Care Quality Commission

Bupa Care Homes (BNH) Limited

Clare House Nursing Home (Walton)

Inspection report

36 Hersham Road
Walton on Thames
Surrey
KT12 1JJ
Tel: 01932 224881
Website: www.bupa.co.uk

Date of inspection visit: 12 August 2015
Date of publication: 10/09/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 and 11 June 2014. Breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to people's records.

This inspection was carried out on the 12 August 2015 to check whether they were now meeting the legal requirements. This report covers our findings in relation to those requirements and additional areas that we looked at on the day of the inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clare House Nursing Home (Walton) on our website at www.cqc.org.uk.

Summary of findings

Clare House Nursing Home provides residential, nursing, respite and end of life care for older people. It is registered to accommodate up to 30 people. The accommodation is arranged over two floors. On the day of our visit 24 people lived at the service.

On the day of our visit there was no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However there was a new manager in the service who had submitted an application to us to become the registered manager.

Care was reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. However people's records were not always up to date or an accurate reflection of the care being provided.

The service mandatory training had not been completed by all of the staff however staff did have knowledge and skills around the care they needed to provide.

There was a programme of activities in place and an activities coordinator who worked part time at the service. People were also supported to access the outside community. However people in their rooms did not always have activities provided.

Audits of systems and practices carried out were not always effective. Where concerns had been identified these were not always addressed.

Where people needed an 'As required' medicine there was information for staff on when this should be given. Medicines were stored and dispensed appropriately and audits of all medicines took place.

One to one meetings were undertaken with staff and their manager. In addition to this staff received an appraisal at the end of the year.

There were sufficient numbers of staff to meet people's needs. We did see that at times staff needed to be more proactive in the ensuring people were not socially isolated.

People and relatives said they felt their family members were safe from harm. Staff had knowledge of safeguarding people and what to do if they suspected abuse.

Risk assessments for people were up to date and detailed. Each risk assessment gave staff information on how to reduce the risk. These included risks of poor nutrition, choking and falls. Staff had a good understanding of people's risks.

There were complete pre-employment checks for all staff. This included full employment history and reasons why they had left previous employment. This meant as far as possible only suitable staff were employed.

Staff had knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The manager had submitted a DoLS application to the local authority where it was always appropriate to do so.

Where people lacked capacity mental capacity assessments had been undertaken.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day.

People were offered a choice of meals. Those people who needed support to eat received this in a timely way.

People and relatives said that the food was good. We saw that there was a wide variety of fresh food and drinks available for people.

People had access to health care professionals as and when they required it.

People and relatives felt that staff were kind and considerate. People were treated with kindness and compassion by staff throughout the inspection. Staff acknowledged people warmly and sat talking with people.

Staff knew what was important to people. We saw that staff knew and understood people's needs.

People were treated with dignity and respect. Staff knocked on people's doors and waited for a response before entering and personal care was given in the privacy of people's own rooms or bathrooms.

Summary of findings

Complaints had been addressed and responded to and there was a complaints policy which people and relatives had knowledge of.

People's personal history, individual preferences, interests and aspirations were all considered in their care planning.

Staff said they felt supported and listen to by the manager. Regular staff meetings took place and staff contributed to how the service ran. Meetings were minuted and made available to all staff.

Annual surveys were sent to relatives who were very complimentary of the service. Where concerns had been identified these had been addressed.

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

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. There were enough qualified and skilled staff at the service to meet people's needs. However at times staff were not being proactive in the care they were providing. People's medicines were administered by competent staff. Staff knew about risks to people and managed them. Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.	**Requires improvement**
Is the service effective? The service was not always effective. Staff had received supervision and training appropriate to their role to ensure that people were receiving the correct care. Some training had not been updated for staff but this had been booked. Staff understood the Mental Capacity Act 2005 and people's capacity assessments were completed appropriately. DoLs applications had been submitted to the Local Authority where needed. People were supported to make choices about food and said the food was good. Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.	**Requires improvement**
Is the service caring? The service was caring. People were treated with kindness and compassion and their dignity was respected. People were able to express their opinions about the service and were involved in the decisions about their care. Care was centred on people's individual needs.	**Good**
Is the service responsive? The service was responsive. People were supported to make decisions about their care and support.	**Good**

Summary of findings

There were activities that suited some individual's needs but not all of the people in their rooms were offered activities. Work was being done to address this. People knew how to make a complaint and who to complain to.	
Is the service well-led? The service was not always well-led. There were not robust systems in place that monitored the safety and quality of the service. People's records were not always accurate or reflective of the care that was being given. Where people's views were gained this used to improve the quality of the service. People and staff thought the manager was supportive and they could go to them with any concerns. The culture of the service was supportive.	**Requires improvement**

Clare House Nursing Home (Walton)

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 was an unannounced inspection which took place on the 12 August 2015. The inspection team consisted of two inspectors, a nursing specialist and an expert by experience in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the notifications we received about the service. Notifications are sent to us to advise us of any changes in the service that we need to be aware of.

