Medicrest Limited

# Homelands Nursing Home

**Inspection report**

Horsham Road
Cowfold
West Sussex
RH13 8AJ
Tel: 01403 864581
Website:

Date of inspection visit: 29 May 2015
Date of publication: 14/08/2015

## Ratings

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

## Overall summary

We inspected Homelands Nursing Home on 29 May 2015. This was an unannounced inspection. The service was registered to provide accommodation and care, including nursing care for up to 43 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues and dementia. The majority of people were accommodated in the main building. A short distance away, there was a separate unit, the Coach House, for up to 12 people living with dementia. On the day of our inspection there were 27 people living in the main building and 11 people in the Coach House, who required varying levels of support.

The main building was spacious, clean, bright and well maintained. However, we found the Coach House to be poorly maintained, with heavily stained carpets, peeling paintwork and an offensive and unpleasant odour. The manager told us they assessed and monitored the quality of service provision through regular audits, including health and safety and medication. However, as the neglected condition of the Coach House demonstrated, this monitoring process was evidently inconsistent and an area that we identified as requiring improvement.

# Summary of findings

A registered manager was in post and present on the day of the inspection. 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 received care from staff who were appropriately trained and confident to meet their individual needs, and they were supported to access health, social and medical care, as required. People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans we looked at were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made, including written references, Disclosure and Barring Service (DBS) checks, and evidence of identity.

Medicines were stored and administered safely and handled by staff who had received appropriate training to help ensure safe practice.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. The manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. Following individual assessments, the manager had made DoLS applications to the local Authority, for two people, and we saw that the appropriate authorisations were in place.

There was a formal complaints process. The provider recognised not all people could necessarily raise formal complaints, and their feedback was sought through regular involvement with their keyworker.

People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

We found several breaches 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 this 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.

Areas of the service were unclean and poorly maintained and monitoring systems, including infection control, were inconsistent.

There were sufficient staff to meet people's identified care and support needs. People were protected by robust recruitment practices, which helped ensure their safety.

Medicines were stored and administered safely and accurate records were maintained.

**Is the service effective?**

**Good**

The service was effective.

People's nutrition and hydration needs were met. They received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act.2005 (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

The service had close links to a number of visiting professionals and people were able to access external health care services.

**Is the service caring?**

**Requires improvement**

The service was not always caring.

People in the Coach House were not always treated with dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff.

**Is the service responsive?**

**Good**

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

The home had arrangements in place to meet people's social and recreational needs.

# Summary of findings

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

**Is the service well-led?**

**Requires improvement**

The service was not always well led.

Systems introduced to monitor the quality of the service were inconsistent. There was little evidence of any analysis, or 'lessons learned' from audits, to identify shortfalls and help drive improvement.

Staff said they felt valued and supported by the established and very experienced manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

# Homelands Nursing Home

**Detailed findings**

## Background to this inspection

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

The inspection took place on 29 May 2015 and 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 by experience had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also received 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.

During the inspection we spoke with eight people, one visitor, two relatives, a visiting GP, three care workers and the registered manager. Throughout the day, we observed care practice, including the lunchtime routine, the administration of medicines as well as general interactions between the people and staff. As part of the inspection process, we also spoke with a commissioner from the local authority and an external quality monitoring consultant.

We looked at documentation, including three people's care and support plans, their health records, risk assessments and daily progress notes. We also looked at three staff files and records relating to the management of the service, including various audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

The service was last inspected on 8 April 2014 when it was found to be non-compliant regarding care planning, staffing levels and quality monitoring.

Requires improvement

# Is the service safe?

## Our findings

We had concerns regarding the physical environment in the Coach House, which accommodated people living with dementia. On entering the unit, there was an immediate offensive and very unpleasant smell of stale urine and we saw chairs and carpets that were soiled and heavily stained, with food trodden in. The manager, who accompanied us, and the senior care worker on duty were visibly uncomfortable and clearly embarrassed by our reaction to the neglected state of the premises and particularly the overpowering odour. The manager told us "This is the worst I've known it." Many areas of the Coach House including bedrooms were very cold and there were hazards such as dark corridors, poor signage, rippled carpets, a propped up stair gate, along with areas that should have been closed off such as a dirty unused toilet area. A member of staff who had experience of working in the main building as well as the Coach House spoke of the contrast between the two. They told us "It's always been the poor relation."

