Methodist Homes

Handsworth

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 12 and 13 December 2017 and the first day was unannounced. At the previous inspection in September 2016, we asked the provider to take action to make improvements in seeking people's consent to receive care and staff training in mental capacity. These actions had been partially been completed.

Handsworth is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is registered for up to 43 people and is located in a residential area of Bowdon in Greater Manchester. Accommodation is across three floors. There is an accessible garden to the rear of the premises and parking for several cars is available at the front of the home. All rooms have their own toilet and some rooms have ensuite shower rooms. At the time of our inspection there were 39 people living at the service.

There was a manager in post who had been registered with CQC since October 2010. 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.

We found two breaches of the Health and Social Care Act regulations in relation to adequate recording and communication of risks. You can see what action we told the provider to take at the back of the full version of the report.

We made two recommendations about enhancing the current emergency evacuation system and strengthening how the Mental Capacity Act was applied with the service.

The service was not consistently safe as risk assessments did not contain sufficient details to ensure staff supported people safely. Recruitment processes helped to ensure suitable staff including volunteers were employed and staffing levels were sufficient to support people appropriately. There were systems in place to protect people from risk of abuse, accidents and incidents.

Appropriate maintenance and checks took place to ensure equipment and the environment were safe for people living at the care home and staff supporting them. The building was in need of refurbishment. However the registered manager could not tell us when this work would start.

Staff's knowledge and awareness of mental capacity and deprivation of liberty safeguards was satisfactory. People's care records contained capacity assessments and appropriate applications for deprivation of liberty had been made. However, requirements of the mental capacity act were not always applied effectively. For example, consent to care was not always consistently recorded in people's care records.

People told us the food was of acceptable quality and meals took into consideration people's preferences. This helped to maintain people's good health and wellbeing. We identified concerns regarding how information about special dietary needs such as fork-mashable foods was communicated to staff. We asked the registered manager to address these concerns.

The provider ensured new staff completed an induction and received mandatory and on-going training. Staff had regular supervision and yearly appraisals. This helped to ensure staff were equipped and supported to carry out their role.

The provider had proactive systems in place to ensure people's healthcare needs were met as and when required. The local GP operated a weekly surgery from the care home and people were supported by staff to attend hospital appointments.

The service was caring and compassionate. People's dignity and privacy were treated respectfully. We saw that there was good rapport and friendly interactions between people and staff. Staff demonstrated that they knew people well and were able to describe people's personalities, their preferences and their interests.

Relatives gave us examples of how they were involved in making decisions about the care provided. Care records we looked at confirmed that relatives, where applicable, had been consulted in the care planning process.

We saw examples of how people were encouraged to develop and maintain their independence. This helped to ensure people maintained a good quality of life and wellbeing.

The service was responsive to people's needs. Support plans contained personal histories, equality and diversity information and people's interests and hobbies. The service had assessed all relevant needs such as physical and emotional needs. An activities coordinator with the support of volunteers arranged a wide range of activities and outings to help ensure people's mental health and physical wellbeing was catered for.

People's end of life needs were reviewed and updated as required and family members, where appropriate, were involved in this process.

Complaints and concerns raised were well managed and in line with the legal requirements.

The provider had systems in place to help ensure people's communication needs and impairments were recorded and staff were aware of these. Appropriate consents were in place to share this information with the relevant health authorities.

The service was not consistently well led. Quality assurance processes in place did not effectively identify concerns identified at this inspection such as gaps in risk assessments, mental capacity requirements and consent, and clear communication to staff about people's dietary needs.

The registered manager was well-liked and respected. People and their relatives told us the registered manager and staff were helpful. There was an open and transparent culture at the service. The registered manager valued the contribution of their staff and there was good communication amongst the staff team. This helped to ensure people were supported effectively.

Staff were adequately supported in their caring roles. This support included regular staff meetings and policies and procedures.

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 consistently safe.

Risk assessments did not contain sufficient details to ensure staff supported people safely.

