Saxon Lodge Residential Home Limited

Saxon Lodge Residential Home Limited

Inspection report

30 Western Avenue,
Bridge, Canterbury, Kent CT4 5LT
Tel: 01227 831737

Date of inspection visit: 5 November 2014
Date of publication: 02/03/2015

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

Overall summary

This inspection took place on 5 November and was unannounced. At the previous inspection in December 2013, we found that there were no breaches of legal requirements.

Saxon Lodge Residential Home Limited provides accommodation and personal care for up to 23 older people. There were 21 people living at the home at the time of inspection. The accommodation is over two floors and upstairs bedrooms can be accessed by a passenger lift. There is a communal lounge, dining room and a garden with seating.

There was no registered manager at the service on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

There were not enough staff on duty to make sure that practices in the home were safe and to respond to emergencies. Three people out of 21 required two staff to support them with their mobility needs. However, there were times when only two staff were available . If staff were supporting one person who required two staff, no other staff were available to respond to the needs of the other people who lived in the home.

The homes' procedures were followed in undertaking checks on all staff's before they started work at the home.

Quality assurance systems were not robust as they had not identified the shortfalls in staffing at the home.

The home sought feedback from people who lived there and their relatives by using a quality questionnaire. Although questionnaire contained mainly positive views, the results had not been analysed to identify any shortfalls and therefore take the appropriate action to improve the service.

Staff stored and managed medicines safely, but a recommendation has been made about how to record controlled drugs in line with current guidance.

Visitors felt safe leaving their relatives in the care of the staff at the home. Staff understood how to recognise abuse and to report their concerns. There were policies and procedures in place for managing risk. Risk assessments were centred around the needs of the person to be as independent as possible.

The home kept the premises and equipment well maintained to ensure that it was in good working order.

Staff had regular training to ensure that they had the right knowledge and skills to meet people's needs effectively.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Care plans contained mental capacity assessments and DoLS applications had been made to ensure that three people were not deprived of their liberty.

People experienced positive outcomes regarding their health. Appropriate referrals were made to health and social care services. Assessments were made to identify people at risk of poor nutrition and for other medical conditions that affected their health. People said that the food was good and mealtimes were relaxed.

People's care, treatment and support needs were clearly identified in their plans of care. They included peoples choices and preferences. Staff knew people well and understood their likes and dislikes. They treated people with kindness and respect, but said that they did not always have enough time as they would like to spend with people. People were positive about the staff support that they received. They said that staff looked after people well and that staff were friendly and helpful

People were offered a range of activities which they said that they enjoyed. This included trips out into the community. However, the number of activities had reduced as the activities coordinator had recently left the home.

Staff understood the aims of the home, their roles, were motivated and had confidence in the deputy manager's management of the service. There was good communication in the staff team and that everyone helped each other.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

The home followed its own policy when recruiting new staff, but there were not always enough staff to provide the support that people needed.

Staff were trained to meet the needs of people who lived in the home and they knew how to recognise and report abuse.

The home and its equipment were checked and maintained. Assessments were undertaken of any risks to people who used the service and staff, and written plans were in place to manage these risks.

Is the service effective?

Good

The service was effective.

Staff had regular training to ensure that they had the skills and knowledge to meet people's needs. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff appropriately supported people with their medicines and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring.

People felt well cared for and we saw staff communicated with people in an individual manner.

Staff knew people well, knew their likes and dislikes and treated them with dignity.

People were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in plans about their care needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

People were offered a range of activities and had access to the local community.

People knew how to raise any concerns and staff knew how to respond to them appropriately.

Summary of findings

Is the service well-led?

The service was not well-led.

There was no registered manager in post. There were systems in place to assess the quality of the service, but these were not effective as the provider had not identified or taken any action to address the shortfalls in staffing at the home.

The deputy manager supported the staff team well and staff were aware of their roles, responsibilities and the aims of the home.

People who lived in the home and their relatives were asked for their opinions, but their views were not collated so that action could be taken to address any negative views.