During our inspection we spoke with the manager, the deputy manager, 13 people that used the service, three visitors and 13 members of staff. We looked at eight care plans, recruitment files for staff, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. These included minutes of staff meetings and audits of the service. We observed care being provided during the inspection. After the inspection we spoke with three health and social care professionals.

The last inspection of this home was on 10 and 11 June 2014 where we found one breach of regulations around the records for people using the service.

Requires improvement

Is the service safe?

Our findings

People said that they felt safe. One person said that they felt safe because, “There are always people about and you can call somebody if anything is wrong.” Relatives felt that their family members were safe. One relative said, “My (family member) is safe, a lot safer when she came here than she was at home.”

There were sufficient members of staff around to support people. The manager told us that they had not had to use agency staff for the past two weeks. We saw from the dependency tool that each person’s needs were assessed to identify how many staff were needed to care for them. They said that two nurses and five carers were needed to safely meet people’s needs in the morning and one nurse and four carers in the afternoon. We saw that staff were busy supporting people in the morning with their personal care. We saw that staff responded to people in a timely way. One person said, “It’s only when people (staff) are busy with someone else that you might have to wait but you can understand that.” Staff told us that they carried a buzzer around with them and would answer people’s calls straight away.

However in the afternoon there were times where staff were not as pro-active as they could be to provide support to people. Although it was a less busy time after lunch staff did not always appear to be actively visiting people in their rooms..

We saw from the rotas that there was always the correct numbers of staff on duty as assessed by the provider, where there was a gap the manager would call upon agency staff if needed.

We recommend that the provider considers how staff are deployed across the service appropriately to ensure that people’s needs are always being met.

Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, two references, evidence of the person’s identity and full employment history. We found that one members of staffs file only contained one reference. We raised this with the manager who addressed this immediately. This gave assurances to the manager that only suitably qualified staff were recruited. Staff told us that before they started work recruitment checks were undertaken.

Medicines used ‘As required’ had guidance available for staff on how and when the medicine should be given and what staff should look out for. People were encouraged to take their medicine and given time to consider what was being asked of them. Staff took time to explain what was happening and where appropriate, what the medication was for. Medicine trolleys were stored in the treatment room which was kept locked at all times. Only senior members of the staff team had access to the keys and they were kept with the member of staff on duty at all times. Other medicines were stored in a locked metal cabinet inside the locked treatment room.

Up to date medication policies and procedures were available to staff and kept with the medicine trolley. We looked at Medication Administration Records (MAR) and found the daily checklist for medicine administration had been signed for appropriately, there were no gaps and correct codes had been used where necessary. One person was self-administering and there were protocols in place to ensure that this was appropriate for the person.

Staff had knowledge of safeguarding adult’s procedures and what to do if they suspected any type of abuse. One member of staff said, “I would stop the abuse and report it straight away to the nurse or manager.” There was a Safeguarding Adults policy and staff had received training regarding this. However not all staff knew that the local authority was the lead agency that dealt with safeguarding concerns. We raised this with the manager who said that they would ensure that additional training was provided to staff in relation to this.

The management of people’s risks was dealt with in several ways. There were risk assessments in each person’s care plan and these were to be reviewed every month or sooner if required. Where a risk had been identified a control measure was recorded for staff to help reduce the risk. One person was at risk of falls. There was information for staff on how to minimise the risk by being supported when they wanted to go for a walk and offered a wheelchair for long distances. Other areas of risks assessed included pressure sores and malnutrition. One member of staff said, “We have to ensure the safety of people and us.” One example they gave as a highlighted risk was falling out of bed. They said

Requires improvement

Is the service safe?

that they would ensure that the person had their call bell and if necessary crash mats were used by the side of their bed to provide a soft area should the person fall. If people wanted to smoke there were appropriate risk assessments in their care plans around this. For example the use of fireproof aprons, we saw these in use on the day of the inspection.

