Dr Lim Wyn

# St Mark's Nursing Home

**Inspection report**

145 Hylton Road
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Sunderland
Tyne & Wear
SR4 7YQ
Tel: 0191 567 4321

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

St Marks Nursing Home is a purpose-built care home. It provides nursing and personal care for up to 35 people, some of whom have dementia care needs. There were 29 people living at the home when we visited. This was an unannounced inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

During this inspection we found that the provider had not carried out recent checks to make sure nurses employed at the home were still registered to practice. On the day of this visit these checks were immediately carried out and were satisfactory. However, this delay meant that the home had not reviewed the continuing suitability of staff to carry out nursing care. This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

People were positive about the service they received. People and their relatives felt the care was safe. Most people felt they received the care they needed in a timely way. Relatives also felt there were sufficient staff to meet people's needs.

Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected.

Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision. People's safety was protected without compromising their rights to lead an independent lifestyle.

People and visitors had confidence in the skills of staff to meet people's needs. Staff had the relevant training and support to care for people in the right way.

People told us they felt their privacy and dignity was respected. Staff were sensitive to people's diverse needs.

People's health care needs were continually assessed, and their care was planned and delivered in a consistent way. Staff were knowledgeable about people's individual care needs.

People were supported to eat and drink enough to meet their nutrition and hydration needs. People had choices about what, where and when they ate their meals. There was a sociable atmosphere in the home and there were positive interactions between staff and the people who lived there.

People who used the service and their relatives felt the care was either "good" or "outstanding". They said any changes in their health needs were referred to the relevant health care agencies. Health care professionals felt the home responded quickly to any changes in people's needs.

People were asked for their views about the home and these were used to improve the service. People had information about how to make a complaint or comment and these were acted upon.

The provider had an effective system for checking the quality and safety of the service.

We found a breach of regulation in the requirements relating to workers. 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 always safe. Renewed checks about staff suitability to provide nursing care had been missed for a few months. This meant the provider did not know if nurses were still eligible to provide the nursing care at this home. (The checks were carried out during this visit.)

People said they felt safe and well cared for. Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, unless it was in their best interests.

There were sufficient staff to meet people's needs. Some people felt they occasionally had to wait a short time for attention, but staff were unrushed and were well organised.

**Is the service effective?**

**Good**

The service was effective. People were positive about the care and support they received. Most staff had worked at the home for several years and were knowledgeable about each person's needs.

People were supported to eat and drink enough to maintain their nutritional health. People and visitors were complimentary about the quality and variety of choices of meals.

**Is the service caring?**

**Good**

The service was caring. People felt staff were kind and friendly. People were assisted in a caring way that upheld their dignity.

People's individual preferences were respected and they were encouraged to make their own decisions about their daily lifestyle.

**Is the service responsive?**

**Good**

The service was responsive. People's care was monitored and staff worked with other health professionals to make sure people received the right care if their needs changed.

There were meaningful activities for people to join in, both in the home and the community. People and their relatives enjoyed regular social events at the home.

People knew how to make a complaint and were confident that these were dealt with effectively.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led. People were encouraged to make comments and suggestions about the running of the home. People, relatives and staff held committee meetings to make joint decisions about social events.

The registered manager had managed the home for several years. People, visitors and external health agencies had confidence in the way the home was managed.

People's safety was monitored and systems for checking the quality of the care service were effective. Staff said they felt well supported by the registered manager, and there was an open, inclusive atmosphere in the home.

# St Mark's Nursing Home

**Detailed findings**

## Background to this inspection

The service met the regulations we inspected against at their last inspection on 10 July 2013. No concerns had been raised since then.

We visited the home on 30 July 2014. The inspection team consisted of an adult social care inspector, a specialist advisor 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 service.

We spoke with 10 people living at the home and eight relatives. We also spoke with the registered manager, a nurse, four care workers, two members of housekeeping staff, a cook and an activity member of staff. We observed care and support in the communal areas and looked around the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of four people and the recruitment records of three staff members.