Requires Improvement

Saxon Lodge Residential Home Limited

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 inspection took place on 5 November and was unannounced. It was carried out by two inspectors.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR, but not within the set time scale. We also obtained feedback from a district nurse and nurse practitioner.

We spoke to nine people who lived in the home, five relatives/friends of people who lived in the home and a visiting health care professional. Conversations took place individually with people and/or their relatives in the lounge and in people's own rooms. We spoke to the deputy manager, who was the acting manager of the service, and six staff. This included kitchen staff, care staff and senior care staff.

We observed staff helping people with food and drink at lunchtime, assisting people with their mobility needs and talking with people during the day. We saw the communal areas of the home and a number of bedrooms, when invited in by people who lived in the home. We spoke to two people who lived in the home and then looked at their care plans and spoke to staff about their care needs. This was to track how their care was planned and delivered.

During the inspection we viewed a number of records including three care plans, three staff recruitment records, the staff training programme, staff rota, medicines records, environment and health and safety records, risk assessments, staff team minutes, menus, compliments and complaints logs and quality assurance questionnaires.

Is the service safe?

Our findings

Relatives told us that they felt confident that when they left the home their relatives were safe and well looked after. People told us that their medicines were always given on time. A health professional told us that the deputy manager sought advice about changes to people's medication.

There were not enough staff to meet the needs of the people who lived in the home. Staff said that they were very busy and that they did not have time to spend with people. There had been an increase in the number of people living in the home, however, there had not been an increase in staffing numbers. The home did not have a formal system to assess how many staff were required based on people's dependency levels and needs. Three staff, including a senior and two care staff, were on duty during the day. However, three people required two staff to help them with their mobility. The deputy manager was also available during the week and was often involved in supporting people with their care needs. They were involved in people's personal care needs on a regular basis. This took them away from her duties of managing the home. The senior and deputy manager were also responsible for administering medication, contacting health care professionals and relatives and supporting the staff team. This meant that at times they were not always available to support the two care staff on duty.

The cook was employed five days a week. On the other two days a week, care staff were responsible for preparing food, taking them away from their care duties. On these days there were only two staff available to support the people who lived in the home. There were also only two staff available at night time. When two staff were attending to one person, no other staff were available to assist other people who lived in the home. Therefore, no staff were available to notice potential risks at night and during the day to ensure that people remained safe.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff knew how to recognise and report any poor practice in the home, so that action could be taken to address it. Staff told us that they had received refresher training in how to safeguard people the day before our inspection. They said that this training included the different types of abuse and the signs to look for to indicate that abuse may have taken place. Training records confirmed this. Staff knew to report any concerns to the most senior person on duty. They felt confident that they would be listened to, but that if their concerns were not taken seriously, they said that they would refer them to the local authority, Care Quality Commission or the police. Staff demonstrated that they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff understood which member of staff to talk to and said that they could also speak directly with the home owner. The home had a copy of the document "Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway". This contained guidance for staff and managers on how to protect and act on any allegations of abuse.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity. They included clear guidance for staff about any action they needed to take to make sure people were protected from harm. For one person it had been assessed that they were at risk of their skin breaking down. Guidance directed staff to check areas daily, to apply medicated cream and to use a pressure relieving cushion. Risk assessments were reviewed each month, or when people's needs changed, to ensure that they contained up to date guidance.

The deputy manager carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was fit for use. There were checks to ensure that equipment was in good working order such as the nurse call system, and to ensure that people lived in a safe environment, such as making sure that the water was maintained at a safe temperature. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they could be safely evacuated in the event of a fire. Environmental risk assessments were also in place to minimise the risks of people living and working in the home from hazards such as slips, trips and falls, poor lighting and loose wiring. Every six months, each room in the home was looked at in detail to ensure that it provided a safe environment. Risk assessments identified any actions needed, and highlighted the action that needed to be taken to minimise the risk that was presented to people.

Is the service safe?

