

Carlton Nursing Homes Ltd

The Carlton Nursing Home

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection of The Carlton Nursing Home took place on 5 and 7 May 2015. The first day of our visit was unannounced, however, the second day of our visit was announced. We previously inspected the service on 22 May 2014. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

The Carlton Nursing Home is registered to provide accommodation and personal care for up to 17 older people many of who are living with dementia. The home provides accommodation on the first floor and has two lounges and a dining room on the ground floor.

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe.

Accidents and incidents were logged, however, we noted a recent incident which had not been reported to the local authority safeguarding team promptly.

Summary of findings

Parts of the home were in need of redecoration, curtains were hanging off the curtain rails in two bedrooms and when we exited some of the bedrooms the doors closed with a loud noise. We were not able to clearly evidence that repairs to the premises and equipment were completed in a timely manner.

Relatives and staff told us they did not feel there were enough staff to meet people's needs. At lunchtime we observed a person sat in the lounge from noon until 12.55 waiting for their lunch.

There was a system in place to ensure people's medicines were managed safely.

Some of the people living at the home had a diagnosis of dementia and were not free to leave the home would they request to do so. The registered manager was aware this was a matter which needed to be looked at however, on the day of our inspection no applications had been made to the local authority to consider if a DoLS authorisation was required.

This demonstrates a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received the induction, training and support they needed.

People who lived at the home told us the food was nice. Staff supported people to eat and drink in a kind, caring way. People were offered a choice of food and drinks and there were nutritious snacks available throughout the day.

Meals at lunchtime were already plated up and did not provide people with the opportunity to serve themselves or assist staff in choosing the quantities of food they wanted on their plates.

The environment lacked stimulation for people who were living with dementia. A member of staff told us there was a rummage box for people, but this was locked away.

People told us staff were caring and kind. Throughout our inspection we observed staff interacting with people in a caring, friendly, professional manner.

Staff were able to clearly describe the steps they would take to ensure the privacy and dignity of the people they cared for and supported.

The home employed an activities organiser to organise and enable people to participate in activities however, there was a lack of meaningful activities for a number of people who lived at the home.

People's care plans detailed the care and support they required and included information about people's likes and dislikes. People's daily records did not provide evidence of the care and support they received and were task focused.

Feedback about the registered manager was positive. When we spoke with the registered manager they were knowledgeable about the care and support needs of the people who lived at the home.

We were not able to evidence that people's care and support was provided in line with current good practice guidelines for dementia care. The environment and activity programme were not conducive to supporting people who were living with dementia to 'live well'.

Audits were completed on a regular basis which covered a number of aspects of the service delivered to people. These helped the registered manager to identify any shortfalls and take action to address these matters.

We saw evidence that regular meetings were held with staff, people who lived at the home and their relatives.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People told us they felt safe and staff were aware of their personal responsibilities for safeguarding people using the service.

Parts of the home were in need of redecoration and refurbishment.

People told us there were not always enough staff to meet people assessed needs.

People's medicines were managed safely.

Requires improvement



Is the service effective?

The service was not always effective.

Staff received supervision and training.

The registered manager had not yet made any applications for to the local authority to consider if a DoLS authorisation was required for some of the people who lived at the home.

People told us the food was good. Staff supported people to eat and drink.

The environment was not stimulating for people who were living with dementia.

Requires improvement



Is the service caring?

The service was caring.

Feedback from people who lived at the home and their relatives was that staff were caring.

Staff were respectful in their approach and were able to tell us how they maintained people's privacy and dignity.

People were supported to make choices and decisions about their daily lives.

Good



Is the service responsive?

The service was not always responsive.

Activities were provided but this was not at a level which would meet the needs of all the people living at the home.

Daily records did not evidence that people's care was delivered in line with their personal preferences as recorded in their care plan.

Complaints and concerns were recorded and acted upon.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led.

The registered manager was visible in the service and knew the needs of the people in the home.

People we spoke with spoke positively about the registered manager.

We were unable to evidence that peoples care and support was planned and delivered in way which enabled people living with dementia to live well.

The registered manager held regular meetings with staff, people who lived at the home and their relatives to gain feedback about the service provided to people.

