Forest Care Limited

Holly Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Holly Lodge Nursing Home provides nursing and residential care for up to 60 people who are elderly, frail, with medical needs or are living with dementia. At the time of our inspection there were 56 people living in the home.

This was an unannounced inspection which took place on 7 November 2016.

The home had a registered manager. 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. The registered manager helped us with our inspection on the day.

People's dietary needs were not always respected by staff as some people were being given food which was not in line with their dietary requirements.

Staff understood the requirements of the Mental Capacity Act 2005. People were cared for by a sufficient number of staff. People would be protected from the risk of harm as systems were in place to keep them safe.

People were supported by individual staff who showed kindness and compassion. Staff respected people's choices and decisions in their care needs. Each person had a care plan in place which detailed their needs and preferences. Staff were knowledgeable about people's needs, likes and dislikes. People were supported to maintain relationships with people who were important to them. Activities were varied for people and people had the opportunity to participate in external activities.

Accidents and incidents were monitored and action taken to keep people safe where trends were identified. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse. Records held for people were reviewed regularly and held detailed information about people.

There was a contingency plan in the event of an emergency and evacuation plans had been written for each person to help support them safely in the event of an emergency. Regular audits of the service were carried out to review the quality of the service provided.

Medicines were managed well and records showed that people received their medicines in accordance with prescription guidance. People were supported to maintain good health and had regular access to a range of healthcare professionals.

Prior to starting work at the home recruitment checks were completed to help ensure only suitable staff

were employed. All new staff completed an induction to enable them to learn about the home and people's needs. Training was provided and staff received supervision and staff appraisals. Staff told us they felt supported by the management and worked well together as a team.

A complaints policy was in place and people knew how to make a complaint and were confident their concerns would be addressed. Relatives told us they were involved in the running of the home through residents and relatives meetings and suggestions and ideas they raised were listened to.

Relatives and staff told us they felt the home was well-led and that the registered manager was approachable.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by an appropriate level of staffing.

Risks to people's safety were assessed and guidance was in place for staff.

Safe medicines systems were in place and people received their medicines when they required them.

Arrangements were in place to help safeguard people from abuse and the home held a contingency plan in the event of an emergency.

Recruitment processes were in place to help ensure only appropriate staff were employed to work in the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's dietary needs and preferences in relation to food were not always respected by staff.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had completed training to give them the skills and knowledge to meet people's needs.

People had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Individual staff were caring and treated people with kindness and attention.

People were treated with dignity and respect.

Staff treated people with kindness and consideration.

People's privacy, choices and independence were protected.

People were supported to maintain relationships.

Is the service responsive?

Good

The service was responsive.

A range of activities were provided to people and those who remained in their rooms received one to one visits from staff.

Care records contained detailed information to guide staff on the care and support people required. People received responsive care.

Procedures were in place for receiving, investigating and managing complaints about the home.

Is the service well-led?

Good

The service was well-led.

Records were not always completed as they should be. However, the registered manager was aware of this and working towards a solution.

The provider had systems in place to monitor the quality of the service provided.

People, relatives and staff were involved in the running of the home.

Staff told us they felt supported by the management team.

Holly Lodge 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.

This inspection took place on 7 November 2016 and was unannounced. The inspection was carried out by four inspectors.

Prior to the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We reviewed the PIR the registered manager had completed. A PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During our inspection we spoke to the registered manager, 10 staff members, four people and four relatives. Following the inspection we received feedback from one health care professional.

As most people were unable to tell us first-hand about their experience of living at Holly Lodge, we carried out a Short Observational Framework for Inspection (SOFI). A SOFI tool allows us to spend time watching what is going on in a home and helps us to record how people spend their time and how staff interact with them.

We reviewed a range of documents about people's care and how the home was managed. We looked at seven care plans, medication records, risk assessments, accident and incident records, complaints records and five recruitment files.

We last inspected Holly Lodge in February 2014 when we had no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living at Holly Lodge. One person said they felt safe because, "Staff are always kind to me." A relative said, "I'm here every day and everything I see is very good."

