to eat their meal independently, while the care staff encouraged them. The person smiled when asked if they enjoyed their meal.

Care workers knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one staff member was able to tell us about how they engaged people in conversation about things which were important to them. They said, "I talk about Cheltenham Town Football Club. I always talk about football with them. We took one person to watch a game."

People were cared for by care staff who were often attentive to their needs. For example, care staff knew when people's needs had changed and ensured the physical and emotional support they needed was provided. For example, one staff member told us how they reassured someone whose needs had changed. They said, "You have to engage with people, give them encouragement and support. One person has hallucinations, we help to reorientate and reassure them. They can't communicate and talk about it now, however they like us to hold and squeeze their hand, and you can see in their eyes it helps them be calm."

People were able to personalise their bedrooms. Some people had items in their bedroom which were important to them, such as pictures of people important to them. One person talked proudly about their room and how it had been set up so they could see staff walk past their door. People were able to take visitors to their rooms and were supported to maintain personal relationships.

People were treated with dignity and respect. We observed care staff assisting people throughout the day. For example, two care staff assisted one person with their repositioning. They talked to the person throughout ensuring they were comfortable. Where the person became agitated, they reassured the person. The person was engaged and involved throughout the move. Care staff told us how they ensured people's dignity was respected. They made sure people's bedroom doors were closed and their curtains were drawn when providing personal care. One person told us, "I think they're (staff) respectful." A relative told us, "I really think they care for and respect the residents." All staff told us how they ensure people are treated with dignity and respect. One member of staff told us, "We always have to make sure doors and curtains are closed. During personal care we don't rush people; we make sure people are covered up. We want them to feel comfortable."

People were supported to make advanced decisions around their care and treatment. For example, one person was asked for their views on where they would wish to be treated in the event of their health deteriorating. The person, with support from their family, had decided they wished to be cared for at The Grange Care Centre and not go to hospital for any treatment which may prolong their life and not improve the quality of their life. A 'Do Not Attempt Cardio Pulmonary Resuscitation' form was in place which stated they did not want to receive active treatment in the event of heart failure.

Is the service responsive?

Our findings

At our last inspection in January 2016 we found that people's care plans and risk assessments did not always reflect the needs of people. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet this. At this inspection we found appropriate action was being taken however care plans still required improvement to be able to give staff sufficient up to date information and guidance, however people were not being placed at risk due to this concern. This breach was not fully met but the registered manager was reviewing and rewriting people's care plans in order to fully achieve this. The registered manager had a deadline for nursing and senior care staff to complete this work by the end of October 2016.

People's care needs were documented in their care plans. Most of the care plans we reviewed had been updated and provided a clear record of the support people needed with all aspects of their individual needs. This included support around moving and handling, medicines, dementia care and nutrition. Not everyone's care plans had been updated and information identified by care staff or nurses had not always informed people's written care plans. Staff would need to read all the care plans and review notes to have a full understanding of the person's needs. For example, one person's healthcare needs had significantly changed prior to our inspection. While staff had documented these changes and were aware of how to care for the person, the person's care plans had not been updated. The registered manager told us they had a clear plan in place to ensure people's care plans were current and accurate. They had assigned nurses and senior care staff to review and rewrite people's care plans.

Where staff were monitoring people's fluid intake, staff kept a clear record of the support people received. Staff knew how much fluid each individual person required on a daily basis. Ongoing daily records were maintained by care staff and were often detailed providing a clear record of the support people had received to meet their needs.

People and their relatives spoke positively about their social life in the home. Comments included: "I don't ever feel bored"; "I think there is a lot of engagement" and "There does seem to be lots of things going on." A healthcare professional told us, "The home have excellent proactive activity coordinators who are members of the Activity network meetings. They have also recently set up a memory clinic at Middleton House (a supported living building on the same site as The Grange)."

People had access to activities, events and interests which they enjoyed. We spoke with one of the home's activity co-ordinators who told us about the activities and events planned at The Grange Care Centre. They told us activities were provided in groups and for people to enjoy one to one activities if they were unable to enjoy group activities. The activity co-ordinators also organised regular trips outside the home, to local parks, out for lunch and to the Middleton House to have coffee.

People who lived with dementia had access to effective stimulation. The home had activity aprons which people could use when with care staff. Aprons had buttons and buckles on which people could fiddle and

play with. The home also had a sensory room and sensory items which could be taken into people's rooms. The home had also joined SONAS (evidence-based, therapeutic activity for people who have dementia), to add a further dimension to the sensory enjoyment for people. The home organised two church services a week which enabled people to continue meeting their religious and spiritual needs. One relative said of the activity co-ordinator, "They have really lifted (relatives) spirits by the personal attention and care that they have shown."