Requires improvement



The Carlton 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 5 and 7 May 2015. The first day of our visit was unannounced, however, the second day of our visit was announced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for a person who uses this type of care service. The expert by experience on this occasion had experience in providing care and support to older people. Before the inspection we reviewed all the information we held about the service including notifications and local authority contract monitoring

reports. We had also received some information of concern regarding staffing levels, the allocation of continence products and the time staff were getting people out of bed in the morning. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. Not all the people who used the service were able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views.

During the inspection we spoke with four people who lived at the home, three relatives and three external health care professionals who were visiting the home. We also spoke with the quality manager, the registered manager, two registered nurses, two care assistants, the activities organiser, a domestic and a cook. We spent time looking at three people's care records and a variety of documents which related to the management of the home.

Is the service safe?

Our findings

During our visit we asked people whether they felt safe in the home. Everyone whom we spoke with told us that they did. One person said, “Oh yes I feel safe here. I've been happy since I came here”. A relative we spoke with told us, “(Person) is safe in here.”

Before the inspection we received information of concern that people's continence needs were not been met following an assessment by the continence team. A member of staff we spoke with on the inspection also told us there were issues around the allocation of continence products for people. We discussed this with the registered manager who explained the process for assessing people's needs in line with the health authority guidelines and the action they were taking where it was clear the continence product was not meeting people's needs. We were reassured that action was being taken to address any on going issues.

All the staff we spoke to, with the exception of one staff member, were clear about safeguarding and their role in relation to reporting any incidents or situations which might put people at risk of harm. One of the staff we spoke with was able to clearly describe potential safeguarding incidents, the types of abuse and the action they would take. They said “I would go to my manager.” We asked what they would do if they had a concern about the registered manager, they responded with, “I would go over their head or to Kirklees. We have had whistle blowing training.” This demonstrated staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

The registered manager logged all accidents and incidents. The log recorded the date and details about the incident along with external agencies who had been notified of the incident. The log also recorded if a change was required to the persons care plan. We noted an incident log dated 29 April 2015 where a person's medicine had been administered incorrectly. While we noted the service had taken appropriate action in taking medical advice and informing the person's family of the incident, that matter had not been reported to safeguarding. We asked the registered manager about this and they told us they were aware that the matter needed to be reported but they were gathering all their evidence about the incident first. We advised the registered manager of the importance of

reporting all potential safeguarding incidents in a timely manner. When we visited the home for the second day of our inspection the registered manager told us they had reported the matter to the local authority safeguarding team.

Each of the care plans we looked at contained a personal emergency evacuation plan (PEEP) and we saw equipment to support staff in the event of having to evacuate people was located within the home. Checks were completed at regular intervals on the fire detection, emergency lights and fire equipment to ensure they were fully functioning. We inspected records for the lift maintenance and found they had been inspected by a competent person. Certificates confirmed safety checks had been completed for gas installation, potable appliance testing and the fire system. This helped to ensure premises and equipment were safe and fit for purpose.

During our inspection of the home we noted that some areas of the home were in need of redecoration and refurbishment. For example, much of the wall paper and paintwork around the home looked ‘tired’ and worn. In two of the bedrooms we looked in we saw the curtains were hanging from the curtain rails and the dignity curtain covering the small window of another bedroom door was hanging off. We also noted a screw attaching a radiator guard to the wall was loose in another bedroom. When we exited some of the bedrooms we noted the door closed very loudly behind us. This may be a cause of possible disturbance to people at night time when staff are entering and exiting people's bedrooms providing care and support.

There was a system in place to log when repairs and maintenance was required to the building and equipment. Many of the entries did not have the date recorded as to when the work was completed therefore we were unable to clearly evidence that repairs and maintenance work were actioned in a timely manner. A monthly health and safety audit completed by the manager, recorded in January, February and March 2015 that one gas ring was not working on the cooker. A kitchen audit by the cook also recorded in January, February and March 2015, two new fly screens were required in the kitchen and there were three also three cracked tiles in the kitchen. On the second day of our inspection these issues remained unresolved.

