Laudcare Limited

Kingsmead Care 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 21 and 22 February 2017. Kingsmead Care Home provides accommodation, personal and nursing care for up to 43 older people. The home is located in central Swindon. At the time of our visit 31 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe. Risks to people's well-being were assessed and recorded. People were protected from the risk of abuse as staff had a clear understanding of their responsibilities to identify and report abuse. The registered manager ensured there were sufficient numbers of staff on duty to keep people safe. The registered provider followed safe recruitment procedures.

People received their medicine as prescribed and the medicine was kept securely. However, we identified issues around stock control and found the medicines that required cold storage were not always stored as per manufacturer's instructions.

The provider ensured staff had been appropriately trained to meet the needs of the people. Staff were supervised in their roles and told us they were well supported. People were supported to meet their nutritional needs and have access to health professionals if needed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the registered manager understood the MCA and DoLS and the provider followed the legal requirements.

People benefitted from caring relationships with staff. People were cared for by caring staff that knew people well. Staff treated people with dignity and respect. People were encouraged to be independent and their cultural needs were respected.

People's care records documented their needs and preferences for how they wished to be supported. The provider had a system in place that ensured people and their relatives had opportunities to provide feedback.

The provider had systems for monitoring and assessing the quality of the service. However, these were not always effective as they did not identify the issues we found on our inspection. The registered manager was open and transparent and acknowledged our findings.

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 this 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?

Requires Improvement

The service was not always safe.

We identified issues around management of medicine stock control and found the medicines that required cold storage were not always stored as per manufacturer's instructions.

People told us they felt safe.

Staff were aware of their responsibilities to keep people safe from avoidable harm and abuse.

People were cared for by sufficient numbers of staff to keep them safe.

Is the service effective?

Good

The service was effective.

Staff received training appropriate for their roles.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have access to healthcare services and to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by staff that developed positive caring relationships with them.

Staff were motivated and enthusiastic about caring for people.

Staff supported people in a professional and compassionate way.

Is the service responsive?

Good

The service was responsive.

People's care records documented their needs and preferences for how they wished to be supported.

People told us they felt staff responded to their needs well.

Provider had a complaints policy and the complaints were managed appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had systems for monitoring and assessing the quality of the service, however these were not always effective.

Staff were aware of whistleblowing policy.

The management team provided good support to staff.

Kingsmead Care 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 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 21 and 22 February 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We asked the provider to complete a Provider Information Return (PIR) and this was returned. A PIR is a form that asks the provider some key information about the service, what the service does well and any improvements they plan to make. We also reviewed the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We also contacted the local authority commissioners of the service to obtain their views.

During our inspection we spent time observing care throughout the service. We spoke to nine people and five relatives. We also spoke with the registered manager, deputy manager, two registered nurses, six care staff, the chef, one member of housekeeping team and the maintenance man.

We looked at records, which included five people's care records and a sample of the medication administration records. We checked five staff recruitment files and training information. We also looked at a range of records about how the service was managed. Following our inspection we contacted a number of external professionals who had been involved with the people living at the service to obtain their views.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. Comments included: "Safe, yes because carers are very good", "Feel very safe. I like it where I am", "Safe and sound", "Feel very safe and secure. General staff (are) very good. Know me so can be safe with me" and "Like it here. Feel very safe, people about not like living on my own". People's relatives also commented they felt people were safe. Comments from relatives included, "I know that she is safe. When I come in always so nice and clean, really beautiful, well looked after", "A very happy place where you can feel safe" and "When I come in everything is alright. I know she is very safe and well cared for".

Staff we spoke with were aware of safeguarding procedures and their responsibility to report any suspected abuse. Staff knew how to recognise the different types of abuse and told us they would not hesitate to report if they had any concerns. One member of staff told us, "I'd inform the manager and documented it. I can go report to head office". Another member of staff told us, "I am able to recognise abuse, it can be physical, psychological or neglect. If I know something is wrong I have to report it to my boss or head office".