The kitchen had been visited by the Environmental Health Officer at the end of 2013, and had been awarded a high rating of five stars for food hygiene. At the time of our inspection the kitchen was undergoing a complete refurbishment and fitting with new equipment. This was to ensure that the kitchen provided a safe environment for kitchen staff. A temporary arrangement was in place to use another room as the kitchen, while this work was being carried out.

Accidents and incidents were reported to the deputy manager. These were audited each month to see if there were any patterns or trends. For example, to see if a person who had a number of falls were falling at the same time of day or night. This provided information to assess if staff could take any further action to lessen the risks.

Recruitment and selection processes in place for three staff who had recently been employed at the home. We saw that staff had completed an application form, including a history of their previous employment. Applicants were asked to attend an interview at the home and a record was kept of the interview, which showed that staff were asked questions about their role and their experience.

Records showed that the home was undertaking checks before applicants started to work at the home. The practice of the home was that two written references were taken up along with other appropriate checks, including identity checks and criminal record/barring and vetting checks. Two references were in place for each applicant and one written reference was being re-applied for which showed that the provider was following its recruitment procedure.

The provider managed the storage, recording and administration of medicines effectively and securely. Medicines were stored in a locked stock cupboard and in a medicines' trolley. The trolley was kept in a locked cupboard and secured to the wall when not in use. This meant that medicines were stored safely and securely. The store cupboard and the trolley were clean and in good order. All the medicines were in date. Medicines with a short shelf life, such as eye drops, were routinely dated on opening to make sure that they were given before they became unsuitable to administer. Controlled drugs (CDs) were stored in a controlled drugs cupboard which met legal requirements. The controlled drugs register was clearly maintained. However, some CD's which relevant guidance recommends should be checked and signed by two staff, had only been signed by one person.

We recommend that the provider follows the National Institute for Health and Care Excellence (NICE) guidance for "Managing Medicines in Care Homes" published 14 March 2014 in relation to administering controlled drugs.

Medicines were received into the home from the pharmacy each month. The deputy manager or a senior member of staff checked all medicines to ensure that they tallied with the medication administration record (MAR) printed by the pharmacy. However, medicines received into the home at other times, which had been handwritten on the MAR, had only been checked by one member of staff. This meant that there maybe a risk that medicines and their dosage being incorrectly transcribed from the pharmacy records to the MARs.

Most medicines were administered using a monitored dosage system of "blister packs". This helped to ensure that people were given the right medicine as prescribed by their doctor. Medication administration records (MAR) were clearly and accurately completed and included clear directions for staff.

Is the service effective?

Our findings

People said that the food was good and they were always given a choice and asked what they wanted before meal times. One person told us, “I think the food is very good really. I am able to choose what I want, and it is always very nice”; and another person told us, "The food is lovely.”

People were supported in maintaining a balanced and nutritious diet. People had two choices of a main meal at lunchtime, but they could request something else if they wanted to. The cook told us that sometimes she cooked as many as six different dishes for people. There was one main dessert, but ice-cream or yoghurts were always available. At tea time there was usually a hot option such as jacket potatoes or something on toast, or sandwiches and cakes. Drinks and biscuits or cakes were served mid-morning and mid-afternoon.

The cook was familiar with people’s different dietary needs, and knew if people had a soft diet, or other diets such as vegetarian or diabetic. They explained that they fortified foods with items such as butter and cream for people who were at risk of poor nutrition, or had low weights. People at risk of malnutrition, and newly admitted people, had a record maintained for their food and fluid intake to asses if they were receiving adequate nourishment.

Most people went to the dining room for their meals, and this was encouraged to enable people to socialise. We observed the lunchtime meal and saw that people were offered a choice of cold drinks, were given different portion sizes and were sensitively supported by staff. For example, staff checked if people had finished before removing their plates, and asked if people wanted second helpings. Two people stayed in their own rooms for their meals due to their health needs. Staff sat alongside people who required support to eat and drink and engaged them in gentle conversation.