On the whole people felt there were enough staff on duty. One person said, "They come quickly when I press my buzzer." However a relative told us, "Sometimes there are not enough (staff) in the lounge." Staff told us, "Yes, I think there are enough staff. Sometimes things can run late, but we manage," "We use agency when we need to but they know the residents really well. Some days are busier than others but it's okay" and, "I've said that I think we need a few more staff." However, two staff members told us that staffing levels had increased and they felt this was better.

Despite these comments we found at times the deployment of staff needed better planning to meet people's needs appropriately. This was particularly evident during lunchtime when some people waited for up to or over an hour to receive their meal because staff were assisting others.

The registered manager told us they would usually have two clinical staff on duty and 14 care staff across the two floors, with an additional clinical staff member acting as a floating member of staff. We found that the numbers of staff on duty on the day matched what we had been told. We asked the registered manager to tell us how they planned staffing levels and they provided us with a dependency tool. From the records we read that 80% of people required either, 'some assistance' or, 'complete assistance' to eat. We did note that activities staff helped out at lunch time, however despite this, what we observed meant that staff deployment at busy times had not been considered fully. Following our inspection the provider told us that other staff were now being used as support during the lunch period in order that people could be assisted with their meals in a timely manner.

There was evidence that risk assessments were in place for people and plans in place to mitigate the risk. One person was at risk of urinary infections and there was guidance to staff on how to reduce this risk and what action they should take if the person showed signs of having an infection. Other people had been provided with walking aids to allow them to remain independent but reduce the risk of them falling when moving around the home. Accidents and incidents were monitored and action taken to keep people safe where trends were identified. A staff member told us, "We don't stop someone doing something for themselves if they can. We let them go where they like in the home. A lot of people need help with moving about though."

New staff were checked through a recruitment process to ensure their suitability for the role. We looked at the records for five staff. Application forms and interview records were completed and references were obtained from previous employers. We found that some people only had one reference which was not in line with the home's policy and what the registered manager had told us in their PIR. However the registered manager was able to demonstrate that this had already been identified and action had started to remedy this. Disclosure and Barring Service (DBS) checks were completed for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with

people who use this type of service.

The registered provider told us in their PIR that 'staff are aware of safeguarding procedures' and we found this to be the case. Staff had been provided with training on how to recognise abuse and were able to demonstrate their understanding of the different categories of abuse, signs to look for and reporting procedures. One staff member told us they were aware of the procedure to be followed and that the local safeguarding authority could be contacted if they felt appropriate action had not been taken by the registered manager. Another said, "We have updates every year so we know how to react." A third told us, "Whistle-blowing is always promoted. We're told if we see any bruises, notice anything or someone says something we should report it."

Records showed that concerns were appropriately reported to the local safeguarding authority and where required, investigations were completed and appropriate action taken. One person told us they felt safe in the hands of staff. They said, "Staff are all very nice, they talk to me nicely and never shout." A relative said, "My mum is very safe here; better than the last home she was at. Mum would let me know if she had been mistreated."

People told us they received their medicines on time. One person said, "I know what my medicines are for my heart and diabetes and I always get them on time."

Safe medicines management systems were in place and people received their medicines in line with their prescriptions. Each person had a Medicines Administration Record (MAR) which contained a photograph, known allergies and information about their doctor. Medicines were stored in locked cabinets and kept securely in the nurse's office. MAR charts were signed following the administration of medicines and no gaps in recording were seen. Staff confirmed they had regular training in medicines management.

Where people were prescribed PRN (as required) medicines guidelines were available to ensure these were administered appropriately. Guidelines described the reason for the medicine, the maximum dose and minimum time between doses. It also described how people may indicate they required a PRN medicine. One person's care plan stated, 'can moan or show facial expressions when in pain'.