Recruitment processes helped to ensure suitable staff including volunteers were employed and staffing levels were sufficient to support people appropriately.

Appropriate maintenance and checks took place to ensure equipment and the environment were safe for people living at the care home and staff supporting them.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Information about special dietary requirements was not clearly communicated to staff.

Some improvement had been made in staff awareness and knowledge of mental capacity. Care records contained assessments of people's mental capacity and appropriate applications for deprivation of liberty were made. Consent to care was not always evidenced in people's care records.

People told us staff were competent in their roles. There was a robust induction for new staff. On-going training was provided on a regular basis.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring.

We observed staff's approach was warm and friendly.

People told us they were supported to maintain their independence according to their abilities.

Is the service responsive?

Good

The service was responsive.

Care plans contained a holistic assessment of people's needs. This included personal histories and communication needs.

People were supported to participate in activities of their choice, which they enjoyed.

Concerns and complaints were managed in line with the registered provider's policies and procedures.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People, relatives and community professionals were complimentary about the approach of the staff and management at Handsworth.

There were quality assurance processes in place but these had not effectively identified concerns found at this inspection.

The provider ensured that there were mechanisms in place to get feedback about the service and ideas for improvement from people living at Handsworth and the staff employed there.

Handsworth

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 December 2017 and the first day was unannounced.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of people using residential services and those living with dementia.

Before the inspection visit we looked at all the information we held about the service. This included information sent to us by the provider as part of their registration and notifications of significant events and safeguarding alerts.

During the inspection we spoke with 12 people who used the service, two visiting relatives, the registered manager and other staff on duty who included care assistants, the chef and maintenance staff. We also spoke with visiting health professionals including a GP and podiatrist. At the end of the inspection we gave feedback to the registered manager and a senior manager who worked for the provider, Methodist Homes.

Following our site visit, we contacted Trafford local authority and Healthwatch Trafford to see what information they held on the service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. The local authority identified concerns and made recommendations for improvements in aspects of risk assessments, pressure care equipment and medication.

We observed how people were being cared for and supported. Our observations included using the Short Observational Framework for Inspection (SOFI) during the morning. SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We reviewed the care records for four people who used the service. We also looked at the records of staff training and support and other records used by the provider for managing the service, which included records of accidents and incidents, quality monitoring checks and action plans. We looked at the environment and equipment used at the service and records relating to their maintenance.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Handsworth. Comments included: "I like the company. The staff seem alright" and "I feel safe here." We saw that people were settled and comfortable in their environment and also with all staff.

Risks to people were assessed however we found risk assessments did not always contain sufficient details to ensure staff knew how to support people safely. In one person's care records, we noted they were at risk of choking. The risk assessment did not contain specific details to guide staff nor did it refer to the speech and language therapy (SALT) guidance, which was present in the person's records. Another person's risk assessment identified the risk of falls but the guidance to staff was minimal. We spoke with staff and looked at support plans evaluations which provided some assurances that appropriate action to mitigate the identified risks had been taken as required. However new or agency staff would not be aware of the guidance as it was not in the risk assessments.

The provider failed to ensure records adequately reflected people's assessed risks. This was a breach of Regulation 17 of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed environmental risks including infection control and prevention and equipment and found these to be satisfactory. We observed that the home was kept clean and free from malodours. Staff had a good knowledge and awareness of hygiene and infection control prevention. We observed staff demonstrated good practice for example use of personal protective equipment such as gloves and aprons.

Maintenance and safety records we viewed showed the relevant checks took place to ensure equipment and the environment were safe. These checks included the passenger lifts, hoists, fire systems and equipment, gas and electrical equipment and water systems. Staff told us and records confirmed that monthly fire drills were carried out. These checks helped ensure a safe environment was maintained for the people living there and staff supporting them.

We looked at the laundry and spoke with laundry staff. We saw there was a clear system in place to keep soiled items separate from the clean ones. Clothing items were labelled and returned to people's rooms as soon as they were laundered. We noted there was very little incidence of people's belongings going missing. One relative told us, "They (Staff) are not bad with laundry and looking after clothes."