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 joined people for a lunchtime meal in the dining room to help us understand how well people were cared for.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted the commissioners of the service and the local healthwatch group to obtain their views. During and after the inspection we asked a range of health and social care professionals for their views about the service provided at this home, including a community occupational therapist and speech and language therapist.

Requires Improvement

# Is the service safe?

## Our findings

There were nine nurses employed at the home. All nurses who practise in the UK must be on the Nursing and Midwifery Council (NMC) register. Employers have to carry out regular checks to make sure that nurses remain registered with the NMC. We found the provider had previously carried out annual checks of nurses' registration. However, they had not carried out any NMC checks since March 2013. When we told the registered manager about this, the checks were immediately carried out and we saw that all nine nurses were still registered with the NMC. However this oversight had meant that the provider had not checked the continuing safety of staff to work within the scope of their role. This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

All the people we spoke with said they felt 'safe' and one person said no one would 'bully' them. People and their relatives were positive about the care provided and told us staff were "welcoming" and "kind".

One health care professional told us, "I have no concerns in regard to the duty of care at the home." Another health care professional who regularly visited the home told us, "I have no concerns. It's a very positive environment."

Staff had a good understanding of how to respond to safeguarding concerns. We spoke with nine members of staff who told us, and records confirmed, they had completed safeguarding training within the last three years. All were able to describe the potential signs of abuse and were clear about how to report any concerns. Also, people had information booklets in their bedrooms which included the home's safeguarding adults procedure.

There had been no safeguarding concerns reported to the local authority or to CQC since the last inspection. A commissioning officer from the local authority confirmed there had been no safeguarding concerns about the home during that time.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager was aware of the recent court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. The registered manager had made a DoLS application to the local authority in respect of one person who needed support from staff to go out. This meant the home was working collaboratively with the local authority to ensure people's best interests were protected without compromising their rights.

Risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for four people who were using the service. Each person had up-to-date risk assessments that were relevant to their individual needs. For example, these included risk assessments about falls, nutrition, pressure care and mobility. The assessments included management plans about how to reduce the potential risks to the person. The assessments were reviewed monthly or more frequently if people's needs changed.

The registered manager described how staffing levels were determined by the dependency needs of people based on their physical and health needs. On the day of this inspection there were two nurses (including the registered manager who was covering a vacant post) and four care workers on duty. There were also three housekeeping staff, two members of catering staff, an activities co-ordinator and an administrative staff. Staff told us, and the rotas confirmed, this was the typical staffing complement.

Most people we spoke with felt they received the care they needed in a timely way. Relatives also felt there were sufficient staff to meet people's needs. For example, one relative told us, "There's always enough staff on and they are always around to talk to." A healthcare professional who regularly visited the home told us, "There always seems to be plenty of staff around. They are always available to assist people, particularly over mealtimes."

Three people felt it would be better if there were more staff. Their comments included, "We could do with a few more staff" and "they need to employ more staff, I need to be turned in bed but I have to wait". We discussed this with the registered manager. She explained that most people needed two members of staff to support them with moving. The registered manager told us she was aware that people sometimes felt they had to wait a short time for assistance at these times but had instructed the staff to gently explain this to people so they could be aware of the reason for any delay.

There was an unrushed feel in the home and staff constantly asked people if they were in need of anything.

Requires Improvement

# Is the service safe?

We found call bells were answered quickly. We saw staff always requested a second staff member when this was required. There was a visible staff presence throughout the home. This meant staff could support and supervise people when needed.

Many of the staff had worked at the home for several years and there was a low turnover of staff. Relatives told us the stability of staff was important as it meant staff were familiar with each person's needs. We looked at recruitment records for three staff members and spoke with staff about their recruitment experiences. The recruitment practices for new staff members were robust and included an application form and interview, references from previous employers, identification checks and checks with the disclosure and barring service (DBS) before they started to work at the home.