In the event of an emergency there were arrangements in place to help ensure people's care would continue with the least disruption as possible. There was a contingency plan in place which gave information to staff on what to do in the event the home had to close for a period of time. Each person had a personal evacuation record in their care plan and staff carried out regular fire drills and received fire training which helped them to understand what they should do in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

People told us they liked the food and were able to make choices about what they had to eat and drink. One person said, "I am not a very good eater, but I can have what I ask for. I like to have soup and they get it for me." Another person told us, "You get plenty of food here and nice cakes. I have a drink whenever I want one." A relative said their family member had, "Put on weight and eats everything."

Despite these comments we found that people's dietary needs and preferences were not respected by staff. During lunch we noted large containers of pureed food on the lunch trolley. Some staff could not tell us what the pureed meal was and how people were offered choice. We were told by the chef that they sent up two different types of food; normal and pureed and it was up to staff to make the normal meal into an appropriate consistency for those on a soft diet. However staff told us that they just gave people who required a soft diet the pureed option. This was confirmed by our observations as 12 portions of pureed food were plated with names on top, although some of these people were recorded in their care plan as requiring a soft diet, rather than pureed diet. A relative told us, "Mum has pureed food and it does not look attractive." In addition, we read that one person, 'does not like to eat meat' but they were given sausages at lunch time.

We observed people waiting for up to and over an hour to receive their meals, well after others had finished, as staff were assisting other people. Those people who waited were still eating their lunch at 14:30. Whilst people waited, they were seen dozing in chairs. During our SOFI we observed one person sat for 45 minutes without any interaction from staff and it was only when we spoke with the registered manager about this person that they intervened and the person was given their meal. When another person finished their main meal staff immediately started to feed them their pudding without a break. Only when it was in the person's mouth did the staff member say, "This is your pudding now." A third person sat for 45 minutes in front of their food, without staff support. Eventually staff helped this person with some lunch and pudding but this meant that they were eating cold food. Staff told us, "Lunch takes a long time."

The lack of meeting people's individual needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Capacity assessments had been completed but these were not always in relation to specific decisions, such as the use of bed rails or a wheelchair lap belt. One person's care plan stated, 'had no capacity and ability to meet her daily activities of living, all care to be done in best interests'. However there was no evidence of best interest decisions being discussed for this person. DoLS applications had been submitted to the local

authority where people were subject to restrictions. On the whole these were general applications around the person living at Holly Lodge and we found that some did not always mention individualised restrictions such as covert medicines (medicines disguised in food) or in the case of one person who regularly displayed behaviours to indicate they wished to leave the building. Following our inspection the provider informed us they had taken immediate action and developed a mechanism to help ensure that staff recorded specific decisions to be made and outcomes of best interest decisions.

We heard staff ask people throughout the day for their consent before they undertook a task. One person said, "Staff always ask me for my choices and permission to help me." This was confirmed by relatives we spoke with. A staff member told us, "We have to assume people can do things for themselves. We can't just take over." Another said, "Always assume people have capacity. When we approach someone we do this and tell them what we're doing."

People's nutritional needs were monitored and individual care plans were in place regarding eating and drinking. Where people had specific risks, such as being at risk of choking, staff had involved appropriate professionals. We read guidance from the Speech and Language Therapy team for some people. Guidance was in place for staff in relation to the support people required when eating. One person's care plan stated, 'I eat well, but I eat slowly. Do not rush me while you are feeding me'.

Staff told us they felt supported by the management team and had supervision to support them in their role; however we noted from the records that some staff's two-monthly supervisions were overdue. The registered manager confirmed this was the case, however they told us they had identified this and had started work to ensure that supervisions were carried out in line with their policy. A staff member said, "The manager is trying to put it in place for every other month. I haven't had (supervision) for a while but we only have to ask and we can talk to any of the nurses or the manager's." Staff appraisals were carried out annually to help ensure staff had the opportunity to meet with their line manager to discuss progress, concerns or training requirements.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff received an induction when starting work which involved shadowing more experienced staff. They also undertook the Skills for Care Certificate which familiarised them with an identified set of standards that health and social care workers adhere to in their daily working life. People told us they believed that staff had the skills to support them. One person said, "I think staff have training; they are all quite efficient."