Risks to people's well-being were assessed and recorded. Where people were identified as being at risk, assessments and action plans were in place to manage these risks. Risk assessments included areas such as mobility, skin care or nutrition. Where risks were identified there was information available how to support the person. For example, one person was assessed as needing two staff for all transfers. They had a clear risk assessment in place that gave full instructions to staff about the intervention required and details of the equipment needed. This included the type and the colour of the sling.

On the day of our inspection there was sufficient staff on duty to keep people safe. We observed call bells were answered promptly. The registered manager used a dependency tool to assess the number of staff required on each shift. The registered manager told us they were working towards reducing agency staff use and were actively recruiting. They planned then to review the need to increase the staffing levels following a successful recent trial.

People and their relatives told us when they needed a member of staff they were always able to find one. One person told us, "Staff do pop in when they can. I like talking to them. Cleaners are very good, always chatting to me whilst they work". One relative said, "Never have any difficulty in finding staff, always someone around". Another relative said, "(Staff) are always popping their head round the door". People also said that staff usually arrived quickly when they called the bell for assistance. We observed staff paid regular visits to communal areas and attended to people who were unable to, or chose not to leave their room. We saw when staff passed rooms with open door they used the opportunity to speak to engage with people. Staff felt there was enough staff. One member of staff said, "We have now new staff, three new staff started on induction, we're occasionally short over the weekend but if we're short the nurses would help and we'd work as a team". Another member of staff said, "Enough staff for the number of people we have".

The registered manager ensured a safe recruitment and selection process was followed. Staff files contained the required pre-employment checks. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring

check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We observed the administration of medicines and we saw that medicine was given to people in a professional manner. The medicine was kept securely in designated drug trolleys and in the drugs room that was locked. The nurse in charge wore a 'do not disturb' tabard to enable them to fully focus on the administering of medication. The Controlled Drugs (CD) were stored in a locked cabinet within the treatment room. A random check of a CD stock matched the amount recorded. Medicine Administration Records (MAR) were completed to show when medication had been given. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People told us they received medicines when needed. One person said, "I get my pills in time. Just had my morning ones. You can get extra pain relief if you need it". Another person said, "I take quite a few pills. Always arrive at the same time, never any problems".

However, we identified issues around stock control. We checked the stock of three randomly chosen boxed medicines and found the stock did not balance on two checks. We asked the staff about the discrepancies and they were unable to account for this. This meant we could not be reassured people had their medicines as prescribed. We also identified the temperature of the fridge used for medicine requiring cold storage was not always recorded. Staff told us and we observed there were people's insulin and antibiotics stored in the medicine fridge. When we checked the records of fridge temperatures for February 2017 we found that on eleven occasions the temperature was not recorded. Additionally on two occasions the temperature of the medicines fridge recorded was found to be outside the safe parameters specified but there was no information if any action was taken as a result of this. This meant we could not be reassured the medicines were stored according to manufacturer's instructions therefore the quality of the medicine could be compromised.

The provider had recently changed their policy around 'when required' medicines. The new policy stated the signature box on the medication records should be left blank if the medicine was not administered. We observed the staff did not always follow this guidance. We raised this with the registered manager who told us they were going to ensure all staff adhered to the new policy.

Accident and incident recording procedures were in place and appropriate action had been taken where necessary. For example, one person sustained a fall. The staff ensured emergency services were called and the person was under regular observation. The person was due to return to the service following an overnight stay in the hospital and the manager told us they were going to refer the person to a dementia specialist for a review. The provider used an electronic system to record all accidents and the information was shared with the provider's head office.

Good

Is the service effective?

Our findings

People and their relatives said staff were well trained. Comments included, "Can't grumble. Think they are looking after me well so feel they must know what they are doing", "The ones I've come across have had very good training" and "Staff seem well trained to cope with people's needs".