The manager explained that there were plans in place to build a purpose built dementia care unit in the grounds. However she told us that construction would be unlikely to begin before 2016. We discussed the physical environment in the Coach House and the manager told us the carpets were "regularly deep cleaned" but they acknowledged that "it isn't very good."

It is important that people have access to safe and well maintained indoor and outdoor areas, and equipment. A lack of routine maintenance places people at risk and can impact on their welfare and quality of life The poor condition of certain areas within the service constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified this as an area that requires improvement.

The main building was spacious, clean, bright and well maintained. People and relatives were happy with the environment and felt it was safe, clean and hygienic. A relative told us "There's never any smells and things are dealt with immediately." However we did see in the main dining area, at 4pm, there were bits of food debris, including banana skins, still lying on the floor from lunchtime, which indicated that this wasn't always the case.

There was enough staff to meet people's care and support needs in a safe and consistent manner. The manager told us that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They confirmed that staffing levels were also reassessed whenever an individual's condition or care and support needs changed to ensure people's safety and welfare. This was supported by duty rotas that we were shown. During our inspection, we observed staff had time to support people in a calm, unhurried manner.

We observed that people could reach call bells in the main house and they said these were usually responded to as soon as staff could be with them. We observed this to be variable depending on how busy staff happened to be. We received comments from people that if there were more staff, people would be attended to more quickly. One person told us "Obviously everyone would like more staff around, but they do a good job and I've no complaints."

People and relatives spoke positively about the service and considered it to be a safe environment. People l said they felt safe and would speak to staff if they were worried or unhappy about anything. One person told us "Oh yes I've no worries here." Another person said "I'd be happy to speak up and no I wouldn't be worried about doing so." A relative said "Oh X is very assertive and would definitely let staff know if they weren't happy."

We looked at the management of medicines, including the provider's policies and procedures for the storage, administration and disposal of medicines and relevant staff training records. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show when people had received 'when required' medicines. People in the main house also told me that medication was administered on time and that supplies didn't run out. One person told us "I do have some tablets, yes and they sort it all out for me. It's always fine."

The manager confirmed that people had annual medication reviews. These were carried out in consultation with the local GP and ensured people's prescribed medicines were appropriate for their current condition. This was confirmed by a visiting GP who spoke of their confidence in the manager and deputy manager, the safe

Requires improvement

# Is the service safe?

environment and the professional approach of the service in general. They told us "They are always very quick to contact us regarding any concerns or issues they might have about the condition of individual residents."

People were protected from avoidable harm as the provider had comprehensive safeguarding policies and procedures in place, including whistleblowing. We saw documentation was in place for identifying and dealing with any allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider. Staff had received relevant training, they had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training, they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown.

Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and robust recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, work experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS). The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. Nurse PIN numbers were regularly checked by the provider. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN. These checks help ensure the protection of people and assist employers in making safer recruitment decisions.

Good

# Is the service effective?

## Our findings

People and relatives spoke positively about the service and told us they had no concerns about the care and support provided. We also spoke to people and their relatives about the staff and one relative told us "I'm very happy, I rate them very highly and I have experience of homes." Another relative told us "Mum knows all the history and traditions of all the staff. She doesn't go into the lounge, but chats to staff and the lady who does the activities often spends time talking to her. Although she does come out for lunch every day and sits at a table with others that can hold a conversation."

Staff said they had received an effective induction programme, which included getting to know the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us "We were encouraged to spend time getting to know people, what they like and what's important to them." Another member of staff told us "They are all individuals, with their own personalities and their own needs. The training we get means we can meet those needs."