Training records were maintained which evidenced that staff had completed mandatory training including safeguarding, health and safety, infection control and moving and handling. Staff told us that they received regular refreshers. One staff member said, "The training is good. I did dementia training and learned all about the different types of dementia. I asked to do it again because it's so important to know about it." Staff told us that the manager had pushed the training since starting at the home to get all staff up to date. One told us, "All the mandatory stuff is covered. I want to do more about dementia. We've done the basics, but I'd like to do the full course." Clinical staff were aware of their professional responsibilities, including the recently introduced revalidation process. One told us, "As nurses we have to keep ourselves up to date anyway." A healthcare professional told us that they felt the nursing staff had good knowledge and clinical skills relevant to the people living in the home. They felt they had a good knowledge of risk assessments for areas such as malnutrition, pressure areas, acute illnesses and falls risk.

People were supported with their healthcare needs and had access to a range of healthcare professionals. We saw evidence of people being referred to appropriate health professionals in the event their needs

changed or health deteriorated. For example, one person had appeared more unsteady on their feet and staff had contacted the doctor who had prescribed antibiotics. One person told us that they saw the doctor whenever they needed to. Another person had heart problems and their care plan contained information for staff on what to look out for and when to call an ambulance. For example, when they experienced shortness of breath or chest pain. The doctor did weekly rounds and notes were kept in people's care plans of their appointments. Other health professionals such as the optician, dentist or chiropodist were involved in people's care. Relatives told us they were kept informed by staff of any health concerns and the action taken. One relative told us, "They (staff) are very good at communicating. She was breathless last week and they got the doctor and then rang and told me." A healthcare professional told us they found staff had good knowledge of how well people were, how well they were eating, how their mobility was, for example.

Good

Is the service caring?

Our findings

People and relatives told us they felt the staff were caring. They said that staff were friendly and always talked to them. A relative told us, "The staff are the best bit, they really try their best. They're very attentive and very caring."

We found that individual staff interacted with people in a kind, caring and compassionate manner. Staff spoke to people using a gentle tone and always knelt or sat beside people when talking to them. There was a lot of friendly chatting about the weather, family and pictures in magazines. Some people had been to the hairdresser and staff commented on their hair and how nice it looked. One staff member said, "Your hair is beautiful. Wait until your husband see's it." People told us staff were always kind and helped them with washing and dressing. One relative told us, "Staff are caring and protective." A healthcare professional told us they had seen all staff show a kind and caring manner when dealing with people and family members.

People were encouraged to be independent and make choices. One person was being assisted with a hot drink by a staff member and they were asking the person if the drink was okay and whether or not they liked it. The staff member asked if the person would like to hold the cup themselves and have their drink. People were being asked where they would like to sit when they were brought into the lounge area and staff offered people magazines to look at if they did not wish to watch the television. The provider had told us in their PIR that 'residents are supported to make choices in their daily living' and we found this to be the case. One person preferred to sit in their wheelchair, rather than an armchair (this was confirmed to us by their relative) and we observed that staff had respected this person's wishes and choice. One person's care plan stated 'prefers shower in the morning'. We heard this person mention they had a shower that morning.

Staff empathised with people. We heard staff sympathise with one person who was not feeling well. They ensured they were comfortable and asked if they would like to see a nurse. Another person complained about a sore knee and we heard a staff member say, "Are you okay? Is your knee hurting? Would you like to put your feet up?" We saw the staff member fetch a foot stool and carefully support the person to put their feet onto it, checking they were comfortable.

Staff showed an interest and were patient with people. One person had used the 'shop' which was set up just outside one of the communal lounges. This was an area that contained packages and boxes depicting foods and larder items. Staff saw the person carrying around some boxes of tea and said, "Hello. Have you been food shopping? What have you got there?" They then spent some time looking at the boxes and talking to the person about them. Another person who had just been transferred from their wheelchair into an armchair informed staff that they needed to go to the bathroom. A staff member said, "That's no problem. We'll get the hoist back for you so we can put you back in your chair and take you."

