Barchester Healthcare Homes Limited

Southgate Beaumont

Inspection report

15 Cannon Hill
Old Southgate
London
N14 7DJ

Tel: 02088829222
Website: www.barchester.com

Date of inspection visit:
28 March 2017
29 March 2017

Date of publication:
17 May 2017

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We undertook an announced inspection on 28 and 29 March 2017 of Southgate Beaumont. Southgate Beaumont is registered to provide nursing care and accommodation for a maximum of 52 older people. At this inspection there were 46 people living in the home.

At the last inspection on 16 and 18 December 2014 the home was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risks assessments were being carried out to keep people safe. For one person with a risk of skin complications, action plans were in place to minimise the risk of serious skin complications. However, some actions were not being carried out to minimise this risk such as repositioning within a specific timeframe. For another person with pressure ulcers, timely intervention had not been made to a health professional to ensure the person received immediate care and support.

Staff were not always deployed effectively throughout the first floor. Some people raised concerns with response time to call bells and we saw some delayed responses to answering call bells. After the inspection, the registered manager sent us an action plan that detailed how staff would be deployed throughout the first floor so that they would be more readily available to answer call bells.

Medicines were being managed safely.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

Staff sought people's consent to the care and support they provided. People's rights were protected under the Mental Capacity Act 2005. Deprivation of Liberty safeguarding application had been made for people that, due to their own safety, required supervision when going outside.

People had the level of support needed to eat and drink enough, and to maintain a balanced diet. People were able to access healthcare services and attend routine medical appointments and health monitoring with staff support.

Staff encouraged positive, caring relationships with the people who lived at the home.

People were treated in a respectful and dignified manner by staff who understood the need to protect

people's human rights.

There was a programme of activities. These activities took place regularly.

People received care that was shaped around their individual needs, interests and preferences. Care plans promoted a person-centred approach, and staff followed these plans.

We identified a breach of regulation relating to risk management. You can see what action we have asked 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

Some aspects of the service were not safe.

Risks assessments were being carried out to keep people safe. Action plans for one person at risk of skin complication was not being followed and timely intervention had not been made with another person with pressure sores.

Staff were not deployed effectively throughout the first floor.

Medicines were being managed safely.

Staff were aware on safeguarding procedures and knew how to identify and report abuse.

Is the service effective?

Good

The service remained Good.

Staff had received training and were supported to provide the care people needed.

Staff told us they were supported. Staff received regular one to one meetings and appraisals.

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

People had access to healthcare services.

Is the service caring?

Good

The service remained Good.

We saw people were happy and cared for. People and relatives confirmed this.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service remained Good.

Care plans were current and reviewed regularly with people. Staff had a good understanding of people's needs and preferences.

People were involved in a wide range of everyday activities.

Complaints were being investigated and appropriate action taken.

Is the service well-led?

Good

The service remained Good.

There were systems in place for quality assurance. We discussed our concerns with the issues we found with skin integrity with the registered manager who assured us measures would be put in place immediately for people at risk of skin complications. After the inspection the registered manager sent us evidence to demonstrate that the provider's clinical development nurse would visit the home to review skin integrity and its documentation.

There was an open and inclusive atmosphere within the home.

Staff and health professionals were positive about the support received from the management team.

The service sought feedback from people and staff through meetings and surveys.

Southgate Beaumont

Detailed findings

Background to this inspection

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

The inspection was carried out on 28 and 29 March 2017 and was unannounced. The inspection was undertaken by an inspector, a specialist advisor in nursing 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 relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people and the provider information return pack, which the home sent to us to tell us how they manage the service under the five key lines of enquiries. We also made contact with health and social professionals that worked with the home.