The home had reliable procedures in place to monitor people’s health needs. People’s care plans gave clear written guidance about people’s health needs. This included assessments and information about how to support people with their nutritional, skin care and continence needs. New staff were given a handover sheet with a clear summary of each person’s health needs, so that they could get to know people’s individual needs quickly. Visiting health professionals told us that the home contacted them appropriately when they had a concern. They said that staff knew people well, that if they required any information about people in the home, it was always available, and that any advice they gave, was always followed.

To monitor people’s health, the home weighed people monthly and took action to address any significant weight loss, such as contacting the dietician or doctor for advice. People’s blood pressures were taken each week. This provided the doctor with a record of their usual blood pressures so that it was easy to identify if there had been any significant changes. Referrals were made to other health professionals as needed such as the doctor, chiropodist, dentist, dietician and dermatologist.

New staff received a formal induction which consisted of an in-house induction and Skills for Care’s “Common Induction Standards (CIS). CIS are the standards people working in adult social care need to meet before they can safely work unsupervised. For the first week new staff shadowed senior staff and did not carry out any personal care tasks. In the second week their competency was assessed by senior staff to make sure that they were able to work unsupervised. An appraisal was carried out after the first three months before their on-going employment was confirmed.

All staff on the day of the inspection told us that they received plenty of training whilst working at the home. The staff training records showed that there was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding and dementia care. There was also a detailed analysis for each staff member to show when they had completed each training course. Some staff had undertaken specialist training in diabetes and nutrition. Six out of 17 care staff had achieved Diploma/Qualification and Credit Framework (QCF) level two and three. These build on the common induction standards and are nationally recognised qualifications which demonstrate staff’s competence in health and social care.

Support for staff was achieved through regular individual supervision sessions with a senior member of staff. Staff

Is the service effective?

found supervision useful as they got good feedback on how they were performing their duties. If there was a particular issue that needed to be discussed, that the home owners would also take part in the supervision.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this. Care plans showed that where relevant, people had a mental capacity assessment carried out. These showed if people could make day to day decisions such as choosing their own meals or clothes, but that they may not be able to make more complex decisions. If people did not have the capacity to make more complex decisions then a senior staff member would arrange a meeting with the person, their next of kin or representative, and with health and social care professionals, to make a decision in their best interests.

The deputy manager demonstrated that she understood the principle of the Mental Capacity Act 2005, that it should be assumed that people had the capacity to consent, unless assessed otherwise. A relative wanted a person to have a bed rail, which would prevent them from getting out of bed independently. This person had the capacity to make their own decisions. The doctor was contacted and it was agreed that a low nursing bed would be more suitable for this person's needs. One person's care records contained a do not attempt resuscitation (DNAR) form. This person had been assessed as having the capacity to make this decision for themselves. The doctor had discussed this decision with the person and their relatives, so that everyone was aware of the person's wishes.

The deputy manager had made applications for DoLS for three people in the home who had indicated that they wanted to leave the premises. The front door was coded to make sure that people, living with dementia, could not leave the premises without the staff support that they required to remain safe. These applications would ensure that an independent assessment was made as to whether these people were being deprived of their liberty, as they could not leave the home by themselves safely. The deputy manager said that she planned to make additional applications as the home used a door code to keep all the people who lived at the service safe.

Is the service caring?

Our findings

People said that they felt well cared for. All of the people that we talked with spoke positively about the support that they received from staff. People who had recently moved to the home said that they had been given good information before their move and that they and their relatives had been welcomed on arrival. Comments from people included, "It seems very nice here: the staff are very kind"; "It is more than adequate. They treat you like kings and queens here". One person, who had experienced a difficult situation said, "The kindness of the staff was unbelievable". They went on to say that, "Staff could not have been more caring. The staff are very dedicated." A number of people commented about the caring nature of the staff team in the homes survey questionnaire. One person commented, "I appreciate the kindness shown by the staff when I have depression, they listen and do their best to cheer one up and leave you feeling better".