During our tour of the building we found a store cupboard which contained household cleaning products and the laundry room door were unlocked. While both these rooms

Is the service safe?

were in area of the home which was not freely accessed by people who lived at the home both doors had a notice on the outside which clearly instructed staff to keep the door locked at all times. This meant there was a risk that people could access these areas who did not have the authority to do so.

One of the concerns raised with us prior to the inspection was about strong odour in some people's bedrooms. We looked in ten bedrooms and no odours were detected. The home was generally clean and tidy although there was a slight odour in the lounge and the carpet in the reminiscence lounge was heavily stained. Personal protective equipment was readily available for staff to use throughout the home. We noted one member of staff wore nail varnish and a wrist watch and a material apron instead of the disposable aprons provided by the service. This is not in line with current good practice guidelines for infection prevention and control. We discussed this with the registered manager on the first day of our inspection.

We looked at the recruitment records for two staff. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. However, we could not see documented evidence that gaps in one persons' employment history had been explored. That meant the staff member had not been properly checked to make sure they were suitable and safe to work with people.

One of the concerns we had received prior to our inspection was that there were not enough staff to meet people needs. When we asked people about staffing in the home relatives reported that staffing appeared low at times. One relative said, "I think this home is very good but at times there are staff shortages."

Feedback from staff echoed the feedback from relatives. Staff comments included, "There are not enough staff. We have to do everything in two's for our own protection. Nurses don't do toileting. So there are three carers and if one is off sick there are two. We need four on each shift really." "It would be nice to have enough staff over lunch to feed people at the same time." One staff member said they

also needed an extra member of staff at tea time. They said they were not aware of any incidents that had occurred as a result of not having enough staff but said the 'staff are just running around'. They added, "We try to ensure care is person centred as much as possible. That is difficult if we are short staffed, we become task focused."

We saw from the duty rota and speaking to staff that the deployment of staff had been adjusted to ensure staff were able to support people with breakfast and getting up in a morning. However, at lunchtime we noted that one person was sat in the lounge from noon until 12.55pm with a napkin on waiting for their lunch. Another person waited for over thirty minutes for a member of staff to support them.

During the tea time period on the first day of our inspection we heard a member of staff ask the registered manager if they would help staff with supporting people to eat, they said this was because two staff were 'upstairs and the staff were 'running around'. This showed there may not be enough staff on duty to ensure people's assessed needs are met in a timely manner.

We asked the registered manager what action would be taken in the event of a member of staff being absent. They said they would try to contact other staff to cover the shift, if they were unable to cover the shift then the issue was escalated to senior management to arrange agency staffing. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw people's medicines were stored safely. Temperature checks were recorded daily for the room where medicines were stored and the medicines fridge. We saw a monitored dosage system (MDS) was used for the majority of medicines with others were supplied in boxes or bottles. We checked two people's boxed medicines and found the stock tallied with the number of recorded administrations.

We also checked two medicines which were stored in the controlled drugs cupboard. The stock tallied and each entry was completed and checked by two staff. We noted the staff completed a stock check of the medicines stored in the controlled drug cupboard to ensure that all the stock was accounted for. The staff member told us this should be

Is the service safe?

done weekly but for the two medicines we looked at the stock check was last recorded as completed on 14 April 2015. This meant that in the event the stock of these medicines did not tally it would be difficult for the home to thoroughly investigate the matter and account for the missing medicine.

We asked a team leader how topical medicine (cream) was recorded. They showed us the records for one person who was prescribed a cream. We saw a separate record was

kept which recorded the name of the cream and when and where staff were to apply it. A member of staff told us the care staff completed these records when they applied people's creams.

Staff told us they received regular training in medicines management and also received an assessment of their competency. This meant people only received their medicines from people who had the appropriate knowledge and skills.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager told us no one at the home was currently subject to a DoLS authorisation. Access within the home was restricted by the use locked doors. The registered manager told us they were aware this was a potential restriction of people's freedom and said they were aware of the need to assess the people who were living at the home and make the appropriate referrals to the local authority.

This demonstrates a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence in each of the care plans we looked at that assessments had been made of people's capacity to make decisions and where appropriate evidence of best interest meetings and outcomes. This included people's medicines, finances and keys to bedroom doors.