Staff confirmed they had received essential training, including moving and handling, safeguarding, hygiene and infection control, nutrition and care planning. They told us they also received training specific to people's individual condition and care needs, including pressure care, dementia awareness and end of life care. This was supported by training records we were shown. Staff also told us that communication within the home was effective, with handovers between shifts and regular staff meetings. Staff described the manager as being "approachable" and "very supportive." They said they felt listened to and valued and were confident their views or any concerns would be taken seriously and acted upon. Information from staff about structured supervision sessions varied. Some could not recall having any, whilst others reported receiving them regularly, to monitor their progress and identify any training needs. The records of staff supervision and appraisals were also inconsistent. We discussed this issue with the manager, who told us they were "currently reviewing arrangements for staff supervision and appraisals."

**It is recommended that research be undertaken, through organisations such as 'Skills for Care' relating to the provider's legal responsibility to provide formal and structured staff supervision and appraisals.**

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The safeguards provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected.

We discussed the requirements of the MCA and DoLS with the manager. They told us that applications for DoLS had been submitted, where appropriate, and two authorisations were currently in place. Although not all staff had received training on the MCA and DoLS, the majority of those members of staff we spoke with had an understanding of the importance of acting in a person's best interests. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

People were generally positive about the quality and quantity of food provided and they confirmed there was always a choice at each meal, which reflected people's individual preferences. People told us "The foods not bad, it can vary, but the lamb casserole was very nice and the meat was tender. I really enjoy the steak and kidney pie too." A relative told us "X is a very fussy eater, so if she wants steak and onions or mushrooms, she asks for it and won't have tea at 5.30pm like everyone else, but has it at 7.00pm which is what she is used to."

Staff were aware of the importance of good hydration and during the inspection we observed people were offered and had access to a range of hot and cold drinks. Tea and coffee was provided throughout the day. During lunchtime in the Coach House, we heard one member of staff ask people politely if it was okay to place the clothing protector on them, as well as explaining to them before they wiped

Good

# Is the service effective?

their hands before lunch. They said "X, you're going to have your lunch in a moment and it's fish for dinner today, is it okay if I wipe your hands?" We observed the meals being served by staff, who politely explained to the person what the lunch was. Where people needed one to one support, they were provided with this. The food was presentable and for those who had blended food the portion was separated out. We observed that where appropriate people were provided with plate guards and offered support and help to cut up the food. We also heard kind and helpful comments such as: "You've not had a lot of your dinner X, would you like something else, a sandwich perhaps or would you like your dinner later?" "Would you like a drink X?" "Can I help you X?" "Would you like a hand with that?"

Care records indicated that people had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists and had attended appointments, as necessary regarding their health needs. One person told us "When my legs hurt me I talk to a nurse and she checks it all and gets the doctor if I need one." Another person said "Yes I feel sure they would get me a doctor quickly. I've no reason to think they wouldn't." During our inspection a chiropodist was visiting the service. They told us there were some ladies who preferred a female chiropodist, so this was arranged accordingly.

Care plans we looked at demonstrated that whenever necessary, referrals had been made to appropriate health professionals. Staff confirmed that, should someone's condition deteriorate, they would immediately inform the manager or person in charge. We saw that, where appropriate, people were supported to attend health appointments in the community.

Requires improvement

# Is the service caring?

## Our findings

People and their relatives in the main building spoke positively about the "caring environment" and the helpful and friendly attitude of the staff. They told us they had the opportunity to be involved in individual care planning and staff treated them with compassion, kindness, dignity and respect. One person told us "The staff here are excellent, so kind and caring." "They're very nice ladies I like them." A relative told us "The staff are great they can't do enough, any of them. They're always smiling and no one is made to feel that they're being a pain. They do their best to accommodate X's wishes." Another visitor said "Oh you can tell they really love X; her skin is breaking down now and they're ever so gentle when they do anything for her."