Staff told us they felt they had the training they needed to carry out their roles effectively. Staff were positive about the training they received. Comments included, "Good induction, prepared well for the role", "Training is good, refreshers when needed. They remind us about e-learning and keeping it up to date" and "This was my first job in care, mentor was allocated, an experienced carer. Also done shadowing".

Staff told us they felt supported in their roles. Staff comments included, "I had supervisions", "I have supervision every couple of weeks". We saw an example of supervision session notes and noted that where an action was identified the registered manager ensured this was completed. For example, it had been identified that further training around care planning was required. The registered manager told us they ensured training was scheduled and was due to take place the following day of our inspection. Where appropriate, group supervision had taken place. For example, the registered manager identified staff needed to be more vigilant when completing the daily charts such as fluid or food charts. We saw a copy of the group supervision notes that was scheduled to address this issue with the staff.

People told us their wishes were respected and they could make their own decisions. Throughout the day we saw people were making choices and that their decisions were supported by staff. For example, we observed one person who liked to help with the garden was able to access the garden area when he liked. They told us, "(Staff) listen to what you want to do". We observed another person and saw they asked to be taken to their bedroom because they liked to have an afternoon nap. They told us, "I can get up or have a lay in, go to my room when I want". Another person commented, "I got a bottle of my favourite sherry and my favourite ginger wine in my room. I have a glass every day".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). People's records confirmed the Act was followed. For example, one person was unable to make a decision if they wanted to have a flu jab. The person's file contained a clear mental capacity assessment in relation to this particular decision and the best interest process was followed. Where required DoLS were applied for and the registered manager had a list of the expiry dates to ensure another application was submitted in a timely manner. An external professional said, "Some good evidence of least restrictive interventions and DoLS".

Staff we spoke with were aware of the principles of the act. Comments from staff included, "People can

decide (for themselves) and I have to respect it. If people struggle to make decisions we may do it in their best interest", "People need to make their own choices, we can help. For example, use visual aids, ask a couple of times, show them both tea and coffee or (choice of) clothes".

People were supported to maintain their well-being and have access health professionals if needed. People told us they had seen the doctor, a dentist, chiropodist and an optician. Support was available from the local hospice which supported the home with end of life care. A representative from the Parkinson's Society made visits to one person. People's files reflected professionals' advice was followed as required. An external professional said, "Nursing staff are willing to engage in discussions and make referrals to other services".

People complimented the food at the service. Comments from people included, "Food fine, lovely meals here. Like the puddings", "I like the food but I am not a big eater. Chef made me some cheese on toast, lovely and crispy, I ate the lot. They know I like peaches and cream", "Choice of food improved a lot and portion sizes" and "Really enjoy the food here, usually hot and tasty". People's relatives commented on how staff ensured people's nutritional needs were met. Comments from relatives included, "[Person] needs her food fork mashed. Staff do help with eating" and "[Person] lost lots of weight in hospital but since he has been here he has put on weight and is so much better".

People were supported to meet their nutritional needs. On the day of inspection there was a lot of choice around mealtime. People were able to choose whether they ate in their rooms or in one of the communal dining areas. Mealtime in the downstairs dining room was a real social time with good interaction between people and staff. Tables looked attractive with clean linen tablecloths, flowers, mats and suitable cutlery. We saw people who ate in their rooms and who needed help with their meals were supported in a dignified way. We observed staff explained the parts of the meal, offered choices and asked if people were ready for more food before offering another spoonful.

The chef had procedures are in place to make sure that people received the correct nutrition. This included a copy of people's nutritional preferences and dietary needs. We saw the records were kept in a file in the kitchen. This ensured that if the chef was absent people would still get their correct meals. Nurses kept the chef informed if peoples' nutritional needs changed in relation to weight, allergies, or medical condition. The chef was given daily updates on two people suffering from Diabetes so that adjustments could be made to people's meals.

Good

Is the service caring?

Our findings

All people we spoke with were positive about the staff and the support they received at the service. Comments received from people included, "Generally the staff are very good. They know me and what I want", "Staff listen to what I want", "Some carers, who have left, pop back to see me. One came back and brought her baby in" and "If I did want anything people would come along and do it".