We checked that the recruitment process in place met current regulatory requirements. We looked at four staff files and each file contained an application form, full employment history, records of interview and the relevant pre-employment checks such as written references and disclosure and barring service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people who use care and support services. We noted and brought to the registered manager's attention that in the case of one staff member, two references had been obtained from personal sources rather than from their former employers. We pointed out it was best practice to obtain and

verify that references were from previous employers, where possible.

We noted the home used volunteers and we saw pre-recruitment checks similar to those used to recruit care staff were in place to help ensure volunteers selected were suitable to work with people living at Handsworth.

Some people told us there was not always sufficient staff on duty. We spoke with the registered manager about this and we looked at the dependency tool used. We saw that staffing levels were determined by the level of need each person required in aspects of their daily living including mobility and dexterity, personal hygiene and dressing. This was done quarterly or when people's needs changed. We saw people had call bells or used pendants to get staff to assist as required. The registered manager told us and we saw there was a system in place to help ensure calls were attended to within four minutes. This helped to ensure people were attended to in a prompt and responsive manner.

The registered manager told us they used agency staff to cover shifts. Records we looked at showed that the same agency staff were used to help ensure the staff team was as consistent as possible.

Throughout our inspection we observed the atmosphere to be calm and relaxed with staff attending to people as promptly as they could. While we acknowledged some people told us there was not always enough staff on duty, we found sufficient staff were deployed to support people safely.

We saw personal emergency evacuation plans (PEEPs) were up to date and accessible should they be needed. PEEPs are plans which detail people's individual needs to help ensure they are safely evacuated from the premises in the event of any emergency. The provider used a traffic light system (red, amber, green) to prioritise the level of support each person required. We made a recommendation that the provider identifies the RAG rating on each person's door as this would enhance the current system for recognising those people who required more support in an emergency.

There were systems and processes in place to protect people from abuse including recording and appropriate reporting of safeguarding incidents. Staff we spoke with knew what action to take if they suspected abuse was taking place. We saw from the organisation's training matrix that all staff had received training in safeguarding awareness. Staff told us they were not afraid to whistle blow and we saw there was a current policy and procedure in place to do so displayed on the main noticeboard. The registered manager also gave us an example of staff using the whistleblowing policy to help protect people from financial abuse.

We reviewed records of accidents and incidents that took place at the service including falls monitoring. We saw that appropriate action was taken by the service to help keep people safe. These incidents were also analysed to help identify trends and minimise reoccurrence.

This meant people were protected from harm because there were suitable systems in place to manage incidents.

We looked at the processes in place for the safe management of medicines. Medicines were stored securely in a locked cabinet in the medicines room. There was also a fridge to store medicines that required cool storage. Controlled drugs, very strong medicines that may be misused, were stored in accordance with legal requirements and were administered and recorded correctly.

Records we looked at confirmed temperatures of the medicines room and the fridge were checked and

recorded daily and were within recommended limits. We saw each person had a medicine file which contained the most current medicines administration record (MAR). These records gave clear instructions on what medicines people were prescribed, the dosage and timings.

We looked at four medicine administration records (MAR), including the recording of topical creams given; these were completed and signed appropriately. This meant people had received their medicines as prescribed. We saw that there was suitable guidance in place to assist staff with administering 'as required' medication.

We saw staff had received the appropriate training for administering medicines and had their competency checked regularly. We observed a senior staff member on duty administering medicines to people. People were approached sensitively and the medicines were administered safely. Medicines administration records (MARs) were completed after each medicine was given. This meant accurate records were made as people accepted or refused their medicines. Regular checks of medicines administration records and checks of stock were carried out. This meant there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection found the registered provider was in breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found evidence that consent was not always available and staff did not fully understand capacity, which meant people may not receive appropriate support to make decisions.