People enjoyed meaningful engagement from staff at The Grange Care Centre. We observed care staff taking time to engage people in ad hoc activities. For example, care staff engaged people in a sing-along being carried out by one person's relative. Another person wished to go into the home's garden for a chat. Staff respected this person's request and took the time to sit with them outside. Throughout our inspection we observed care staff and nurses engaging people with dancing and discussions. People were clearly comfortable with the care staff.

People and their relatives knew how to make a complaint to the provider. People confirmed they knew who to speak to if they were not happy. One person told us, "I know I can go to the manager if things aren't right". One relative told us about a complaint they had recently made to the registered manager and they had been happy with the outcome. The registered manager kept a log of compliments, concerns and complaints. Where complaints had been received the registered manager used these to drive improvements within the service. For example, following one complaint the registered manager sought advice of local authority end of life specialists and was arranging end of life training for all staff.

Is the service well-led?

Our findings

At our last inspection in January 2016 we found that the provider had not ensured that systems were in place and regularly undertaken to sufficiently assess, monitor and continually improve the quality and safety of the services provided, including the quality of the experience of service users in receiving those services. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet this. At this inspection we found appropriate action had been taken to address these concerns.

The home had a registered manager, they had been appointed prior to our inspection in January 2016 and they had now been registered with the Care Quality Commission. People and their relatives spoke positively about the registered manager stating they were approachable and had made positive changes to the service. One relative told us, "They are very approachable. We haven't had that for a while, so it's really positive to know someone is in charge. The communication is good, it's a well-run place." Another relative told us, "The quality of care and communication between relatives and the home has improved since the new manager came in" and "there has been a big improvement." Three healthcare professionals spoke positively about changes to the home. Comments included: "(Registered manager) has always engaged with the Care Home Support Team and always welcomes us when we visit the home" and "I am positive that (registered manager) seemed to welcome my recommendations for improving communication."

Care and nursing staff spoke positively about the registered manager and felt the home was improving. Comments included: "(Registered manager) is hands on. There is good communication and she's the first person to say their office is always open. I frequently go to them and they always ask if I have what I need to work"; "They are really approachable and really open to anything. That's what makes it good to work here" and "(Registered manager) has changed a lot, a lot has improved. I think they are professional, she will get things sorted. I was impressed how they introduced themselves to all the residents and their relatives."

The registered manager and provided had implemented detailed audit systems to enable them to monitor the quality of care people received. This included audits in relation to infection control, the environment and people's prescribed medicines. The registered manager, deputy manager and head of residential care also carried out spot checks of the service during the night to ensure people received a good quality service. Where concerns or shortfalls had been identified, actions were added to the registered manager's improvement plan for the service and addressed. For example, concerns had been identified about record keeping during night shifts. Actions had been implemented through team leader meetings which were now being followed.

People and their relative's views were sought and acted upon. The registered manager carried out a survey of people, their relatives and other stakeholders. They met with relatives through frequent relatives meetings. Relatives had requested that a new noticeboard be put up detailing which members of staff was in charge at the weekends. The registered manager informed us this was an action they were taking forward. Relatives had used these meetings to discuss ongoing healthcare and their ideas for improvements. The

registered manager used these meetings to discuss improvements they had made to the service and convey important information such as changes to the home and staff changes. For example, in one meeting the registered manager discussed that they had set up a contact with an opticians firm to ensure people had access to optical (eye) appointments.

The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been notified of these events when they occurred. The registered manager and the provider also responded to any concerns raised to the service and carried out full investigations. For example, in 2016 an anonymous concern was raised regarding the service, the provider undertook a full investigation and used their investigation to drive further improvement.

Accident and incidents that occurred in the home were monitored. The registered manager said he used this data to identify any areas or patterns of concerns. For example, the data allowed him to pinpoint specific locations and times when falls were more prevalent. This meant that he could ensure more staff were in place, at this time, to keep people safe.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the home and where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without the fear of reprisal.

Staff told us they felt supported by the registered manager and provider to take on extra responsibilities. Two staff spoke positively about their access to a team leader qualification. They also spoke confidently about how their views were listened to and respected during team meetings. Staff understood the registered manager's values and agreed with these. The deputy manager told us, "The home has got so much potential. (Registered manager's) ideas and visions for the home are really good."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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
Treatment of disease, disorder or injury	People did not always receive their medicines as prescribed. Regulation 12 (f).