During the inspection we spoke with seven people and seven relatives. We spoke with 17 staff, who included, the senior regional manager, regional manager, registered manager, deputy manager, two nurses, four care staff, in house trainer, home service manager, laundry supervisor, activity coordinator, maintenance staff member, head chef and assistant chef. We spoke with seven health professionals, who included, two physiatrists, a physiotherapist, a podiatrist, the GP, a palliative care nurse and a tissue and viability nurse. We also spoke with a representative from University College of London who was delivering training on dementia and anxiety. We observed interactions between people and staff to ensure that relationships between staff and the people was positive and caring.

We looked at documents and records that related to people's care and the management of the home. We looked at five people's care plans, which included risk assessments. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We reviewed five staff files which included training and supervision records. We looked at other documents

held at the home such as medicine records and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe" and another person commented, "Yes I do feel safe. The carers are always about." A relative told us, "The carers are lovely, all of them." A psychiatrist told us, "So far, my experience of the home is good" and a physiotherapist told us, "It is very good here, I am very satisfied." A palliative nurse told us, "Overall people are nicely cared for" and a podiatrist told us, "Compared to other homes I have been to, they [people] are very well looked after here."

Despite these positive comments we found that some aspects of the service were not safe.

Skin integrity was assessed using Waterlow charts to determine risk levels. However, for one person the Waterlow scoring had been added up incorrectly. As a result, the person had been assessed as at high risk of developing pressure ulcers instead of at very high risk. The registered manager told us that the person's skin was healthy and this would not have changed the support the person received. Records showed the person's skin was healthy at the time of the inspection and was being monitored regularly. The person had a history of skin complications. A risk assessment on potential skin complications had been created to mitigate this risk. The risk assessment stated the person be re-positioned every two to three hours. The re-positioning chart showed the person was not re-positioned every two to three hours and there were a number of occasions between 25 March 2017 to 28 March 2017 that the person was re-positioned over 4 hours. The person also had a history of urinary tract infections (UTI). They were encouraged to drink 1.5 litres of water a day to ensure they were hydrated to minimise the risk of re-occurrence. No monitoring of this was taking place and the fluid intake was not being recorded.

Another person had been discharged from the hospital to the home with pressure ulcers on their back. The person required regular re-positioning on both sides to avoid pressure on the ulcer, as instructed by a Tissue and Viability Nurse (TVN). The person had subsequently developed pressure ulcers on both their left and right sides. The TVN was informed and a treatment plan was put in place on 20 December 2016 and the TVN would review this in 4-6 weeks. The care plan dated 27 December 2016 outlined the TVN's instructions to 'Observe for any deterioration in wounds, and inform the TVN.' The pressure ulcers were deteriorating. The person was positioned either on left or right side throughout January 2017, despite the worsening pressure ulcers this appeared not to have been reported to the TVN. The TVN visited the person on 7 February 2017 and concluded the current repositioning had put pressure on both sides and was a contributing factor to the deterioration of the pressure ulcers on the sides. The treatment plan was revised to include the person to be repositioned on both sides and also the back as the ulcer on the back had improved to relieve pressure on the sides. As a result the pressure ulcers on the sides had improved.

We found the extensive photographic evidence of the pressure ulcers was not kept in sequential order, and was not associated with the TVN reporting. The lack of sequential documentation made it difficult to chart progress and plan effective care. The photographic evidence and TVN reporting had been archived despite the wounds not having healed. Therefore, there was no audit trail to assess how the wounds were progressing. Both the registered manager and deputy manager agreed opportunities had been missed to intervene earlier, and that important photographic evidence had been archived too soon, and was very

poorly ordered.

The above issues related to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Assessments were carried out with people to identify any risks and provided clear information and guidance for staff to keep people safe. Assessments were specific to individual's needs such as on smoking, falls/trips, diabetes, and wandering. Staff had knowledge of the risk assessments and what steps they should take to help keep people safe from harm. For people at risk of falls, there was a falls diary that detailed if people fell and the actions taken. Records showed the home worked with the Community Health Assessment Team (CHAT) for people at risk of falls.