We saw from the training matrix staff received training in MCA and DoLS. This ensures staff are aware of their responsibilities in relation to this legislation.

The registered manager told us new staff completed induction training and an in-house induction to introduce them to the home and the people who lived there. They said new staff shadowed an experienced staff member for a minimum of three shifts before they were counted in the staffing numbers. One member of staff we spoke with told us they had recently commenced employment at the home. They said they had completed a week's induction training which covered safeguarding, health and safety, moving and handling, whistle blowing and the mental capacity act. This demonstrated this staff member had been supported in their role.

Staff told us they received regular training in a variety of subject, including, moving and handling, fire, food hygiene and infection prevention and control. One staff member said, "I've done a lot of training over the years in dementia,

end of life care, Mental Capacity Act, NVQ level 1, 2 and 3, use of reminiscence boxes and team leader training. We have regular safeguarding training. Now they just do the statutory training, moving and handling, health and safety."

We saw from the registered providers training matrix that staff received regular training and there was programme in place to refresh staff's training needs on an ongoing basis.

Staff also told us they had regular supervision with their manager and said they felt able to speak openly with their manager in their supervision. This showed that staff were now receiving regular management supervision to monitor their performance and development needs.

People who lived at the home told us the food was nice. One person said, "The food couldn't be better. It's great. I eat everything they put down." Another person told us, "You can't complain about the food. It's very nice and you get plenty of it too."

At lunchtime we observed two staff support two people to eat and drink. The staff made eye contact with the person, spoke with them and supported them at the individuals own pace. We also one member of staff change a person's napkin between the main course and dessert, this helped the person to remain clean and comfortable.

During tea time in the dining room we saw staff spoke with people about the choice of food and drink, they also spoke with people while supporting them to eat. Staff spoke to people in a kind and patient way.

We saw drinks and snacks were offered to people between meals. The cook told us snacks included fruit, yoghurt and cakes. This meant people were offered food and drink in sufficient amounts to meet their individual needs.

The menu was displayed in the dining room in a picture format, however, the pictures on display did not match the meal which was served to people. This may lead to confusion for people about the meal choices available to them.

We noted at lunchtime the meals were already plated up and served to people. There was no opportunity for people to make personalised choices about the amount of potatoes or vegetables they had or how much custard they would like with their pudding. This was a missed opportunity for staff to enable people to make choices and to make the meal time more interactive for people.

Is the service effective?

We saw from people's records that the advice of external healthcare professionals including GP's, dieticians and tissue viability nurses were sought as needed.

Each of the care plans we looked at contained a hospital passport. This provided detailed information for hospital staff about each person's health and support needs, likes, dislikes and preferences. Where a person may not be able to fully communicate their needs, this information may reduce the risk of the person receiving inappropriate and unsafe care if they require hospital treatment.

Some people's rooms were personalised, not all the bedrooms we looked at felt welcoming. One person had two photo frames with photographs but neither frame had been fastened to the wall. One frame was on the window ledge behind the curtain which meant the person was not able to see it. Pictures on the ground floor corridor were placed high on the wall making it difficult for people using wheelchairs to see them.

We found the environment was not stimulating, particularly for people living with dementia. There were no rummage items or objects to pick up and engage with. A member of staff told us these items were kept locked away. A small lounge had been refurbished and contained some reminiscence equipment, an old radio, a telephone and a clock.

The garden area was enclosed but was not aesthetically pleasing. A member of staff said the garden could not be used for people living with dementia, they said it needed to be 'levelled'. The registered manager told us the garden needed work to be done to make it a pleasant and useable space for people who lived at the home.

Providing an appropriate environment for people living with dementia can greatly enhance people's quality of life.

Is the service caring?

Our findings

We asked people who lived at the home and relatives whether they felt the staff were caring and kind in their approach. All the comments we received were positive. People who lived at the home said, "I'm being well looked after here", "They look after me. They are ever so good with us" and

"We get well looked after here."

Comments from relatives were, "The carers are very good. They look after (relative's) needs", "They handle (relative) with kindness at all times" and "The care is 100%. When we looking around other places were very nice but not as caring as here. We were welcomed with open arms."

