Four Seasons (Bamford) Limited

Dene Grange

Inspection report

Dene Road
Hexham
Northumberland
NE46 1HW
Tel: 01434 603357
Website: www.fshc.co.uk/dene-grange-care-home

Date of inspection visit: 3 June 2015
Date of publication: 01/09/2015

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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 3 June 2015 and was unannounced.

We carried out our previous inspection in April 2014, where we found a breach of one regulation which related to staffing levels. We carried out a review in September 2014 and found that the improvements had been made and the provider was meeting this regulation.

Dene Grange provides nursing and personal care for up to 50 people, most of whom have dementia related conditions. There were 39 people living at the home at the time of the inspection.

The home was divided into three units, the "male unit," "railway cottages" and the "nursing unit." People who lived in railway cottages needed assistance with personal care, with the exception of one person who required nursing care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Some relatives and staff raised concerns regarding staffing levels in the home. There was one nurse on duty to oversee the care of people who required nursing care. A senior care worker had recently stood down from her post which meant that there was no senior care worker on duty through the day. This meant that the nurse had to administer medicines to all 39 people, liaise with health care professionals and complete care documentation. We had concerns about certain aspects of care documentation, medicines recording and social activities which some staff stated were due to reduced staffing levels at the home.

Following our inspection visit, we wrote a letter to the provider using our regulatory powers. We requested information about what action they were going to take to ensure safe staffing levels were achieved and maintained at Dene Grange. We received a response in line with legal requirements which stated that senior care workers, who would support the nursing team, were now in post.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. We spoke with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

We spent time looking around the premises and saw that the building was generally clean and well maintained. Railway cottages had been recently redecorated and refurbished with a railway theme. At the bottom of the corridor was an indoor garden with artificial turf. There was also a painted window with a garden scene for people to look at. Some relatives told us however, that the outdoor garden areas could we improved.

We checked medicines management. We found some concerns with the recording of medicines which meant it was not always possible to check that medicines had been administered as prescribed.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there such as dementia care.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We found that the service had made a number of applications to the local authority to deprive people of their liberty in line with legislation and case law. However, they had not notified us of the outcome of these applications in line with legal requirements. We noted that mental capacity assessments had been carried out. These were not always decision specific. The manager was aware of this issue and decision specific assessments were being put into place.

People and relatives did not raise any concerns about meals at the home. We observed that staff supported people with their dietary requirements. Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff.

There were two part time activities coordinators employed to help meet the social needs of people who lived there. Some relatives and staff stated that more activities were required. We saw some activities being carried out on the nursing unit and railway cottages; however, we did not see any meaningful activities carried out on the male unit. We have made a recommendation about activities provision at the home.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. "Residents and relatives" meetings were held and surveys carried out.

Nursing staff informed us that the care documentation was excessive at times. We found there was a number of missing entries in some of the daily records we viewed. One person's positional chart had not been updated and another person's bedrail assessment had not been reviewed as planned. Nursing staff informed us that sometimes it was difficult to ensure that all documentation was up to date and accurate because of staffing levels.

A number of checks were carried out by the manager. These included checks on health and safety; care plans; the dining experience; infection control and medicines.

Summary of findings

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to good governance and staffing. This is the third time we have judged that the provider was not meeting the relevant regulation with regards to staffing levels since October 2012. We considered that action was required to ensure that safe staffing levels were consistently maintained over time. The action we have asked the provider to take, can be found at the back of this 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?

Requires improvement

Not all aspects of the service were safe.

There was only one nurse on duty to oversee the care of people with nursing needs. In addition, the one nurse had to administer medicines to 39 people and liaise with health and social care professionals since there was currently no senior care worker on day duty. We had concerns with certain aspects of care documentation, the recording of medicines and social activities which staff informed us were due to staffing levels.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. Safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there such as dementia care.

Staff sought people's consent before providing care. Mental capacity assessments had been carried out. These were not always decision specific. Records were available for best interests decisions which had been carried out when people lacked the capacity to make certain decisions.

Relatives were complimentary about meals at the home. The cook and staff were knowledgeable about people's dietary needs.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

Relatives told us and our own observations confirmed, that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors and spoke with people in a respectful manner.