Accidents and incidents with people were recorded with information of what happened, who was involved, what documents had been completed, who had been informed and what actions were taken. Any trends were identified from the records and steps taken to reduce the risk of this happening again. A high number of falls had been identified and additional staff had been recruited. As a result the falls reduced.

The environment was set up to keep people safe. The building was secured with key codes to internal and external doors. Windows restrictors were in place to prevent people falling out of windows. Equipment was available for people including specialist beds, pressure relieving mattresses and specialised baths and hoists on every floor.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. There were personal evacuation plans for each person that were updated regularly daily.

Is the service effective?

Our findings

People said that they thought the care they were getting was effective. One person said, “They are looking after me here.” Another person said, “My care is person centred and they do things the way I want them and if it’s not then they will change it.” Whilst another told us that since moving to the service their walking had improved due to the support they had received from staff.

Before staff started work they completed an induction called ‘On boarding.’ This involved undertaking the service mandatory training and shadowing a member of staff before they provided care to anyone.

Staff were not always up to date with their required service training. The training report included that 11 staff had not had up to date fire safety or moving and handling training and 12 had not had up to date safeguarding training. This meant that staff did not have the appropriate and up to date guidance in relation to their role. However we did not have any concerns about the competencies of the staff on the day of the inspection. Staff were able to describe the correct fire safety procedures and moving and handling of people.

The manager had booked additional training for the clinical staff which included skin integrity, blood taking and syringe driver training. One health care professional told us that some clinical staff would benefit from syringe driver training but felt there was sufficient clinical support from other staff at the service for the newer staff.

We recommend that the provider ensures that all staff are provided with up to date training in relation to their role.

Staff had the opportunity to meet with their manager on a one to one basis. One member of staff said, “I value having a one to one; if you want to take more courses then this is my chance to talk about it.” We saw from records that although staff had been behind with the supervisions with their manager this was now being addressed. Most staff had undertaken one and where there was a gap one had been booked. A tracker was also used to identify when the member of staff was due to have a one to one. We saw examples of these that included discussions around best practice, training and how supported staff felt.

People said that staff gained consent from them before they provided any care. One person said, “Staff always ask before they come in my room or whether they can brush my teeth for me.” We saw that this happened on the day.

Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Most of the people in the service had capacity. Where the need had been identified a capacity assessment had taken place. The manager said that they had made an application to Surrey County Council where one person lacked capacity where they felt their liberty may be restricted.

People said they enjoyed the food. One person said, “The food is excellent, I talk to the chef about what I want, and (food) is absolutely beautiful.” Another person said, “The food is quite good, if I don’t like something they will take it away and get something else.” Whilst another said, “I get plenty of drinks and you never see the jug empty, it is always within reach.” One relative said, “(Family member) likes the food and there is a choice, she loves the pudding.”

The chef had records of people’s individuals requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People’s weights were recorded and where needed, advice was sought from the relevant health care professional. However the chef on duty did not have a record of the people who were diabetic. In the serveries there was an up to date list of the people who had diabetes and staff used the list before lunches were served to people. The manager said that new boards were being brought into the kitchen to assure that the kitchen staff had all the correct information on people’s dietary needs.

We observed lunch being served on all three floors. People were asked what they wanted in the morning by staff and if

Requires improvement

Is the service effective?

people changed their minds then they were offered an alternative. Those that needed assistance to eat were supported in a timely way. People who chose to eat in their rooms were provided with their meals promptly.

Where people needed to have their food and fluid recorded this was done on a sheet that was left inside people's rooms. People were weighed regularly, where someone had lost weight and a concern had been highlighted, advice was sought from visiting health care professionals. People were offered drinks throughout the day and those people in their rooms always had drinks that were in reach.

People had access to a range of health care professionals, such as GP, physiotherapist, and nutritionist. The GP visited regularly and people were referred when there were concerns with their health. We saw that one person was regularly visited by the physiotherapist and the advice they provided was shared with all of the staff.

Good

Is the service caring?

Our findings

People thought that the staff were caring. One person said, "The carers take their job seriously, they will try and help you in any way they can. They all seem to like their job and seem to care and if they pass by they will stop and have a chat generally, they are all nice people here." Another person said, "The carers are very nice indeed, the nurses are very nice too, friendly and not overly inquisitive." Relatives found that staff were kind and considerate. One relative said, "Carers genuinely seem to like my (family member); I think they care for her and go that extra mile."

One health care professional said that the staff were always caring and helpful. Another told us that staff were always lovely and sweet (towards people).