The home also aimed to re-check the DBS status of each staff member every three years to make sure they continued to be suitable to work with vulnerable adults. We saw there was a plan for these re-checks but these were overdue. Also, the records of DBS checks in respect of a nurse who had worked at the home for 14 years were not available in the home. In this way the provider was not meeting their own procedures for checking the continuing suitability of staff to work with vulnerable people.

Good

# Is the service effective?

## Our findings

All the people and visitors we spoke with said they had confidence in the skills of staff to meet people's needs. People described the care they received as "very good". One person said, "The staff are very good, they do all they can for me." A relative commented, "The staff seem to know what they are doing, they work as a team."

All the staff we spoke with felt competent to meet the needs of the people who lived at the home. Staff were enthusiastic about their role and said they enjoyed working at the home. Their comments included, "The residents get looked after really well - I'd have my relatives here", "the care is good here" and "everybody is good at what they do".

The registered manager had designed the staff rota so that on every shift each staff member had a designated role to make sure people's needs were met. For example, the rota showed which staff would provide support to people in their bedrooms, which staff would support people in the lounges, and the support arrangements at mealtimes. This meant each person received the support they needed at these times. It also meant staff were clear about their duties and responsibilities on each shift.

Staff told us, and records confirmed, that they had good access to mandatory training including first aid, fire safety, food hygiene and infection control. All staff members received training in moving and assisting which was important because many people required support with moving and mobility equipment. It was good practice that four nurses had been trained as moving and assisting trainers which meant they could provide refresher training to all staff whenever this was required. Nurses and care workers also received training in dementia and end of life care. This was relevant training because many people at the home had needs in these areas of care.

New members of staff completed an induction programme which was thorough, well documented and covered all mandatory training. New members of staff completed a three month probationary period and were supervised by experienced staff before working alone. Staff told us, and records confirmed, that they were allocated a supervisor and aimed to have individual supervision sessions three or four times a year. All the staff we spoke with said they felt supported to carry out their role.

Staff had competency training in other specific areas to meet people's individual needs, although these had not always been recorded. For example, four nurses had received training in percutaneous endoscopic gastrostomy (PEG) feeding system, which is a way of providing food through a tube directly into the stomach. The nurses had cascaded the training to other members of staff but this had not been recorded. The training for some competencies such as wound management and tissue viability were recorded as "complete", but there was no actual date of the training so it was not possible to determine how recent the training had been.

We joined people for a lunchtime meal in one of the two dining rooms. There were menus on tables for people to choose from and people were asked for their preferences before the meal. On two days a week the main meal was a roast dinner but people told us they were always offered alternatives. For example, on the day of our visit the main meal was roast pork but one person had chosen to have sandwiches and another person had chosen to have a vegetarian casserole. People were very complimentary about the quality and choices of meals. One person commented, "The meals are very, very good. If I didn't like it they would get me something else."

The care staff served lunch in a friendly, helpful manner and the dining experience was a pleasant social occasion. People were assisted where necessary, for example some people had their food cut up to help them eat more independently. People were gently encouraged to eat their meal in a respectful manner. People commented, "The food is very good, there is plenty of choice" and "I like what I have and there is plenty".

People were offered a choice of hot and cold drinks during the meal. People told us they always had "plenty to drink" throughout the day and could have drinks whenever they wanted. One person said, "If I am thirsty I call them and they bring a drink for me." There was a bowl of fruit and biscuits in the lounge for people to help themselves whenever they wanted.

The cook was knowledgeable about people's individual dietary needs and preferences. He discussed vegetarian options with one person each day and offered them "whatever they fancy".

He described the meals he made for people who required food to be prepared in a special way, such as soft or pureed

Good

# Is the service effective?

meals. People's food intake was documented each day by staff. Each person's nutritional health was assessed when they first moved to the home and kept under review. Some people had care plans about their nutrition and fluid intake which set out how staff would assist them with their diet. In this way care staff and catering staff worked together to support people's nutritional well-being.