Is the service responsive?

Requires improvement

Not all aspects of the service were responsive.

Some relatives informed us that there was a lack of activities at the home. We saw some activities being carried out on the nursing unit and railway cottages; however, we did not see any meaningful activities carried out on the male unit.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. "Residents and relatives' meetings" were held and surveys carried out.

Summary of findings

Is the service well-led?

Not all aspects of the service were well led.

We found that the manager had not notified us of the outcome of DoLS applications, in line with legal requirements.

This is the third time we have judged that the provider was not meeting the relevant regulation with regards to staffing levels since October 2012. We considered that action was required to ensure that safe staffing levels were consistently maintained over time.

A number of checks were carried out by the manager. These included checks on health and safety; care plans; the dining experience; infection control and medicines.

Requires improvement

Dene Grange

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 team consisted of two inspectors; a specialist advisor who was a nurse and specialist in dementia care. There was also an expert by experience, who had experience of older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection took place on the 3 June 2015 and was unannounced.

We spoke with 10 people, eight relatives and two visitors. We also spoke with one relative who contacted us following our visit to the home. We conferred with a community matron for nursing homes; a challenging behaviour clinician from the local mental health trust; a reviewing officer from the local NHS trust; a local authority safeguarding officer and a local authority contracts officer.

We spoke with the regional manager; registered manager; deputy manager; one nurse; an activities coordinator; seven day care workers, maintenance man and cook. We contacted four night duty care workers by phone following our visit because we wanted to find out how care was delivered at various times of the day. We read five people's care records and five staff files to check details of their training. We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The provider completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Requires improvement

Is the service safe?

Our findings

Prior to our inspection, two relatives contacted us with concerns about staffing levels at the home.

The home was divided into three units, the "male unit," "railway cottages" and the "nursing unit." People who lived in railway cottages needed assistance with personal care, with the exception of one person who required nursing care. There were four care workers upstairs on the nursing unit where 20 people were receiving care and three care workers downstairs to oversee both the male unit and railway cottages where 19 people lived.

At our previous inspection in October 2014, there were two nurses on duty and 33 people living at the home. At this inspection there was now one nurse. The manager and regional manager explained that there was a senior care worker on duty until recently. They explained that the senior care worker had stepped down from her post to become a care worker. This meant that the nurse had to administer medicines to 39 people.

We received mixed opinions from relatives about staffing levels. Most informed us that more staff would be appreciated. One relative said, "The staff are lovely but sometimes I feel there is just not enough of them." Other comments included, "There is a general lack of numbers of staff but I am very impressed by the care they give" and "You can see they're run off their feet."

We received mixed comments from staff about whether there was enough staff on duty to look after people. One staff member told us, "The manager and senior staff do exhaust every option to ensure there are enough staff on duty and they all help out as necessary. It is a good place to work." Another stated, "Staffing levels are now alright." However other staff indicated that more staff were required. Comments included, "There's one nurse on two floors we feel pushed. The manager is recruiting staff," "I believe in cost effective care, but we still need to give care" and "It's not a normal nursing home, they have high needs."

Nursing staff explained that it was difficult to ensure that all duties were carried out such as completing the paperwork, medicines and liaising with health and social care professionals. We observed one nurse and noticed that he was constantly called away to deal with visiting professionals, health care concerns and medicines management. Another nurse came on duty in the afternoon to help out; however, normally there was just one nurse on duty.

One health and social care professional stated, "My concerns are around the lack of nurses on shift especially as nursing patients spread over two levels and usually only one nurse on duty so residents being left unattended. If there is no senior carer on duty the nurse has to do the medication round for the whole home."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. [Staffing].

The regional manager wrote to us following our inspection. She told us, "The situation on days occurred quite suddenly due to the senior care [post] becoming vacant on day shift which has now been rectified and Dene Grange has now recruited, enabling to staff at one nurse for 24 nursing residents and one senior for 14 residential as well as six care staff totalling eight staff on shift."

We looked at medicines management. We checked 10 people's medicines administration records and saw that some of the entries were crossed out although the medicines were still being administered. The nurse explained that this had been an error and an agency nurse had mistakenly crossed out some of the medicines.