We did observe some staff treating people with dignity and respect. For example, one person was getting distressed and two members of staff were very calm and compassionate as they sensitively ascertained that the person wanted to use the toilet, and then gently supported them to do so.

However, in the Coach House we observed some areas of practice which raised concerns regarding dignity and respect and the awareness and understanding, of certain staff, of caring and supporting people living with dementia. We saw several people had long dirty sharp nails and unwashed and unkempt looking hair; some people had food stains on their clothing. As we were being introduced to people, a member of staff said "That's X and she can't have an intelligent conversation" and "This one might throw her orange on you." We came from one person's room, who was in their bed and had engaged and chatted enthusiastically with us. The member of staff who was with us said "I can't believe you've just had a conversation with her, she never normally does." During lunchtime, the senior member of staff called across the room to a colleague "X can you feed Y now." Whilst providing one to one support for someone with their meal (this was a person who had been waiting whilst everyone else had their meal) the staff member said loudly, in relation to how long it was taking, "We're going to be here till 3 O'clock today."

When people receive care and treatment, all staff must treat them with dignity and respect at all times. Dignified care, or the lack of it, can have a profound effect on person well-being. The above constitutes a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified this as an area that requires improvement.

**We recommend that** the service considers the National Institute for Health and Social Care Excellence: Supporting people to live well with dementia guidance.

Several people and relatives were concerned that English was not the first language of many staff and this caused frustration and confusion on occasions. One person told us "They are nice girls but they don't always understand what you mean." Another person said "There's one girl, a Polish girl, and she really wants to learn English, so I'm helping her to learn words." Another person told us "I'm a bit deaf and it's really difficult with the language, I sometimes feel like I'm living in a foreign land." A relative told us "There is a language barrier and the residents get frustrated." The importance of effective communication, particularly regarding people living with dementia, was discussed with the manager. They told us they were aware of a "language problem" with some staff but they were monitoring it and did not feel that it compromised the quality of care and support they provided.

In the main building, we observed positive and respectful interaction between people and members of staff and saw people were happy and relaxed with staff and comfortable in their surroundings. Throughout the inspection we saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. We observed staff speaking respectfully with people calling them by their preferred names, patiently waiting for and listening to the response and checking that the person had heard and understood what they were saying. We also saw staff knocking on people's doors and waiting before entering. In other examples of the consideration and respect people received, we saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity. We observed personal hygiene needs were supported. For example, people's fingernails were trimmed and clean, men (who chose to be) were clean shaven and people's hair was clean and groomed.

The manager told us people were treated as individuals and supported and enabled to be "as independent as they want to be." A member of staff told us that people were encouraged and supported to make decisions and choices

Requires improvement

# Is the service caring?

about all aspects of daily living and these choices were respected. In the main house, communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as possible, in making decisions about their care, treatment and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

A visiting GP confirmed they had no concerns about the service, which they described as "One of the best in Horsham." They said the care plans were always well maintained and also spoke very positively about the manager and staff, who they told us were "professional and know the residents very well." They described the people as having "lower level care needs", but they were satisfied that those needs were being met.

We saw people's wishes in respect of their religious and cultural needs were respected by staff who supported them. Within individual care plans, we saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

Good

# Is the service responsive?

## Our findings

People told us they felt listened to and spoke of staff knowing them well, of being aware of their preferences and how they liked things to be done. One person told us “Oh yes I can have a shower whenever I like.” A relative told us “If X wants a shower, she only has to ask. She also goes out to a stroke club, or if we’re going anywhere together, she is always up and ready in time.” Another relative told us “Mum gets up when she’s ready and likes to be put to bed before night staff come on, just because she knows them better and is probably a bit more comfortable with them.”

Staff worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. One relative told us “X really wants to walk again and two nurses do physio twice a day with her and they always make time for that. They do exercises and knee bends together which creates some fun.” Another relative told us “They let Mum’s cat come here as well and the cat can go in and out of the window. They even look after the cat too and tell Mum what they’ve done, which is really important.”