People and their relatives felt the home was "good" or "outstanding" at meeting people's care needs. One visitor told us their family member had been in hospital on end of life care but said that, since moving to the home, "His health has improved dramatically, he eats well and feeds himself." Another relative made positive comments about the way the home checked the on-going health needs of their family member. They told us, "She is regularly screened as she has diabetes." One visitor told us, "The staff know how to manage people's needs and they know who needs what. Staff understand when to call for a nurse if it's necessary."

People's care records included details of the health professionals involved in their care. We saw examples in care records where the staff had made appropriate referrals to health agencies, including GPs, physiotherapists, chiropodists, opticians and dentists.

We asked visiting health care professionals for their views about how effective the home was at meeting people's individual needs. A speech and language therapist told us, "The staff are always well prepared for our visits. They have a good way of working with us, and they listen and act on any advice." An occupational therapist commented that care staff were "safe and effective during manual handling" and that care staff were "responsive to my instructions and guidance". This meant that the home was effective in requesting and implementing advice from health care agencies to support people's needs in the right way.

Good

# Is the service caring?

## Our findings

People told us they were "well looked after" at the home. One person commented, "I would soon shout if not, but they are all are very caring and doing the job the way they should." Visiting relatives described the staff as "friendly", "kind" and "caring".

One person said, "Some are a bit sharp with me but I tell them off, then they are nice." We spoke with the registered manager about this comment. She acknowledged that some staff may appear 'abrupt' if they were trying to attend to other people, but she had recently had discussions with staff about ensuring they always took the time to listen to people.

Staff had many positive comments about the "caring" atmosphere in the home. They told us, "It's first impressions that count and this is someone's home", "people say they love the atmosphere here" and "we're very caring; everyone is dealt with as an individual". The staff we spoke with were knowledgeable and respectful of people's individual needs, abilities and preferred daily lifestyles.

There was a sociable atmosphere in the home. Staff were smiling and patient with people. Throughout this visit we found staff chatted to people in a friendly way and included them in conversations and decisions about their day. Staff continuously talked with people about what they needed and explained to people any support they were about to provide, such as helping with mobility and with meals. This support was carried out at the person's own pace so people were not rushed.

All the people we spoke with said they made their own decisions about their preferred daily routines. They told us they went to bed and got up when they wanted. Their comments included, "I go to bed at 6pm by choice then I watch TV in bed" and "I ring the buzzer when I want to get up". All the people we spoke with said they could have a bath or shower whenever they wanted. People told us they had a choice of what time and where they wanted to have their meals. For example, breakfast was served from 7.30am to 11am and we saw one person was enjoying a bacon sandwich later on the morning of this visit because they had chosen to have a lie in.

Some people had been involved in discussions about their care planning. Relatives had been involved in care agreements for other people. The provider's PIR that we received before this visit, and the registered manager confirmed, that improvements were being arranged to make sure either people or their representatives were always involved in planning their care. In each bedroom there was file about the person, including their backgrounds, significant events, hobbies, likes and dislikes. The files had been written by the person or their relatives, staff and the activities co-ordinator. In this way staff had information about each person's life history, preferences and what was important to them.

People's personal appearance was good and they were well dressed in appropriate clothes. Staff had supported some people to have cardigans and socks if they were feeling cool. Staff supported people in a sensitive and engaging way. People told us their privacy and dignity was respected. For example, one person said, "They close the door when seeing to me." Another person commented, "The staff absolutely treat me with dignity and respect, it is spot on."

Staff were clear about making sure people's dignity was maintained when they were supporting them with personal care. Staff described how they knocked on doors before entering rooms and closed doors when assisting people. One staff member described how they made sure a person was covered with a blanket when they were being lifted by the hoist. The registered manager was the home's Dignity Champion and she checked practices to make sure people were supported in a way that upheld their dignity. For example, she had noted the fine line between "friendly banter" and professional approach. She reported back at staff meetings so that any areas of improvement could be put into practice.

The home had provided palliative care for many people who used its service. In discussions staff felt they were respectful and sensitive to the needs of people and their relatives at these times. One member of staff told us if a person died and their relative wanted to view them, she placed a flower in their hands. When the relatives collected belongings she also placed a flower beside a picture of the person on the bed.