At this inspection, we found improvements in staff knowledge and training. Care records we looked at contained assessments of people's mental capacity. We saw the registered manager had made appropriate applications for DoLS authorisations and kept a record of these to ensure people were not deprived of their liberty without legal permission to do so. However requirements of the MCA were not applied consistently. In one person's care records, we saw evidence that the person lacked capacity to make decisions about their care yet they had signed their care documents. There was no further evidence to indicate there had been an attorney acting on their behalf. We asked the registered manager to follow up on this matter. In another care record, there was a reference to a lasting power of attorney which we asked to view. However the registered manager did not produce the document.

We recommend the provider implements appropriate process to ensure the MCA is consistently applied within the service.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their nutritional needs were met. We saw the service had a 3-week menu that was changed on a seasonal basis. Breakfast consisted of a selection of fruit juices, porridge and cereals, fresh fruit, toast and marmalade. We saw people had a choice of meals and that ample staff were present to help people if required.

We asked the chef about people who required food to be specially prepared such as textured diets and thickened fluids. They were aware of people's dietary requirements but was unable to provide specific documentation about them. We raised this issue with the registered manager. They told us and we saw a record of people's dietary needs was kept in the kitchen. There were detailed instructions to guide staff on

the use of thickener medication for people's food and drink and any special preparations required for example, food to be cut up into small pieces or textured diets, for example, fork-mashable or pureed. This information was not clearly communicated to staff. We asked two staff members how much thickener should be used in a person's drink and they provided contradictory information. This meant people were at risk because staff were unaware of their specific requirements. This was a breach of Regulation 12 of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager provided assurances that they would address these issues in staff supervision to ensure incidents were avoided.

We looked at the care records for four people living at Handsworth. Detailed initial assessments had been completed prior to admission which recorded the specifics of care and support required. This helped to ensure the service was able to meet the person's assessed needs. Initial assessments were used to develop person centred support plans for each identified need, for example, mobility and dexterity, dental needs, mental health and diet and weight, and also identified personal outcomes.

New staff received an induction in line with the provider's policy. This process was robust and helped to ensure staff were adequately prepared to carry out their caring duties. We reviewed the training matrix and found that staff received training considered mandatory by the registered provider and on-going training as required. We saw the registered manager promptly actioned any refresher training required by staff. We noted that dementia awareness training was not considered mandatory yet there were some people at Handsworth living with dementia. We highlighted this to the registered manager who told us they ensure all staff completed dementia training. Following our site visit, the registered manager sent us information that staff had been nominated for this training. We will check this has been completed at our next inspection.

The staff told us and personnel files we viewed confirmed they received regular supervision and annual appraisals. They said they felt comfortable speaking with the registered manager about any concern and felt supported.

People and relatives told us staff employed at the care home were good at their jobs. They said, "The staff are very good" and "All staff are very helpful. The night staff are quite good." Visiting health professionals told us staff were competent and proactive in ensuring people were looked after appropriately. One said, "If I come here and leave any instructions the staff always follow them – the resident I have seen today has really improved and that's down to the staff."

Throughout our inspection and in care records we looked at, it was evident that people were able to access health care as required such as GPs, opticians and podiatrists. At inspection, we spoke with various health professionals including the GP who carried out a weekly surgery at the service. They told us and records showed most people were registered with this practice. However people had the choice to access their own GP should they choose to do so. We were satisfied there were adequate systems in place to help ensure people's healthcare needs were proactively met.

The care home provides accommodation across three floors and has a passenger lift. With their permission we visited people in their rooms and found they had been personalised with their own items such as family photos, books and other personal effects.

Good

Is the service caring?

Our findings

People and relatives told us the service was caring. They said, "You can have a laugh and a joke with staff", "Staff are lovely. Very kind" and "They take time to have a chat with you and are very welcoming."

We looked at four care records and each contained a detailed personal profile and history which included people's ethnic group and religion, preferences, interests/hobbies, religion and communication needs. This information helped staff to understand and support people in a compassionate way.

Throughout our inspection, we saw staff interaction with people was warm and friendly. For example, we saw that staff were at eye level with people when engaging in conversation, even if this involved bending or kneeling down. Appropriate physical contact by the staff was observed, such as hand holding or placing their arm around someone whilst speaking discreetly with them.