People were responded to by staff who used a consistent approach. One person frequently walked up to the fire exit door on the first floor and tried to open it. Throughout the morning we observed and heard different staff respond to this person in the same way. Staff explained to the person what the door was for and that it would only be opened in the event of a fire. They explained to the person why it may be dangerous for them

to go outside on their own. A staff member said, "That's the fire exit. We only need to open the door if there's a fire."

People told us staff showed them respect. One person said their personal care needs were attended to in the privacy of their bedroom with the door closed. Staff told us they would always knock on people's doors and wait for a response before entering and we saw this happen throughout the day. A staff member told us, "We always knock before we go into people's rooms." Another said, "We know this is their home. We try to treat people with respect all the time." A third told us, "We work it out so if people don't want a male carer they don't get one."

Staff were calm and relaxed with people, using their first names and allowing people time to respond to their questions. Any requests people made were listened and responded to without delay such as when people asked for a drink.

Staff respected people's choice to spend time in their rooms or in communal areas. We observed people's rooms were personalised with items of their choice such as photographs, pictures and ornaments. One person told us they did not have to do anything they did not want to do and that they chose to stay in their bedroom most days.

People were supported to maintain relationships with their families and other people who were important to them. Throughout the day we saw relative's visiting people, with some relatives staying for the majority of the day. Relatives were greeted by staff in a way that showed staff knew them well.

Good

Is the service responsive?

Our findings

We asked people if there was enough going on in the home for them. One person said they joined in on the activities that interested them. A relative told us, "She loves the activities."

We were told that one to one activities were undertaken with people and activities included music, reminiscing, external trips and art. During the morning a few people on the first floor sat doing some colouring or a jigsaw, although there were no activities seen on the ground floor during this period. Following lunch a staff member displayed reminiscence items on a table. We noted the people who took an interest in them were the same people who had participated in activities during the morning. The people who engaged in activities during the day reacted positively to the activity staff which showed they had a good relationship with them.

There was evidence that other activities had taken place with people as pictures were displayed around the walls of the home and in the activities room. This demonstrated group activities did take place and trips out to and around the local area had been undertaken. From people's records we saw evidence that people received one to one visits from staff in their rooms.

Staff responded to people's care needs. One person had experienced weight loss and staff had introduced regular smoothies into their diet. As a result no further weight loss was noted. A relative told us that their family member refused to sleep in their bed during the first few months in the home, choosing instead to sleep in the lounge. They said that staff had turned this person's bed around in their room so they could see out of their door and together with this and staff patience and determination their relative now slept in their bed.

People's care plans recorded people's likes, dislikes and preferences. Where people may not be weight bearing there was information to staff on what sling size to use when using equipment to transfer the person. Daily notes written about people were detailed and covered all aspects of the person's care during the day. They recorded the person's mood together with any personal care given and details of any activities they had participated in.

People's backgrounds were included in their care plans which helped staff to get to know them. Staff were able to describe to us people's histories and interests. People's previously employment was recorded together with their preferences of leisure time. One person used to be a football referee and their care plan recorded that they liked to watch sport programmes on the television. Another person was previously a nurse, liked books and tending to plants and we observed this person carried a book around with them and had plants in their room. Another person enjoyed music and we observed staff had ensured music was playing in their room.

Where people displayed behaviours that could cause them or others harm, guidance was in place for staff. One person could become anxious during personal care and we read information guiding staff in how to help avoid this and how to respond should the person display this behaviour. This included, '(Name) doesn't

like her clothes removed, so talk and reassure her the whole time you are doing this. Don't provoke (name) and go back when (name) is less agitated'.

There was a complaints policy in place. This was displayed in the hallway of the home. We read that six complaints had been received in the last year and noted that the registered manager had responded to these appropriately. Relative's confirmed they had received a copy of the complaints procedure and one relative said they had made a complaint a while ago which had been resolved to their satisfaction. Another relative told us, "Anything I mention is acted on straightaway." A third relative said, "I've never had anything to complain about and can't see I ever would have. I would be able to (complain) if I needed to."