The provider used a Dependency Indicator Care Equation (DICE) tool to assess dependency levels and calculate staffing levels. The DICE is a tool that takes into account the person's needs and level of support and then calculates how many hours of support the person requires. The DICE tool also takes account national averages of peoples assessed needs against the hours recommended by the tool. The registered manager told us that staffing levels still remained the same as it would be if the home was at full capacity therefore they were overstaffed. All the staff we spoke with had no concerns with staffing levels and told us that they were not rushed in their duties. During the inspection we observed staff were not rushed and had time to chat with people and provide support when required. The staff rota confirmed planned staffing levels were maintained. People and relatives we spoke with generally had no concerns with staffing levels.

We observed the first floor was separated into two areas. People lived in both these areas. A small number of people lived in one area. We observed that there was a lack of staff presence in this area. We tested the call bell response in this area to check staff response. The registered manager told us the response time should be within six minutes. We checked the response time on both days with the registered manager. On the first day the response time was on the sixth minute and on the second day staff did not respond within six minutes. The response time on both days on the ground floor was within three minutes. Most people told us the response from answering call bells was prompt. However, two people raised concerns with the call bell response, one person told us, "Sometimes they are quick with answering the bell and sometimes it takes longer. It's unusual but once I had to wait half-an-hour" and another person told us, "They could improve on coming sooner when I press the button, mostly at night." After the inspection the registered manager sent us an action plan that detailed how staff would be deployed throughout the first floor so that they would be more readily available to answer call bells.

There were procedures in place to ensure any accidents or incidents involving people who lived at the home were recorded and action taken. Staff were aware of these procedures, and the need to record and report any such events without delay.

We saw evidence that demonstrated appropriate gas safety, electrical safety, legionella and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns.

Regular fire tests were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency, which corresponded with the fire safety policy. There was an evacuation mat on the upper floors to evacuate people that may be unable to use the stairs in an emergency.

People were supported by staff who had training and information on how to protect people from harm and abuse. Staff demonstrated an understanding of the different forms and potential signs of abuse, and their

broader role in keeping people safe. They recognised the need to report any abuse concerns to the registered manager, senior on duty or external organisations such as CQC or local authority without delay.

We checked five staff records and these showed that relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out when recruiting staff.

We checked how the home managed people's medicines. As part of this, we looked at how medicines were stored and we reviewed medicines records. People received their medicines as prescribed and people confirmed this. Medicine records were completed accurately and were stored securely in a locked trolley. PRN (medicine as needed) protocol was clear within the Medicine Administration Records stating the maximum dosage allowed within a 24hour period. Staff received appropriate training in medicine management and had been competency assessed to ensure they were competent to administer medicines safely. Records showed that audits were carried out by staff and an external pharmacist and also by the management team.

Some people were on controlled drugs and records showed people received the controlled drugs regularly. Administration was recorded for each person with times, dates and two signatures by staff members. Remaining balances were checked at each administration and weekend staff also performed a weekly audit. The temperature of the treatment room where medicines were stored was within recommended range at 19°C, and there were records of daily readings. The locked fridge, also in the treatment room, was within recommended temp range at 5°C and there were records of daily readings. The fridge medicines were suitably stored and spot checks showed drugs to be within expiry date.

We observed the afternoon medicine rounds and saw the nurse wore a tabard indicating they were not to be disturbed. The nurse clearly cross-referenced information between the MAR chart and the blister packs and was careful to check the identification of each person. The nurse took time with each person supporting them and asking their consent prior to administering their medicines before the MAR was signed. The trolley was not left unlocked and unattended at any time.

We observed the home and people's rooms were clean and tidy. We spoke to the home service manager who managed housekeeping and who told us that there was a system in place to ensure the home was regularly cleaned and showed us cleaning schedules and checklists that needed to be completed for infection control. We observed staff used appropriate equipment and clothing when supporting people. All chemical items had been stored securely. A person told us, "The room and bathroom are cleaned every day." A relative told us, "Everything is well-maintained and cleaned in [persons] room."