We observed that people engaged well with the registered manager and staff. People chatted easily and engaged in good natured banter with the staff and the registered manager. There was the distinct sense of friendship between people and staff and people appeared comfortable and relaxed in their environment. The registered manager told us and we saw they had an open door policy. During our inspection we saw that some people stopped at the registered manager's door for a chat. It was clear that staff knew the people they supported well.

We observed some people living at Handsworth had developed good relationships with each other, and supported and encouraged each other. People told us and we saw they enjoyed spending time together in the communal areas and going out to various church events.

We saw that people, where possible, were encouraged to maintain their independence and build their confidence. One person told us, "(Staff) help you when you require it but I'm independent." The staff we spoke with displayed an awareness and understanding of how to promote people's independence. One staff member told us, "I let (people) do as much as they can for themselves but let them know I am here if needed." Throughout our inspection, we observed that staff through their actions helped people to maintain their independence and choice.

People told us they were treated in a respectful and dignified manner. For example, we observed two staff members hoisting a person in communal lounge. This was done sensitively and throughout the process they explained what they were doing. At meal times we saw staff escorted people to the dining room in an unrushed and patient way. Staff told us they always knocked on people's doors before entering. People we spoke with confirmed this to be true.

We spoke briefly with the chaplain about their role at the care home. They told us and we observed that they read through the daily records to get a sense of what pastoral support people would need while they were visited.

We observed there was no restrictions on relatives visiting their loved ones. We saw that staff made visitors welcomed and visitors we spoke with were very complimentary about the service.

Good

Is the service responsive?

Our findings

Support plans we reviewed were detailed and considered people's physical, mental, emotional and social needs and included a personal history, interests and hobbies and religious practices. People's communication needs were identified and recorded. This helped the service respond appropriately to their needs. People told us and relatives confirmed they had been involved and contributed, where appropriate, to the care planning and review processes.

Support plans were evaluated monthly. We noted records of these reviews were repetitive and did not always reflect what action, if any, had been taken. For example, one person had been referred to the GP having had two falls in the month of September 2017 but there was no record of the outcome of this referral.

People told us and we saw the care home arranged a variety of activities; these included quizzes, card games and going on outings. Two people told us about the mobile library that visited the home. Comments included: "I join in with all activities. [Activity coordinator] is very good but a little more would be appreciated – more things to do", "There are plenty of activities if you want them." "There was a varied number of activities carried out at Handsworth. The care home employed an activities coordinator and we saw that volunteers were used to assist in a range of ways. For example, on the first day of our inspection we noted a volunteer came in and played the piano in the lounge area. Another volunteer helped to clear up after the main evening meal. The activities coordinator told us and we saw from a quickly drafted timetable that volunteers helped the service facilitate its activity programme.

People were encouraged to access the community. For example, during our inspection, two people we spoke with told us they were attending a Christmas lunch at one of the local churches. Another person told us they had attended a concert the week before we visited. We found the service helped to support people's wellbeing by providing meaningful activities and accommodating people's access to the community.

People's end of life care was dealt with in a sensitive way. The registered manager told and care records confirmed that end of life was discussed, if people wished to, upon admission. These plans were reviewed and updated as required and included decisions around resuscitation. We saw in one person's care records they did not wish to be resuscitated. However there was no 'Do Not Resuscitate' (DNR) documentation in place. We raised this with the registered manager who told us they would contact the GP to arrange this. Following our site visit, the registered manager provided evidence that the DNR was now in place.

Most people and relatives we spoke with told us they had no reason to complain. One person told us they had raised their concerns regarding a member of staff to the registered manager. We saw that they had taken appropriate action in line with the provider's policies and procedures for complaints.

We saw that care records held information such as people's communication needs and disabilities or impairments such as hearing or sight loss. Staff we spoke with were knowledgeable about people's communication needs and we saw appropriate consents in place to ensure this information was shared with relevant health professionals.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, there was a registered manager in post who was supported by a deputy manager in the day to day running of the service.