A health care professional who visited the home regularly told us, "There has always been a caring, compassionate

Good

# Is the service caring?

attitude of staff on my visits." Another health care professional commented, "(Staff) acted in a caring manner, demonstrating compassion, kindness, dignity and respect. They included (the person) in the process throughout."

Relatives and visitors told us they were welcome to visit at any time. One relative told us, "The staff are always very welcoming and I can ask them about anything." Another commented, "The staff are very kind and good to visitors too."

Relatives were also invited to the home's social events and outings. For example, pie and pea suppers were held monthly and were regularly attended by families.

Good

# Is the service responsive?

## Our findings

People had care plans that set out their individual needs and how they required assistance. We viewed four people's care records. In all four records there were assessments about which areas of care each person needed support with and what they could manage independently. This information was used to set out plans of care for people's individual daily needs such as mobility, personal hygiene, nutrition and mental health needs. For three people there were detailed, clear plans that identified people's specific needs. For one other person, who had just moved to the home a few days before this visit, there were assessments about their needs but no specific care plans. When we told the registered manager about this she accepted these should have been completed and this was done straight away.

The care plans were individualised to each person and were written in a sensitive way. The care plans guided staff to meet people's needs in the way they wanted to be supported. For example, a care plan for one person who could not communicate verbally stated, "Staff to chat to (name) and give physical contact such as hand holding. Sometimes (name) looks at staff while they are assisting her and she appears to be communicating by clicks and smiles." The care plan of a person with mental health needs stated, "(Name) can communicate his needs and is sensitive to staff mood and manner, so staff need to allow (name) time to communicate his requirements and feelings."

Staff were skilled and confident when supporting people with their diverse needs. For example, when one person had moved to the home they had behaviours which could challenge the service. The home had arranged for an external care agency to provide specific training to show staff how to help the person in a way that reduced their behaviour. Staff told us they found this instructive and were able to understand the person's needs more clearly. They told us this had made a positive difference in the person's behavioural well-being. This meant the service had made sure that the person was supported in a safe way that met their individual needs.

People's dependency levels were assessed each month and their individual care plans were reviewed on a monthly basis, or more often if people's needs were changing. We saw examples of updated care plans where people's well-being had deteriorated. The home had contacted the relevant health care agencies to support people with their changing in needs. A speech and language therapist told us, "The staff are good at picking up on any changes in people's needs. Any modifications we've made to people's plans have been listened to and acted on. The home has a good, common sense approach and let us know if people need to be reassessed." An occupational therapist told us, "The service responded appropriately and quickly when people's needs changed."

People said they had enough to do to keep them occupied and told us about activities they enjoyed. The home employed an activities co-ordinator who organised a range of social activities in and out of the home. These included dominoes, musical bingo, arts and crafts, a weekly exercise group and shopping in the local community. The home held entertainment and social events including BBQs and pie and pea suppers.

One person told us, "There is always something going on and I get involved. Staff take me for a walk or into the garden." One person commented, "I like it when the singer comes in." Another person said, "Staff sit and talk to me if they are not too busy." Some people told us about being taken out onto the balcony to watch the local airshow. In discussions relatives commented positively on the activities in the home. One visitor told us, "There is always something going on, they take them out or take part with the activities lady."

People and their visitors told us they had information about how to make a complaint if necessary. The complaints procedures was set out in the home's information pack, called a service users' guide. All the people we spoke with said they knew how to make a complaint and would not hesitate to do so but had never needed to. One person told us, "I would complain if necessary, first to the staff then if I was not happy with the situation to the manager."

All the relatives we spoke with said they found the registered manager and staff were "approachable" and they would feel confident about making any comments. A visiting relative told us, "I would not have any difficulty raising an issue with the staff or manager, no problem at all." Another relative commented, "I've never had to make a complaint because if I have any grumbles I tell them and they put it right."