We visited the laundry room and observed that people had an allocated space in the laundry room to put their clothes and bed linen. Soiled and unsoiled items were kept separately and the laundry supervisor was aware that soiled items needed to be washed separately and at a high temperature.

Good

Is the service effective?

Our findings

People and relatives told us staff were skilled and knowledgeable to provide care and support. One person told us, "The nursing staff are excellent" and another person commented, "I feel that I'm looked after here properly."

Upon starting work at the home, staff underwent a comprehensive induction. During their induction period, staff completed initial training to keep themselves and others safe, read people's care plans and worked alongside more experienced colleagues. Staff we spoke to told us that the induction was helpful and prepared them to do their jobs effectively.

Staff participated in training and refresher training that reflected the needs of the people living at the home. Staff told us their training had given them what they needed to know how to support people safely and effectively. They felt confident about approaching their manager with any additional training requests, as needed. The registered manager maintained a training matrix to monitor and address staff training requirements. Records showed staff had completed mandatory training in safeguarding, first aid, moving and handling and infection control.

Specialist training had been delivered in dementia care, diabetes and skin management. We observed that members from University of London College were delivering training on dementia and anxiety to staff. The member we spoke to was very positive about staff engagement, the management and staff commitment to learn and deliver good care to people.

Staff confirmed they received regular supervision and appraisals. They told us they could talk about concerns and any training needs during these supervisions and were supported by management. Records showed that the home maintained a system of appraisals and supervision. Formal individual one-to-one supervisions were carried out regularly. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2016.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

The registered manager and staff had a good understanding of the MCA and understood the principles of the Act. Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions.

People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything, for example, a staff member requested people's consent before administering medicines.

DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside the home. We saw that the front door was kept locked and most people did not go out by themselves. DoLS applications had been made and authorised for people who, due to their own safety, required supervision when going outside.

The menu showed that people were given choices during meal times. We observed that the kitchen was clean and tidy. Cooked and uncooked meat was kept separately. Labels had been used that detailed when a food item had been opened. We spoke to the head chef and assistant chef preparing lunch who was able to tell us which people had specific diets and the diet for people with specific health conditions such as diabetes. The chefs had records of people that were on specific diets in the kitchen.

People's weight was monitored on a regular basis and for each weight a risk level was determined. The registered manager told us if people were losing or gaining weight drastically then they would be referred to a GP or dietician and encouraged to eat regular nutritious meals. Records showed referrals had been made to dieticians for people at risk of losing weight. Nutritional meetings took place between the kitchen and clinical staff. At these meetings staff spoke about people's dietary needs and provided updates on people's nutritional needs and meal plans.

We conducted a Short Observational Framework (SOFI) during lunch time. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. We observed that food was placed within easy reach of people and people were offered choices on what they would like to eat. People were offered a choice of drinks such as water, juice and red or white wine. Staff asked if people had finished their drink and meals before removing them. We observed on two occasions that people tried to interact with a staff member and the staff did not engage in a positive way. We fed this back to the registered manager, who informed us that she would speak to the staff to ensure this was not repeated.

Records showed that people had access to a GP, dentist and other health professionals. Staff supported people to attend routine health appointments and check-ups as part of the care and support provided. We observed and spoke to a number of health professionals during the inspection who had come to see people.

People's health needs, and the healthcare professionals involved in their care, were recorded in their care files. People and relatives confirmed that there was easy access to healthcare professionals when needed. A relative told us, "Oh yes, we're very confident that they would get [person] a doctor if [person] needed one." Staff told us that they knew when someone was unwell and gave us examples that people's behaviour, mood or sleeping patterns would be different and that they would report to a nurse.

A GP visited the home weekly to see people and assess their health conditions. We spoke to the GP who was very positive about the home. Comments included, "I think it is a very good home", "Nursing staff are very good, they are very organised. They can recognise if someone is unwell" and "I have no complaints."