People in the main house told us they were happy and comfortable with their rooms and, in both houses, we saw rooms were individual with personal possessions, photos and memorabilia. In the afternoon we observe some friendly, good natured chatting in the lounge, with the activities coordinator. These were positive and engaging conversations, with the coordinator, crouching down to people’s level, as they sat in chairs. They maintained good eye contact as they spoke with people and waited patiently for their response.

, One relative was clearly happy with some of the entertainment provided. They told us “They have exercises with someone coming in with exercise balls and a carer brought in some partridge chicks and took them up to X’s room. The dogs that visit go to peoples rooms too and even birds of prey.”

We looked at a sample of care files relating to the assessment and care planning for five people. Each

care plan had been developed from the individual assessment of their identified needs. We saw that people were assessed before they moved in to the service, to ensure their identified needs could be met. Plans were personalised to reflect people’s wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. Staff emphasised the importance of knowing and understanding people’s individual care and support needs, so they could respond appropriately.

The service had a written complaints procedure a copy of which was on display in the foyer. The procedure addressed the fact that a complainant could take their complaint further if they were not satisfied with the response from the provider. People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us they welcomed people’s views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Requires improvement

# Is the service well-led?

## Our findings

People said they felt this was "a well-run home" with a culture of speaking up about any issues or concerns and that the manager was approachable. People and their relatives spoke positively about the manager and how the service was run. Relatives/friends and visitors said that they were always made to feel welcome when they visited and said "[The manager] is great and runs a very tight ship. Anything at all and she's straight onto it, she's phenomenal." However despite the comments we received, we saw areas of practice that raised concern.

Areas of poor practice can be reduced by means of proactive tools, such as audits. Audits are also an educational activity, which promotes high-quality care and should be carried out regularly. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them to put in place corrective actions to improve the performances of individuals and systems.

Quality assurance systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. The manager told us they were responsible for undertaking regular audits throughout the service. However, the poor and neglected physical environment in the Coach House was clearly not identified or addressed by the manager. This demonstrated a significant shortfall in the provider's responsibility to have in place systems and processes that enable them to assess, monitor and improve the quality and safety of the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified this as an area of practice that requires improvement.

Relatives confirmed they were asked for their views about the service and said they felt "well informed." They spoke positively about the level of communication with the service, including the 'residents and relatives' meetings, which were held to give the people the opportunity to raise and discuss any issues relating to the service provided. One relative told us "Yes they have them and we talk about what sort of activities people want, food menus, general feedback and there's going to be a Summer Fete. Even residents who are less capable and can't make the meetings are asked individually for their opinion."

We discussed the culture and ethos of the service with the manager, who told us "We are a good team here, we get on and support one another, but everything we do - and the reason why we're here - is for the residents." People know I'm here, I have an open door policy and anyone can discuss anything with me at any time." Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider's policy. Staff had confidence in the way the service was managed and described the manager as "approachable" and "very supportive." We observed the manager engaging in a relaxed and friendly manner with people, who were clearly comfortable and open with them.

The manager notified the Care Quality Commission of any significant events, as they are legally required to do. They promoted a good relationship with stakeholders. For example, the manager took part in reviews and best interest meetings with the local authority and health care professionals.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The manager told us they monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br>**Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment.**<br>**The registered person had not ensured that the premises were properly maintained and kept visibly clean and free from odours that are offensive or unpleasant. Regulation 15(1)(a)(e).** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Regulation 17 HSCA (RA) Regulations 2014 Good governance.**<br>**The registered person had not ensured that effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect<br>**Regulation 10 HSCA (RA) Regulations 2014 Good governance.**<br>**The registered person had not ensured that staff must treat people with dignity and respect and all communication with them must be respectful. Regulation 10(1)** |

This section is primarily information for the provider

# Enforcement actions

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

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect<br>The registered person had not ensured that staff must treat people with dignity and respect and all communication with them must be respectful.<br>Regulation 10(1) |

**The enforcement action we took:**