Good

Is the service well-led?

Our findings

Although staff knew people's needs well records were not always maintained accurately and when changes were recorded or reviews undertaken it meant it was not always easy to identify the most up to date information in relation to people's care needs. Where people were on a food and fluid chart, although these were being completed, there was no target of fluid intake for the person. One person's repositioning chart had not been completed at all during one day. One person who was on a 'normal' diabetic diet had frequent changes in their care plan so it was difficult to establish the most current information in relation to their dietary needs. Instructions were written for staff on when to apply topical creams (medicines in cream format) to people. However we found that despite staff telling us people's creams had been applied, the charts were not always completed fully which indicated people may not have received care in line with their care plan. Care plans were difficult to navigate and some contained information going back several years which meant there were numerous entries which did not always help staff in quick access to information. We found the writing in some care plans was extremely difficult to read. A staff member told us, "Care plans can be hard to understand and you can't always read people's writing." We spoke with the registered manager about the records at the end of our inspection. They agreed with us that the writing in some care records was difficult to read and that the way care plans were held was an, "Unusual system." He told us that ways were being looked at to introduce an easier system and recording of people's care needs. This was confirmed by the provider when we met with him following our inspection.

Regular audits were completed to monitor and improve the quality of the service provided. Monthly audits were completed by the provider's quality team and covered all elements of required regulations. Where areas were highlighted as requiring improvement an action plan was developed with set timescales for completion. Action plans were monitored and reviewed on each visit. The head of care showed us how they had introduced weight monitoring for people which helped track any nutritional losses. Care plan audits were carried out where a random selection of care plans were reviewed each month. The registered manager monitored this to help ensure that everyone's care plan was reviewed at least once during a period of time. The registered manager also completed a weekly report for the provider which gave information on areas such as accidents and incidents, complaints, staff issues and training.

We asked relatives for their views on the home and management. One relative said, "We found this place through recommendation and have never regretted it." Another told us, "He's (the manager) very polite. We don't see him very often, but he seems nice."

Staff told us they felt supported by the management structure within the home and were able to ask for guidance when required. They said they felt the home was well led by the registered manager. One staff member told us, "He listens to me." Another told us, "He's firm but fair. I like that he pulls people up on things but will guide them first so people know how they should be doing things." A third told us, "He's a good role model. I think he does his job very well." A further staff member said, "The head of care is really good and listens to what we say. She'll listen and try to make the job easier." A healthcare professional told us they felt there was good management structure within the home and that they were proactive in taking steps to ensure patient safety.

Staff were clear on the visions and values of the home. One staff member told us, "He (the manager) is always saying about promoting independence and team work is a big thing for him. He tells us we should listen and understand each other." Another said, "I feel there is good teamwork otherwise there would be mistakes." A third told us, "We are very clear on what is expected of us."

Staff told us they felt valued. One member of staff said, "I feel valued because he (the registered manager) keeps me informed and listens to everyone." They said communication between staff was good, adding, "If we only cared for our team and did not communicate with each other it would not be helpful." Staff meetings were held to help ensure that all staff were involved in the running of the home. These were held by department so discussions were focussed. We read domestic staff met together, there were regular nurses meetings, kitchen staff held meetings and there was a general staff meeting.

People and their relatives had opportunities to give feedback on the service provided. A relative told us meetings were held when they could make suggestions and that these were listened to. They said that relatives had commented that the television was always on and suggested music instead. They told us that the registered manager had acted on this straight away and we noted that music was being played in the communal lounges during the morning.

Maintenance checks were carried out on the premises to help ensure people were living in a safe environment. The provider told us in their PIR, 'resident's environment is assessed regularly to provide freedom for them to move around as safely as possible. This is done by the maintenance person daily'. The maintenance person confirmed they carried out daily walkabouts and kept equipment serviced. Records of servicing of equipment were seen and other checks carried out included legionella, fire alarm, lifts, gas and electrical checks.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not always ensured that people's dietary requirements and preferences in relation to their nutrition were met.