We tried to reconcile three people's medicines; however, we noted that not all medicines had been carried forward at the beginning of the month. This meant we were not sure how many medicines were in stock at the time of the inspection. The nurse explained that normally they disposed of all unused medicines at the beginning of the month which meant that only the new medicines which had been received were in stock. However, the deputy manager told us that this procedure had not occurred, because she had been on annual leave.

We did not find any other concerns with the storage, recording, administration and disposal of medicines.

Where people were at risk, there were assessments which described the actions staff were to take to reduce the possibility of harm. We found that risk assessments were in place, as identified through the assessment and care planning process; however, some had not been reviewed and evaluated the previous month. This meant that risks

Requires improvement

Is the service safe?

may not have been identified or minimised to keep people safe. These included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently, measures to reduce the risk of pressure ulcers developing or to ensure people's safety when they were eating and drinking.

There were safeguarding policies and procedures in place. We spoke with staff who were knowledgeable about what action they would take if abuse were suspected. We spoke with the local authority safeguarding officer who told us that there were no organisational safeguarding concerns regarding the service.

We spent time looking around the premises. We saw that the building was generally clean and well maintained. Some relatives whose family members lived on the male unit told us that there had been a problem with the patio doors that led out into the garden. We asked staff to open these doors. One set of doors opened, however there were problems opening the second set of doors. The manager told us that this was being addressed. Some relatives also informed us that the garden was not well maintained and required attention. The manager told us that staff had carried out a sponsored cycle to raise funds to build a sensory garden and that the sensory garden was now being planned.

A number of tests were carried out to ensure the safety of the premises. We checked the equipment at the home which included moving and handling hoists; scales; bed rails and wheelchairs. Regular tests were carried out to ensure all equipment was safe.

As part of the inspection, we spoke with night staff and a relative by phone. One relative and a member of staff on night duty said that they had brought in pillows for people, since there were not sufficient pillows at the home. We spoke with the manager and regional manager about this issue. The regional manager wrote to us and stated, "This is the first time we are aware of the concern. The relative spoke with home manager, the relative wanted to buy the V shaped pillows and cases. Home is not short of pillows."

During the morning, hot drinks were served in the sitting room and in people's rooms as necessary. We saw that there were no small tables in railway cottages' sitting room for people to put their tea cups on. We noticed that one person struggled to find somewhere to put their cup since the nearest table was too high to reach and a small amount of tea was spilled. This was brought to the staff member's attention. The manager told us that tables had been ordered.

Staff told us that the correct recruitment procedures were carried out before they started work. We saw that a Disclosure and Barring Service check had been obtained. This was previously known as a Criminal Records Bureau check (CRB). In addition, two written references had been received. There was a system in place to check that nursing staff were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK. We read the minutes from the last "residents and relatives' meeting." The manager had told people and relatives, "When I interview someone I walk them around the home to see the way they engage with residents. I need to employ the right staff."

Good

Is the service effective?

Our findings

Staff told us that there was training available. The manager provided us with information which demonstrated that staff had carried out training in safe working practices and to meet the specific needs of people such as dementia care. All staff had completed 100% of the training which the provider had deemed "mandatory." Staff told us that training was discussed at regular supervision sessions and they were supported by the manager to access appropriate training. We spoke with one new member of staff who told us, "I just observed what was going on the first day and was taken on a tour of the building and introduced to people. After that I shadowed an experienced member of staff. I am doing e- learning now on the computer and really enjoying it, I have learned a lot. All the staff have been really supportive."

We spoke with a community matron for nursing homes. She told us that she had delivered clinical training to staff including venepuncture [taking of blood], verification of expected death and training on the use of syringe drivers [a small pump which releases a dose of painkilling medicine at a constant rate].

Staff told us they received regular supervision and they said they felt really supported by the manager and senior staff team. One staff member said, "We all work really well together and support each other. It is a good team to work in and you can always put forward your views. I never feel I am asked to do too much work and we all help each other. Staff will come from other units to help if they think you need a hand. There is good communication." Annual appraisals were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty. We noted that the registered manager was sending DoLS applications to the local authority to authorise in line with legislation. We found however, that the manager had not notified us of the outcome of all DoLS applications.