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "The staff are marvellous and so kind and that goes for the care and the domestic staff" and another person told us, "Yes, they're very caring. You have a little chat when you want to. I can't fault it really." A relative told us, "The care has been consistent (good) over the past 18 months. The staff really know [person] and it's really nice to see that they are the same staff." A physiotherapist told us, "Staff are very caring and empathetic" and a palliative nurse told us, "Staff are very caring and work very hard." We observed that people had a positive relationship with staff. People chatted with staff and the registered manager about their day and well-being.

People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. We did not observe any personal care being provided to people that would have negatively impacted on their dignity. We observed when staff provided personal care to people then the door was shut. A relative told us, "Doors are closed when [person] goes to the toilet." We also observed that staff knocked on people's door before entering. Staff told us they respected people's privacy and dignity and people and relatives confirmed this. One person told us, "I can't bear having my room door shut, so it's half open like that and they always knock and wait before coming in." People confirmed their dignity was always respected.

Staff supported people to be independent and make choices in their day-to-day lives. Observations confirmed people were independent and we saw people having their meals during lunch and moving around the home independently.

The service had an equality and diversity policy and staff were trained on equality and diversity. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about staff approach. A person told us, "The nurses are simply wonderful; the staff are all very caring and I have nothing to complain about."

People's ability to communicate were recorded on their care plans and there was clear information on how to communicate with people. We observed that staff communicated well with people and were able to hold conversations with people.

Good

Is the service responsive?

Our findings

People and relatives told us that the staff were responsive to their needs and staff listened to them. One person told us, "When I first came here, I came with a bed sore and I haven't had any since with this air bed. I have physio four times a week for about 30 minutes a time." Another person told us, "The staff are very good. I've had bowel trouble and it's a terrible, dirty job. I've had my pads changed twice already and they'll do that 5 times a day." A relative told us, "[Person] often tries to get out of [person] wheelchair and used to fall a lot when [person] was at home. I'd say [person] needs are very well looked after here." A GP told us, "They [nurses] are quite responsive."

Pre-admission assessments had been carried out, which determined if the home would be able to accommodate people's care and support needs.

The care plans were person centred, and provided guidance to staff about how people's care and support needs should be met. Care plans were being reviewed regularly. People's support plans were divided into areas which included personal hygiene, continence, pain management, mobility, moving and handling and nutrition. One person's care plan detailed a person woke up at night wanting to go to the hairdressers and provided information on how to reassure the person. Another person's care plan provided information on how they preferred to sleep such as leaving the door open and ensuring the curtains were drawn. There was a life history section that provided information on people's family, background, upbringing, key memories and bad memories. These plans provided staff with information so they could respond to people positively and in accordance with their needs. A person told us, "They keep the care plans in the nurses' room and they get reviewed monthly. We get to read the reports."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One relative told us, "The nurses are lovely and [person] taken very good care of. [Person] needs two people to help [person] with the hoist and we feel confident about the care."

There was a daily log sheet and staff handover book, which recorded information about people's daily routines such as behaviours and the support provided by staff and used during staff handovers to ensure people received continuity of care.

Records showed that complaints received had been investigated by the management team. There was a complaint policy in place, which detailed how people could complain and the action the home would take to respond to complaints. Staff were aware on how to manage complaints. People and relatives told us that they had no concerns about the service. One relative told us, "We complained about the regularity of changing [person] pads and they responded well; so that's all done frequently now."

Activities were taking place that people enjoyed. Each person had an activity section on their care plans, which listed the activities that they liked and disliked. There was a weekly activities programme in place. During the inspection we observed that these activities took place such as games and singing. We spoke to

the activities coordinator who informed activities were planned with people and that their preferences were taken into account. Staff and people confirmed that they took part in regular activities and people enjoyed these activities.

Good

Is the service well-led?