Good

# Is the service well-led?

## Our findings

People and relatives told us about the residents' meeting where they were asked for views and suggestions about the service. The home also had a Residents' Committee. The committee members included people who used the service, relatives, the activities co-ordinator and management staff. We saw from meeting minutes that decisions were made about activities and events, equipment to be purchased, fundraising and future plans.

The provider had also used annual questionnaires for people and relatives to get their comments about the service. In their PIR the provider told us that there were plans to improve this so that they could collect people's views continuously. The registered manager confirmed the home intended to set up an iPad system which would allow people and visitors to complete questionnaires and make suggestions at any time. This would be a 'live' system so that any comments for improvements and any resulting changes could be made immediately.

All the staff we spoke with said they were "happy" working at the home and many had worked there for several years. There was a strong, team-working culture amongst all the staff. For example, the catering members of staff often joined in with activities and one was also trained in care so could help out if necessary. Staff comments included, "I have a lot of respect for the nurses", "staff will come in on their days off to take people out on visits", and "we work well as a team".

Staff told us they felt supported by the registered manager and senior staff and felt they were included in discussions and decisions about improving the service. Staff had monthly meetings with the management team. The minutes of these meetings showed staff had candid discussions and their views were recorded. One staff commented, "We are listened to and changes are made." Staff in all roles told us they were confident their views were valued and that the care of people was the priority across the team. The senior housekeeper commented, "I have high standards and expect the same from others."

Staff understood their responsibilities to report any concerns about care practices under the home's whistleblowing procedures. Staff commented, "I would whistleblow if it was necessary, I would have no hesitation." Some staff described a report they had made which had resulted in action being taken to remove a member of staff. Staff felt this had been handled quickly and professionally by the registered manager. Staff said this made them feel confident that any concerns were dealt with effectively. This showed staff were aware of the systems in place to protect people and were clear about how to raise any concerns.

The registered manager had been managing the home for many years. People and their relatives made many positive comments about the way the home was managed. One visitor told us, "The manager and staff are very open and approachable." Another relative commented, "It's well-run and has a very nice manager."

The two heath care professionals we contacted described the registered manager as "open", "appropriate" and "professional" in their contact with her.

The provider had a quality assurance system in place which included monitoring visits to the home at least every two months. The provider made written reports of his visits which included discussions with people, visitors and staff for their views about the running of the home. The reports showed that any actions for improvement were identified, addressed and checked at the next visit. This showed that action was taken to continuously improve the service.

Regular safety audits were carried out by management staff including infection control, health and safety checks, medication audits, falls audits and maintenance checks. The home recorded any incidents and accidents which were analysed for outcomes and lessons learned. Records showed that the registered manager used this information to make sure people's care plans and risk assessments reflected these events, and that referrals to appropriate health care services had taken place. For example, we saw records of falls were used to make appropriate referrals to the local falls clinic and occupational physiotherapy services. This meant the provider monitored incidents and risks to make sure the care provided was safe and effective.

The provider used a standardised form to record the details of complaints, how these were investigated and the action taken to resolve them. There had been five complaints looked into in the past year. These included issues about the laundry and 'missing' glasses. Records showed that these issues had been investigated by the registered manager and people had signed the complaints record to show the complaint had been resolved to their satisfaction.

Good

# Is the service well-led?

The home was subject to quality monitoring by external agencies. For example, we saw the home had achieved the 'gold' standard for the second year running by the commissioning department of the local authority. This reflected the amount of fees the home would receive for the quality of its service. The home received the 'Healthy Homes Award' by Sunderland City Council and British Dietetics Association Standards award for meeting the nutritional standards required for older people in November 2013.

The home had also met the Gold Standards Framework for palliative and end of life care. The registered manager had links with Universities of Bradford and Stirling dementia resources. In this way the home aimed to use the latest best practice guidance in these areas of care to improve the service for the people who lived there.

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<br><br>Treatment of disease, disorder or injury | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers<br><br>People were not fully protected from receiving unsafe care because the provider did not check that staff remained registered with the relevant professional body in relation to the nursing care role they carried out. Regulation 21(c) |