During our inspection we observed staff interactions with people. Good relationships were demonstrated through general conversation, jokes and happy banter. People looked well cared for and wore appropriate clothing and footwear. This indicated that staff had taken the time to support people with their personal care. Staff we spoke with were knowledgeable about people's individual support needs and spoke about those they cared for as individual people and not as an illness or a task.

We asked a member of staff how they maintained people's privacy and dignity. They told us, "It's difficult in a room full of people but I ask people quietly if they need to use the toilet, ask them if they want me to be in with them, and make sure the door is closed. Close the curtains in the bedroom." They also said, "Person centred (care) is in everything you do. What the individual wants, not queuing people up to use the toilet. Knowing the person. It starts with a person's body language and facial expression."

We observed a person position become unsafe when they were eating their lunch. While staff attended to the person a member of staff took their meal back to the kitchen to keep warm for them. We also observed staff transferring a person in a hoist. This was done quietly with staff explaining their actions to the person and reassuring them throughout the transfer. Explaining your actions to people who may be living with dementia can help to ease the person's anxiety when staff are delivering their care and support.

We also spoke with staff about they supported people to make choices about their lives. One staff member said, "I try to give people a choice of food. I know the persons needs from working with them. If they can't communicate you can tell by facial expression sometimes, or talk to families and check the care plan. You can show them two plates of food" Another member of staff explained how they enabled a person to choose the clothes they were going to wear in a morning.

People's care plans recorded that people could make decisions about their life. For example, one of the care plans we looked at detailed, 'I am able to choose my own clothes'. Another plan recorded the person could 'make their own needs known'. This demonstrated people were supported to make choices and decisions.

One of the nurses told us that no one at the home required the use of an independent advocate. They said people who lived at the home all had family members who were involved in their care. They told us they were aware of how to access the advocacy services in the event this was required. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

Is the service responsive?

Our findings

We asked people who lived at the home and their relatives, about what was available to engage them during the day. One person said, "They (staff) take me out in a wheelchair." Relatives' comments included, "They put entertainment on and they put things on that (person) likes." "(Staff name) does some activities but there are not so many now. They do cinema sessions."

We saw the activities plan was on a notice board in the corridor. It was not given any prominence and would have been hard for people to see. Activities did not follow the activities programme and were sometimes planned for just one individual. This meant other people may not participate in any activity.

There was an activities co-ordinator employed at the home. They told us they asked people what they wanted to do and tried to plan activities around this, "We have an outing tomorrow. Most staff know what the individual likes of residents are. A lot of the ladies like to be pampered." During the conversation they demonstrated knowledge of people's past lives and interests.

During the first day of our inspection there was cinema session in one of the lounges where some people sat and watched a film and later we saw staff painting some people's nails. While staff interacted with people throughout the day many people were sat with little to engage them other than the television or the radio.

We looked at the activity record for one person and saw the activities listed for them included, watching a film, listening to music and having a hand massage. The last entry was dated 30 April 2015.

We did not see evidence that people were supported to take part in spontaneous occupational activity for example, folding linen, setting tables. We asked the registered manager and some of the staff we spoke with if this was part of people's daily routines. One staff member told us about a person who liked to dust. The registered manager expressed interest in exploring the possibility of enabling some people who lived at the home to participate in more engaging activity.

Prior to the inspection we received concerning information that staff were getting people up at 5am. We spoke with one member of staff who told they sometimes worked on night duty. They told us they had no concerns about poor practice in regard to getting people up in the morning. They told us about the morning routine for night staff and the routine of some people who they said may choose to get up early in the morning.

When we looked at people's daily records we found we were unable to evidence the time people got up in the morning or what time they went to bed. The daily records lacked detail about people's daily lives and were task focused. For example, in the morning 'assisted'. This meant we were unable to evidence that the delivery of people's care was person centred and in line with their personal preferences.

We saw a lot of detail in people's care plans about people's preferences and the care and support they required. For example, 'Before bed I like a warm drink of milk or Horlicks'. However, some of the records we looked at lacked the level of detail which may be required to support some of the people who lived at the home. For example one record noted, 'I am easily distracted, staff can use this when I am distressed'. However, there was no information as to how to distract the person.