We saw many instances of staff being caring towards people. Staff demonstrated affection and kindness. We overheard one member of staff go into someone's room in the morning to provide personal care and they said, "Oh bless him, (the person) is still asleep, we will come back later." We heard another member of staff ask someone if they enjoyed their lunch, offered to open their window for them and adjust the television so they could see it better. People who were being supported with end of life care received this compassionately and sensitively from staff. We heard staff asking people how they were feeling and whether they needed anything from staff. It was clear from the conversations that staff had with people that they knew them and what their likes and dislikes were.

One member of staff told us, "I just love working here, helping older people and nursing them." Another member of staff said, "We have a lot of fun and laughter here and we always involve the resident." Relatives said, "We can visit at any time." We saw that this was happening throughout the day. Health care professionals said that the staff were caring.

People were given the opportunity to be involved in decisions about their care. One person told us "I am very involved in my care; I am always asked what I want." We saw from care plans that people and families had been asked their views about how they wanted their care provided. One person had specifically asked if they could have additional covers on their feet as they got cold and this was provided.

Staff treated people with dignity and respect. One person said, "The staff are very good, they treat me with great respect, I've no grumbles here." One member of staff said that they wouldn't give people their medicines in front of other people in order to protect their dignity. Another member of staff said, "I would do anything for anybody; I would make sure their (people's) bedrooms doors are shut if we are giving personal care and that the curtains are closed." Staff knocked on doors and waited before entering and we saw staff protected people's dignity when providing personal care.

The staff worked with the local hospice to ensure that all appropriate care was being given. Anticipatory prescribing (just in case medicine) had been arranged for people in the event that they needed additional pain relief. One relative fed back to the service 'I just wanted to say thank you personally for the sensitive caring way that you have helped and guided us through the last days of (the family members) life. Your tenderness will not be forgotten.' Each person had a care plan that documented their future wishes. One health care professional told us that they felt the end of life care provided was very supportive. They said that it was a very good service.

Good

Is the service responsive?

Our findings

People and relatives told us that before they moved in the manager undertook a pre-assessment of their needs. One person told us that they were visited in hospital by staff at the service to ascertain what their needs were.

A record of how complaints had been resolved was always recorded. There was a complaints procedure in place for people to access. People and relatives said that they knew how to complain and felt that any concerns were dealt with. One person said, “I am not backward in coming forward, if I wasn’t happy I would say, my daughter would support me to submit a complaint.” We saw that there was a copy of the complaints procedure kept at reception and a copy in each person’s room. One relative complained about their family members care. The manager met with the family and responded in writing to address any concerns. Another complaint was around a call bell not being answered in a timely way. A call bell log was obtained, staff were spoken to and the person was visited in their room with a response to the complaint. One member of staff said, “I would support people making a complaint and encourage them to speak to the nurse in charge.”

Staff were given appropriate information to enable them to respond to people effectively. Pre-admission assessments were completed to ensure that the service could meet people’s needs. Care plans covered activities of daily living with supporting risk assessments. Care plans had relevant information with personal preferences noted. For example, one stated that they preferred to have a female carer ‘Where possible’ and this was accommodated. Where people had a diagnosis of diabetes there was a detailed care plan that explained the care needed including what the acceptable blood sugar ranges were. We saw that a visiting physiotherapist had suggested that one person be supported to walk every day to increase their confidence and staff supported this. One health care professional told us that they felt that any calls they received from staff were appropriate.

Care plans also contained information on people’s medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. One person was spending a short amount of time in the service however there was still detailed information about this persons needs in their care plan.

Staff had a handover between shifts and the manager told us that they met with senior staff once a week for an hour. This was an opportunity to discuss all aspects of care at the service. In addition to this staff used a recording form called ‘Stop and Watch’. This form was used to record observations of people where staff had a particular concern and wanted further investigation by a nurse. We saw these being used on the day and nurses responding to this.

Daily records were written by staff, the quality of the daily records varied. Some were very detailed and included what people had eaten and drunk and detailed the support people received throughout the day. Other were not so detailed and were very task based. We spoke to the manager about this who said that this was already being addressed and staff were being reminded about the detail and quality of notes they wrote.

Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual’s current needs. Where a change to someone’s needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. One person was now being cared for in bed and the care plan was updated to reflect this.

We saw a mixture of activities going on through the day. Comments about the activities from people included, “We went to Brighton and had fish and chips in a restaurant, they (staff) do take a lot of trouble, they do quite a lot for the residents.” Another person said, “The activities I have been to are good, they take me out into the garden.” One comment from a relatives was, “The entertainment is amazing, its good fun.”