Our findings

People told us they enjoyed living at the home, one person told us, "Yes, I love it here." and another person commented, "I just love being here." A relative told us, "They work really hard on the ground and the culture is caring" and another relative told us, "It's lovely here, everyone is very nice and [person] looks happy to be here."

Staff told us they enjoyed working at the home, one staff member said, "I really like the job, I like the residents" and another staff member told us, "I enjoy it, this is what I like doing." Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were very complimentary about the management team. One staff member commented, "I think they [registered manager and deputy manager] are good" and another staff member told us, "She [registered manager] is very nice." We observed that the interactions between staff and the registered manager were professional and respectful.

Health professionals were positive about the management of the home. A physiotherapist told us, "She [registered manager] responds to every issues and patients experiences" and a tissue viability nurse told us, "I have a good relationship with the managers, they are really on board" and a GP told us, "It's a nice home in comparison to other homes."

The home had residents of the day where residents from each floor were selected and special emphasis would be placed on the person whereby their room, chairs and furniture's would be deep cleaned and their life would be celebrated. There was also a recognition scheme where staff were rewarded for outstanding performance every month and we saw the staff members photo were displayed at the reception area. The registered manager told us that staff were also rewarded in general for outstanding performance.

We saw a number of compliments that were received about the homes. Comments included, 'My family thanks all the nursing and care staff for looking after [person]. They gave attentive care to [persons] needs', '[Person] was always looked after and you were all so kind', 'Thank you so much for looking after [person] so well', 'Would like to thank all the staff at Southgate Beaumont for the kind and dedicated attention' and 'We have seen a number of care homes in west London and north London and Southgate Beaumont is vastly superior to all of them'.

Quality monitoring systems were in place. The home requested feedback from people and relatives. The feedback was carried out by an external organisation and focused on the CQC's five key questions, is the service , Safe, Effective, Caring, Responsive and Well-Led. The feedback was analysed and an action plan was created. The results of the feedback for 2016 were generally positive. The surveys focused on care, staffing, choices, meals, safety, privacy and quality of life. There was a satisfaction rate of 100% for 'overall happy living here' and 'satisfied with standards' from people that provided feedback.

There were systems in place for quality assurance. These audits included reviewing care plans, infection control, medicines and follow up actions were recorded. A health and safety audit also was carried out to

check hot water temperatures, window restrictors, room checks, hazards that may cause slips or trips and fire safety to ensure the premises was safe. The senior regional director carried out bi-monthly audits focusing on care plans, risk management, nutrition and training. The provider's regulation team also carried out yearly audits using the CQC Key questions, Safe, Effective, Caring, Responsive and Well-Led. Findings of the audits were clear and follow up actions required to make continuous improvements were documented. Records showed clinical governance reports were completed, which included recording the number of safeguarding referrals, average weight gain/loss, infections and percentage of audits carried out.

We discussed our concerns with the issues we found with skin integrity and staff deployment with the registered manager who assured us measures would be put in place immediately for people at risk of skin complications and ensure staff were deployed in relevant areas. After the inspection the registered manager sent us evidence to demonstrate that the provider's clinical development nurse would visit the home to review skin integrity and its documentation. An action plan was also sent that stated staff would be deployed throughout the first floor that ensured staff were present at all times on both sides of the floor ensuring call bell responses were prompt.

Staff told us staff meetings took place regularly and they found these meetings helpful. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed safeguarding, nutrition and clinical needs. Clinical meetings took place with clinical staff to discuss clinical governance. There was a departments meeting that took place daily. We sat in on the meeting and at these meetings heads of departments provided an update for each department ranging from care, nursing, maintenance, laundry, infection control and nutrition.

Quarterly residents and relatives meetings, enabled people who used the service and their relatives to have a voice and express their views. Resident meeting minutes showed people discussed food, menus, healthcare services and activities. Relative meeting minutes showed that relatives discussed care needs, catering, and housekeeping.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was doing all that was reasonably practicable to mitigate risks to service users. Regulation 12(1)(2)(a)(b).