We asked a relative what they would do if they were not happy with any aspect of their relations care and support. They told us, "I'd talk to (name of registered manager) if there were any problems." We asked one of the nurses what action they would take in the event of someone raising a concern. They told us they would talk to the person who had raised the concern to try to resolve the issue and also report the matter to the registered manager. The registered manager told us they had not received any formal complaints since our last inspection. We looked at the log of verbal concerns and saw four concerns had been logged since September 2014. Each entry detailed the date the concern was raised, the name of the complainant, the concern raised and the action taken. This meant a record of people's complaints and concerns was maintained.

Is the service well-led?

Our findings

During our visit we spoke with the relative of a person who lived at the home. They told us, “(Registered manager) is brilliant. She listens to you when you are speaking to her.” A visiting professional said, “It seems like a very nice home. They (staff) are very welcoming.”

We asked staff if they thought the home was well led. Comments included, “(Registered manager) is a very good boss. She is very understanding and fair”, “The manager is very flexible and professional” and “(Registered manager) is supportive. I can talk to her”.

The registered manager had been employed at the home for one year. They spoke with knowledge about the individual needs of the people who lived at the home. We asked the registered manager how they ensured the care and support provided to people was in line with current good practice guidelines, in particular for supporting the needs of people who were living with dementia. They told us one of registered nurses was a dementia champion and they told us they had engaged in study around a particular aspect of dementia care.

There was no evidence to support that people’s care and support was delivered in line with current good practice guidelines for dementia care. The environment and activity programme were not conducive to supporting people who were living with dementia to ‘live well’. During our inspection we spoke with the registered manager about potential sources of information for improving the quality of people’s lives at the home.

The registered manager told us they felt supported by the registered provider and that senior managers visited the home regularly. A quality manager had been recently appointed to the organisation and the registered manager told us they visited the home at least monthly. We saw the quality manager recorded the findings of their visit and provided the registered manager with written feedback and an action plan to address where issues had been identified. The quality manager also told us they followed up at their next visit to ensure issues which required attention had been addressed. This meant the registered provider had a system in place to ensure that identified shortfalls were addressed.

The registered manager and designated staff completed a number of audits to monitor and review the quality of the

service they provided to people. This included an audit of five care plans each month. The registered manager told us where issues were identified, they spoke with the nurse responsible for the individual care plan. We saw that where a matter had been identified, the care plan was audited the following month by the registered manager to ensure the issues had been addressed. This demonstrated the registered manager had a system in place to monitor and review people’s care plan records.

A monthly audit was completed on all the mattresses in the home to ensure they were effective and clean. We noted the records did not clearly evidence that thorough checks had been completed on each mattress. We discussed this with the registered manager on the first day of our inspection and when we visited for our second visit they showed us how they had made improvements to their records.

When we reviewed the monthly audits for the kitchen we saw the overall score for the audit evidenced there were no issues of note. However, when we looked at the content of audit we saw that two issues had been identified where action was required. We discussed with the registered manager the need to ensure the audit score accurately reflected the findings of the audit and to ensure the registered provider was clearly aware that issues had been identified and required action.

Meetings with staff were held at regular intervals and minutes evidenced the attendees and topics discussed. Topics included, safeguarding, infection prevention and control, activities and documentation. However, where an area for improvement had been identified, the subsequent meeting minutes did not evidence if the matter had been resolved or if further action was required.

One relative we spoke with told us regular meetings were held for people who lived at the home and their relatives. We saw the meetings were recorded and evidenced the topics discussed. We noted two of the comments recorded within the minutes from 21 October 2015, ‘the staff do a good job, they care for residents, and ‘staff here are caring, they treat the residents with respect’.

Meetings with staff, people who live at the home and their relatives are an important part of the registered provider’s responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

Is the service well-led?

We did not look at the homes quality feedback surveys as the surveys for the current year had not yet been distributed.

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	People who use services were being deprived of their liberty without appropriate authorisation.
	Regulation 13 (5)