People did not have to wait a long time for assistance, and we noticed that when people rang their call bells that the staff answered them promptly. One person told us, "I don't usually need to use the call bell, but I did once, and staff came straight away". In the home's quality assurance survey in July 2014, everyone said that their call bell was answered within thirty seconds to 1 minute.

People told us that staff had asked them about things that were important to them when they moved to the home. This included how people preferred to be addressed and if people preferred to stay mostly in their own rooms, or if they liked to socialise. Staff demonstrated that they understood people's likes and dislikes. They explained that one person liked to receive staff support to get up on some days, but not on other days. Staff explained that they respected this person's wishes not to get out of bed and that they asked them at regular periods afterwards, if they required staff support. Care plans contained information about people's preferences and information about their family history. Some people had a, 'This is me' plan, which included more details, people's life history and things that were important to them. This enabled staff to follow people's preferred lifestyles. People could change their daily routines, dependent on their mood and choices. For example, daily records showed that one person who was usually in bed by 9pm had chosen to stay and watch a television programme in the lounge and did not go to bed until 11pm that day.

People said that they were treated with respect by the staff team. In the home's quality assurance survey, people said that staff knocked on their door before entering, that their independence was promoted and that their wishes were attended to. Visitors to the home commented that people were respected in the way that attention was paid to their appearance and in celebrating special events. One visitor told us, "Staff are very attentive. She is always smartly dressed and has had her hair done nicely". A compliment had been received by the home which said, "Thank you for making Mum's 90th birthday special".

Staff communicated with people in a kind and individual manner. For example, some people walking around the home were confused about where they were going. Staff went up them and gave them choices about where they could go and supported them to get to their destination. A visiting health professional told us that staff knew and cared for the people who lived at the home.

Is the service responsive?

Our findings

People and relatives said that they were involved in planning their or their relatives care. One person told us that they were trying to make a difficult decision as to whether to stay at Saxon Lodge, or to move back to their own house. The deputy manager had arranged for an assessment to be carried out to check whether this person would be able to manage in their own home. Visitors told us that their relatives had soon settled into the home after their move. One person told us that they liked to have a shower every day and that staff had responded to their need.

People's needs were assessed before they moved into the home, so that a joint decision could be made about how their individual needs could be met. The assessment included all aspects of daily living such as managing personal care, mobility, nutrition and health. These assessments formed the basis of each person's plan of care. Care plans provided staff with suitable information and clear directions to enable them to care for each person. One person's plan stated that a person was not able to attend to their personal care needs, but that they were content for staff to assist them, with prompts and redirections when they needed it.

Some people preferred to stay mainly in their rooms, carrying out their own interests such as knitting, doing crosswords, reading or watching television. Other people liked to spend their time in the lounge. The activity coordinator no longer worked at the service so one of the providers was carrying out activities with people a few afternoons a week. These included quizzes, board games, exercises, musical events, cooking, arts and crafts and bingo. There were a lot of craft items and pictures on display in the dining room. Some people liked to help with daily tasks such as dusting and folding napkins. People were also able to go out for walks with staff in the village, mostly using wheelchairs as the distance was too far for them to walk. One person enjoyed a trip out to a new coffee shop the day before, and others said that they went out shopping sometimes. One person told us, "It is lovely to get out into the village as it makes you feel part of the community again." Positive comments were received from people who completed the home's survey questionnaire. These included, "There are a good range of activities offered"; "I enjoy physiotherapy"; and "I enjoyed the outing to Walmer Castle". Therefore, people were offered a range of activities that they enjoyed.

The home held a church service every month. Other events were arranged, such as visits from theatre groups, musical entertainment and parties for special events. The catering staff told us they arranged buffet party menus for these events, and people's relatives and friends were invited to join in. People were able to have visitors at any time, and told us that they were always made welcome. One person said "The staff always offer them a cup of tea as soon as they arrive".