People's relatives were also complimentary about the staff. Comments from relatives included, "Care wonderful, fantastic", "Every time I come to see [person], [person] is very clean and well looked after", "Pretty impressed with the care. I have been in other homes to visit. This one is the best" and "Caring supportive people". An external professional said, "Staff need support to provide a person centred approach. There is a lack of consistency with some staff having good knowledge, others less so. However, significant and ongoing improvement seen, staff continually strive to achieve good practice".

People were involved in their care. Throughout the day we heard people being involved in making choices and decisions around their care. Care was only carried out with people's consent. For example, staff knew that one person needed to be given personal care in the afternoon. The person's relative told us the staff were careful to ask for person's consent. We observed the person, who had limited difficulty verbalising but they pointed and smiled to indicate their approval. People told us they received care from supportive staff that knew them well. One person said, "After staff have been here for a while they know how you like things done". Another person said, "Carers know that I am an early riser so they bring me a cup of tea and then get me up. If it is somebody I don't know then I ring the bell and they make me a cup of tea".

People's independence was promoted. We observed one person mobilised using a walking frame and they were supported in an unobtrusive way by a member of staff. At one point the member of staff put an arm around the person to give their reassurance. Staff also told us they were aware of importance of keeping people as independent as possible.

People's dignity and privacy were respected. Staff addressed people by name and had a good manner with them. The majority of residents enjoyed the light hearted banter and staff were aware of people who preferred a more formal approach. We observed staff ensured people's privacy was maintained by knocking on doors and waiting to be invited in. Where doors were not closed staff gently opened doors to check on people who were sleeping or unable to communicate. Staff ensured people's bedroom doors were close before care was delivered. One person's relative told us, "Always treat him with great respect and recognise his need for privacy". Another relative said, "Very good privacy here. The staff will knock on the door, introduce themselves and wait to be invited in".

People were cared for by staff that were enthusiastic about their roles and working at the service. Comments from staff included, "We are there to look after them and meet people's needs and values. Provide what they need", "I would not like anyone washing me without saying anything", "That's the residents' home, we (staff) are only visitors" and "I would like to do this job now how I would like to be treated".

Peoples' spiritual and cultural wishes were respected. The staff supported one person of an ethnic minority community background. The staff established the person's cultural food needs and the chef sourced and prepared lentil and rice based vegetarian dishes that met the person's wishes. Another person's care plan stated, "Due to religious beliefs [person] doesn't shave only cuts beard a bit".

People's confidentiality was respected. People's care plans were locked in nurses' stations. Staff did not discuss people's needs in communal areas. Staff understood and respected confidentiality. One member of staff told us, "Files are locked". Another member of staff said, "We're not allowed to speak about people outside the home, or when someone rings about people we need to be careful not to disclose any information to someone who is not a relative".

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home. Where applicable, people's files contained copies of their assessments received from people's social workers. This information was then used to write a care plan. People's care records contained details about people's health needs, preferences, life history and how they wanted to be supported. For example, one person's care plan read, 'I like to be called (preferred name). You need to be in front of me when you're talking to me and touch my arm and never approach me from behind as his will scare me'. People and their relatives were involved in their care planning. One person said, "I talk about my care needs, any changes, things like that". One relative told us, "When [person] first came in I was involved with drawing up his care plan".

We found the service was responsive to people's needs. People told us they felt that the care they received was what they needed, when they needed it. One person said, "A little while back I was cold. Rang my bell, they brought me a blanket straight away".

Relatives commended the service for contributing to people's improving health. One relative said, "Quality of care couldn't be better. [Person] came in with bad ulcers. Healed here and no repeat of the problem. [Person] wasn't coping at all at his previous home, very restless, was lashing out in frustration. From the moment [Person] came here [Person] responded well to the calm atmosphere and settled. The only noise you hear is laughter". We spent some time with this person and observed staff communicating with them in an appropriate way and using non-verbal clues to find out what the person wanted. Another relative said, "[Person] came in from hospital, they told us that they had two months to live. Three years later and [Person] is still here and that's care". Another relative added, "Staff understand issues around dementia here. They listen, always care and do anything we and [Person] wants".