There were systems in place to monitor and assess the quality of the service. These helped to ensure people's safety and welfare were maintained and people achieved meaningful outcomes. Quality checks included medication administration, accidents and incidents and people's care records. We noted additional oversight was provided through corporate audit processes such as monitoring visits from the quality manager and the area manager. While we acknowledged there were systems in place to audit and monitor quality these were not effective in identifying the issues we found at this inspection such as risk assessments, recording of consent and the communication of people's dietary needs

At our last inspection in September 2016, we noted the home was in need of refurbishment. At that time, the registered manager informed us of a five year maintenance/replacement programme to manage this process. At this inspection we noted no progress had been made and asked the registered manager and the maintenance staff about this. While they indicated the provider had prioritised improvement work at Handsworth, they could not give us a definite response as to when this work would begin.

People, relatives and health professionals we spoke with were complimentary about the registered manager and staff. Comments included: "I know the manager [she is] very helpful", "I respect [name] as a manager", "The consistency of staff is good especially with older service users who may have dementia" and "I travel all around the area and work in many care homes and there are only two, maybe three homes I would put my mum in and this is one of them."

We observed there was an open and transparent culture at the care home. The registered manager provided clear leadership which helped to ensure good communication amongst the staff team and support people effectively and responsively. They told us, "Each one of my staff are so good; all go the extra mile. There's nothing they wouldn't do." We saw there was a good team spirit amongst all the staff and staff we spoke with said they were supported by the registered manager and the organisation and their colleagues. Comments included: "The manager and the senior staff are all great and you can talk to them anytime", "I enjoy my work. My colleagues are friendly and the residents are lovely" and "I've got a bond with some of the residents and I get on well with the other carers."

Managers and staff we spoke with told us one of the key strengths of the organisation was its core values. Both the registered manager and the area support manager spoke passionately about their role in and commitment to providing both physical and spiritual care and support to the people living at Handsworth.

Records we looked at showed there were mechanisms in place to ensure people and their relatives could provide feedback to the registered manager and registered provider about the service. These included residents' committee who met frequently, regular residents/relatives meetings and an annual survey. A notice was displayed in the reception area informing families of a meeting to be held on the 24/1/2018

which helped ensure service users were involved in making decisions related to the care provided to the residents in the home.

People told us they were able to raise concerns at residents' meetings and have these actioned. For example, one person told us about the poor quality of the towels and that after raising the issue a new stock had been ordered in.

The annual survey was carried out by an independent organisation and 2017 results had not yet been returned to the service. We reviewed the results of previous year and noted that while the overall results were positive people had rated the service better in the previous year. We saw an action plan had been devised to address the concerns raised and that some of these actions had been addressed.

The provider also sought feedback from staff via an annual staff survey. The outcome of the 2017 survey was mainly positive and identified areas in which remedial action was required. These included listening to staff's views and showing appreciation for staff's contribution. The registered manager told us that senior staff had decided to do workshops to discuss improvement ideas. However at the time of this inspection these workshops had not yet been arranged.

Regular staff meetings were held. We saw minutes from meetings of day and night care staff and senior care staff. We also saw evidence of meetings of the kitchen and domestic staff.

There were policies and procedures in place to provide guidance and support to staff in carrying out their caring role. The registered manager told us and we saw there was a 'policy of the month' system in place. Staff had to read and sign that they had reviewed the chosen policy.

The registered provider is a charitable organisation that promotes the spiritual and physical wellbeing of older people with care and support needs. The registered manager told us they were well supported by colleagues within the wider organisation and also attended monthly home managers meetings to discuss practice across their various homes.

The registered manager understood their legal obligations including notifying CQC of any significant incidents. This was evidenced by the appropriate notifications having been sent to the CQC.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk because staff were unaware of their specific dietary requirements. Reg 12(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure records adequately reflected assessed risks to people. Reg 17(1)(2)(b)