People said that if they had any concerns that they would talk to the senior carer or the deputy manager. They were confident that ,"They would sort things out", if there was anything that needed addressing. One person told us that they had a minor complaint and were going to talk to staff about it. Their relative said that staff were always around and felt confident that their relatives concern would be addressed. Staff understood the home's complaints policy and said they would try and sort out any minor concerns that people had straight away. However, if the complaint was more serious they would contact a senior member of staff and make a record of the complaint. The providers were actively involved in the running of the home, and were available for people to meet with them if they had specific concerns. The complaints log showed that there had not been any complaints about the home during the last year.

Is the service well-led?

Our findings

There was no registered manager employed at the home. The previous registered manager left the home on 23 June 2014. The provider had carried out interviews for the post, but had not found anyone suitable for the role.

In the absence of a registered manager, the deputy manager was leading the home, supported by senior staff. The deputy manager was able to help us with all aspects of the inspection, locating information and documents as requested. The staff followed their lead in that the deputy manager was very clear about putting people first and ensuring that people were cared for in the ways that valued them as individual people. The deputy manager was very active in supporting people in the home, which took them away from their management responsibilities.

There was a high turnover of staff at the home. All of staff that we spoke to had been employed at the service for under a year. Senior staff and the deputy manager worked long days, as the day care staff had not received training in how to safely administer medicines. The providers worked at the home on a regular basis to provide care and support for people and agency staff were used to cover any shortfalls in staff at night time. The provider carried out audits of the service, but had not identified that there was not enough staff on duty to meet the needs of the people who lived in the home and therefore had not taken action to address this.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who lived in the home, their relatives and health and social care professionals were asked for their views about home, annually, through survey questionnaires. The last time this was carried out was in July 2014. The results had not been analysed to identify any areas where improvements could be made to the home. Feedback from the questionnaires was that people felt that they could make their own decisions and that there were a good range of activities on offer. Everyone rated the food as good or satisfactory. Overall, people responded that they were satisfied with the care at the home. Comments included, “The home is run very efficient, with a high degree of individual care. There is little improvement which could be undertaken. Overall a very pleasant place to spend ones retirement years”; “A homely atmosphere is always felt by family and visitors.”; and “Staff turnover has been a worry but this seems much better lately”. Health and social care professionals had responded that they felt confident with the ability of the staff and that they were knowledgeable about the people living in the home; that staff were professional in their presentation and communication; and that people’s documentation was clear and concise.

Staff were aware of the aims of the home. Their role was to encourage people to be more independent and to give them choice. Staff said that as it was a small home, that they got to know people’s likes and dislikes well. An ‘Employee of the month’ was nominated each month by the providers and senior staff, and the staff member who received the award was given a gift at the end of the staff meeting. Staff were also rewarded as a team for their good work each year, with chocolates and cakes.

Staff told us that the deputy manager was approachable and as they often worked alongside them, so they were accessible. Staff said that they could easily go to any member of staff if they had a concern and that everyone helped one another. They said that it was an enjoyable place to work because there was good communication in the staff team. Staff meetings were held monthly, and staff said they could speak freely and raise any issues at these meetings. The minutes for one meeting showed that they had discussed a variety of topics such as keyworkers’ responsibilities, staff training programme and checking care plans were up to date.

The providers and deputy manager carried out regular audits to monitor the on-going progress of the home. These included an audit for the numbers of staff who had started and left employment during the previous year, and the reasons for staff leaving. Other audits included a monthly medicines audit; environmental and health and safety audits; accident/incidents audit; and monthly care plan reviews. The audits were used to identify areas which could be changed to bring about further improvement to the home. For example, the kitchen was currently being refurbished as the need for this had become apparent as part of environmental audits.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People who use services were not supported by sufficient numbers of skilled and experienced staff, at all times. Regulation 22

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People were not protected against inappropriate or unsafe care and treatment as the home had not identified, assessed and managed the risks in relation to the people's staffing and care needs. Regulation 10 (1) (b)

This section is primarily information for the provider

Enforcement actions

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