On the day of our visit there were no activities taking place. The registered manager told us they appointed a new activities co-ordinator who was due to take up her post soon and in the meantime activities were being offered by care staff. People spoke highly of provision of activities they experienced so far and told us they enjoyed chair based exercises, bingo, visits, quizzes and art and craft therapy. People told us they hoped that these would restart soon. Photographs were available that showed people taking part in a variety of activities. Peoples' spiritual needs were met, services were held at Kingsmead on a regular basis by visiting priests from the local church community.

People benefitted from environment that provided natural daylight and artificial light that helped people with visual impairments. Pictures and memorabilia gave people clues to their location. People had enjoyed views from their windows and bird feeders provided an interest for a number of people. A paved enclosed garden enabled people to enjoy time outside and allowed those interested to participate in gardening activities.

The provider had a procedure for making complaints. Information about how to complain was available to people and their relatives. People we spoke with had no concerns. One person said, "No real complaints ever. Talk to staff, only little things, put it right". Other comments from people included, "Complaints, no. We

have residents 'meetings, you can bring up anything you like. If anything goes missing talk to the laundry person and they will sort it", "Nothing to complain about whatsoever" and "No never needed to complain. Things sorted by carers or nurses straight away". One relative said, "All very approachable but no concerns ever". We viewed the complaints log and noted that complaints logged were responded to by the management.

People had opportunities to provide feedback via a number of ways. People had opportunities to attend meetings and benefitted from the registered manager's open door policy. The registered manager told us they identified people's response to an annual surveys was poor, therefore they introduced an iPad system where people were able to provide feedback and comments about the service at any time. The feedback submitted was sent to the registered manager for a follow up as an electronic alert. We viewed the system and saw that a number of submissions were actioned and responded to where necessary and the registered manager was in a process of actioning the others. One relative told us, "I used the computer feedback system to ask if [person] could spend more time in the lounge because they were always very sociable. I put it on the iPad and they did it. Now if he is not in the lounge when I come in they tell me why. Very open to suggestions". We were told by people they attended the recent residents' meeting.

Requires Improvement

Is the service well-led?

Our findings

The provider had various quality assurance processes in place however, these were not always effective as they did not identify issues we found on our inspection.

For example, we looked at the most recent medicine audit carried out at the end of January 2017. The audit failed to identify issues we found around poor recording of medicine fridge temperatures. Also where the audit asked whether the temperature of the room was recorded daily the recorded answer was 'yes'. We however saw the temperature of the medicine room was not recorded on seven days throughout January and prior to the date of the audit.

We identified people's care plans were not always current. One person was prescribed fluid thickener in October 2016 but their care plan did not reflect this. However, the staff were aware the person needed the thickener. Staff knew how much powder needed to be added to achieve the required consistency. The person's room file contained a chart where the staff recorded when the person received thickened drinks. Therefore there was no risk to the person and it was a records issue. We raised this with the registered manager who immediately arranged for the care plan to be amended. There were monthly audits carried out of all people who were at risk of choking and used fluid thickener. We viewed the copy of this audit and where it asked if this person's care plan was up to date the answer recorded was 'yes'. This meant the audit was not effective did not identify the person's care plan had not been updated despite them using the thickener since October 2016.

Additionally, we found where the issues had been identified there was no evidence that appropriate and prompt action was taken to address these. For example, during the medicine audit carried out at the end of January 2017 concerns were found around medicine records. The audit stated if an area for improvement was identified an action plan should be put in place within 24 hours. We found there was no action plan in place except a handwritten note stating that the issues identified would be discussed at the next nurses meeting. There was no evidence the issues had been raised with the staff or discussed during the daily Heads of Department meetings. We saw a poster that the next nurses meeting was planned for the end of March. No reference to issues identified was available in the records of the daily Heads of Department meetings that took place following the audit. This meant there was no evidence the issues identified were followed up promptly.