The service had two activities coordinators who worked every day of the week. We saw activities taking place downstairs which included table top games and quizzes. We also saw that people had a religious service on the day of the inspection and a volunteer came with their dog for people to pet. We did raise with the manager that people in their rooms did not have as much opportunity to

Good

Is the service responsive?

participate in activities. The manager said that this had already been identified and that steps were being taken to ensure that one to one sessions took place for people in their rooms who wanted it.

Requires improvement

Is the service well-led?

Our findings

At the time of the inspection there was not a registered manager at the service. A new manager had started and had submitted their application to become registered with us. Because of this people were not always able to give comments about the management of the service. One person said, "(The new managers) intentions are good."

At our previous inspection the service was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found that records for people were not always accurate and up to date. Improvements had been made however care plans didn't always give the most accurate reflection of the care that had been provided. People's care plans were in the process of being updated. However some care plans held no information on people's life histories or their background. We found on one care plan that not all the information had been transferred from their old care plan which meant that not all of the information about the person was available. Food and fluid charts were not always kept up to date. One food and fluid chart was completed retrospectively on the day of the inspection and the previous days charts had not been fully completed. Information was sometimes missing around where people's wounds had healed but this wasn't always reflected in the care plan. 'Do not resuscitate' forms had not always been completed fully by the GP and this had not been questioned by staff at the service.

As there were not robust quality assurance processes that improved the quality of the service and records were not always accurate this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had only been in post for a few weeks. They were aware that there was a lot of work that needed to be done to improve the culture of the service and to ensure quality care was delivered by staff.

The quality assurance systems in place were not robust. Monthly 'Provider reviews' took place . These included areas looking at quality of care, leadership and the environment. It was identified in May and June 2015 that staff should not be having cigarette breaks at the same time. However we found that this was still happening on the day of the inspection. We addressed this with the manager who spoke to staff about this. In May and June 2015 it had been identified that there were not enough activities for people in their rooms which was still the case on the day of the inspection. We spoke to the manager about this who had indentified these gaps and was taking steps to address this.

The manager and regional staff identified areas for improvement around the home including carpets that needed replacing. This had been requested in June 2015 however the provider had still not taken steps to address this other than to identify the costs involved.

The new manager had undertaken a 'Home Review' audit which identified further areas for improvement around training for staff, details in people's care plans and housekeeping. The manager was in the process of allocating these areas for action to staff at the service with a deadline for completion.

A resident and relative survey had taken place before the manager had started work at the service. An analysis of the surveys had taken place and where concerns had been identified these were fed back to the staffing team to address. For example, it was raised on the residents survey that staff needed to respond in a more timely way to people. An analysis of the call bell response times was being undertaken by the manager daily to help ensure that this was being met. A copy of the results of the survey were made available to people and relatives.

Relatives took time to feedback to the service. One comment stated, 'Thank you and your lovely team for waving your magic wand over my (family member).'

Staff said they felt supported by the manager. One member of staff said, "I feel very supported, If I need clinical advice I know where to go to." Another member of staff said, "(The manager) supports me, you can go to them, they understand." Staff said that the manager was always visible around the home. We saw that the manager had an 'Open door' policy and people, visitors and staff were able to access the manager through the day. One member of staff said, "It's a lovely place to work" whilst another said "It's very busy here but I know it's a good team" and another said "The manager is brilliant; things are starting to fall into place." Appraisals with staff were being undertaken to reflect on the work that they had undertaken that year.

Requires improvement

Is the service well-led?

Team meetings were taking place regularly. Discussions at the meeting included training, use of mobile phones at work, the changes in the management, the allocation of key workers and safeguarding. We saw that staff were thanked and congratulated on the work they had undertaken. Minutes of the meetings were recorded and made available to all staff.

Resident and relative meetings also took place. We saw that there were discussions around any changes to the service and building, catering, housekeeping and activities. People were given an opportunity to feed back any thoughts they had on the service and what they would like to see change. For instance it was raised that staff needed to ensure that they were aware of what times people liked to get up and go to bed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff at the service were open and approachable. We found that interactions between staff, people and visitors promoted a sense of well-being. In order for staff to feel valued the provider was introducing a scheme where staff nominated a colleague for their best practice and the winner would be rewarded.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider had not ensured that processes were in place to assess thequality and safety of the service and records were not always accurate.**