The provider's regional management were responsible for carrying out the monthly support visits. We viewed the record of the visit carried out at the end of December. The report acknowledged the improvements required. For example, four care plans were found to be lacking information however no specific action was put in place other that 'please ensure all care files have been updated on a monthly basis'. The report also acknowledged the action generated following the pharmacist's audit carried out at the beginning of the same month, however no information was available about the progress made or specific action taken to ensure these were completed. We found the recommendation given by the pharmacist were still to be completed. This meant there was lack of provider's oversight in respect of ensuring that their audit and governance systems remained effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager at the service was an experienced manager who had been leading the team at Kingsmead for over four years. The registered manager only returned from a maternity leave three weeks prior to our inspection. Since their return to work the registered manager already identified some areas for improvement and we saw appropriate action was taken to address this. For example, they identified people's room charts, such as turning charts or cream charts were not always fully completed. The registered manager told us they worked with the team to ensure the recording of charts kept in people's room improved. We viewed samples of room charts and we saw these were mostly fully completed. When we raised with the registered manager issues we found around quality assurance, they were open and transparent and acknowledged these. They told us how they were going to ensure people's care plans were up to date. They said, they were going to reallocate people's named nurses once they received additional care plan training. They would then delegate the responsibility to ensure people's care plans are kept up to date.

The registered manager was supported by the provider's head office and senior team. Kingsmead management submitted monthly returns of various data such as accidents and incidents and these were monitored by the provider's head office to ensure any patterns or trends could be identified.

People complimented the service and how it was run. One person said, "A nice place to be, friendly, kind people". Another person said, "Pleased that everything is so clean. The building doesn't smell at all. Nice atmosphere, all lovely".

People's relatives complimented the good communication from the management. Comments included, "Informed about everything that happens", "Kept informed about everything to do with [person]" and "Phoned immediately if there is a problem". An external professional commented, "Well led and staff engage positively. Open to asking and accepting advice and support where needed". Another professional said, "In terms of the manager, [registered manager] is openly transparent and I feel I can discuss things with her in an open, professional and caring manner. She will deal with any query promptly and effectively. Kingsmead has always been a tightly run ship".

Staff spoke positively about the registered manager. Comments from staff included, "Manager is very supportive, I called her one evening as I was concerned about one of the residents and she came to the home to support me", "Manager is approachable" and "Always open door, always helpful".

People and staff commented positively on the atmosphere at the service. Comments from people and relatives included: "A nice place to be, friendly, kind people", "Welcomed with a cup of tea, carers very friendly, chat to whoever is on duty" and "Atmosphere very good. One day girls came in with a cake, lit candles the lot, singing happy birthday".
Staff also complimented the atmosphere at the service. Staff said, "Feels like a family", "Nice teamwork. Yesterday was my day off but short staffed so I came in. Was thanked by the manager" and "We work as a team, feel valued by my team leader and the manager".

Staff were encouraged to attend staff meetings. We saw the minutes from the most recent staff meeting held in December and noted staff were reminded to make sure their training was up to date. The good practices such as knocking on people's door and good communication were discussed.

Staff were aware about provider's whistleblowing policy. Staff told us they would not hesitate to report any

safeguarding concerns. Staff also knew they were able to report outside the organisation. Comments received from staff included, "Hope I never have to but if I saw anything wrong then I would see a nurse or manager and if necessary take my concern beyond the home to [provider]", "I would report (any concerns) to senior staff, or HR or Care Quality Commission (CQC), we have all information displayed on the board".

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted any notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure that accurate and up to date records in respect of each service user were kept. The provider's quality assurance, audit and governance systems were not operated effectively. Regulation 17(2)(a)(c)(f)