We noticed that mental capacity assessments had been carried out. However, these were not always decision specific and stated that the assessment covered, "Non complex daily living decisions." The manager told us that she was aware of this issue and they were working through all the assessments to ensure that these were completed in line with the principles of the MCA. We spoke with one relative who said, "As a relative, I am perfectly happy and content that his best interests have been taken care of." We saw records of best interest decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions.

We observed that staff asked people for their consent before delivering any care. We talked with staff who demonstrated they were aware of the importance of involving people in decisions and listening to their views about what they wanted. We found that people's care records had a consent form and most of these had been signed by the person or their relative or representative if they were unable to sign.

People and relatives were complimentary about the meals provided. Comments included, "The food is very good;" "I get a choice of food and I like that;" "I don't think he's lacking nutrition wise;" "I had a nice lunch. The meat was lovely;" "My wife is starting to put on weight here so I am happy she is well fed" and "They get very good food here – maybe too much."

Staff were knowledgeable about people's nutritional needs. One staff member said, "[Name of person] always has boiled eggs for breakfast and [name of person] is borderline diabetic."

We saw staff supported people with eating and drinking. We observed the lunch time period and noticed that people were comfortable and relaxed. We saw however, that there was only one set of condiments for four tables in the dining room in railway cottages. In addition, napkins were not provided for everyone and people were only given them if they spilled food or asked for one. This was not appropriate as some people were unable to ask for a napkin or recognise they needed one. We spoke with the manager and regional manager about this issue who said that this would be addressed immediately.

Good

Is the service effective?

We observed that staff showed people both meal choices. This meant they could see and smell the food which was particularly beneficial to people who had a dementia related condition. Pictorial

menus were also available to help people visualise the planned meals.

The food was well presented and hot and cold drinks were available. We saw that some people required pureed meals. We noticed that each part of the meal was pureed separately and

placed on the plate in distinct portions to make the meal look more appetising and help people to distinguish what they were eating.

We spoke with the cook who was able to show us the systems in place for notifying the kitchen of changes to people's diets. He told us the kitchen was supplied with a list of people who had special dietary requirements such as dairy free; diabetic; fortified and low fat diets. The kitchen was clean and well-stocked with meat, fresh vegetables and fruit.

We noted that nutritional risk assessments were in place. The Malnutrition Universal Screening Tool (MUST) was used to identify specific risks associated with people's nutrition. Where people were identified as being at risk of malnutrition, referrals had been made to the dietitian and speech and language therapist for specialist advice. This meant staff were monitoring people and would know if their health deteriorated in a timely manner.

We noted that people were supported to access healthcare services. We read that people attended GP appointments; consultant appointments; saw the community psychiatric nurse; dentist, optician and podiatrist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of the people were being met, to maintain their health. One relative told us, "The staff here are excellent. They keep me informed of any problems my wife has. They are quick to contact a doctor if it is needed and then they let me know".

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care that staff provided. Comments included, “The staff are alright. The care they give me is very nice;” “We like it here; they look after us here;” “It is a home of care rather than a care home. Carers have a complex task, looking after people who cannot communicate their views and they are to be commended for the way they look after [name of person]. Staff are of the highest excellence and have a smile for everyone;” “The staff here are excellent. I have no complaints regarding their care of my wife;” “The staff here are very caring. My dad has settled well;” “The staff are very caring and attend to all his needs;” “I think the care here is improving and even better than it was” and “I had a good report of this place before my dad came here. The staff are caring and the place is very clean.” We spoke with a church visitor. She told us, “I think the way they talk to them is lovely, on an equal level – not patronising.”

We observed that people appeared happy and looked well presented. We saw people had positive and caring relationships with staff and we saw staff talk with people who were walking around the home. We observed staff chatting with individuals on a one to one basis and responded to any questions with understanding and compassion. We saw a staff member respond to one person who had become agitated in a calm and quiet manner. The staff member sat with the person and reassured her.

For most of the morning, only one staff member was available on railway cottages. They appeared to be very busy. We observed however, that whenever the care worker passed the sitting room, she chatted to people and checked they were alright. She knew people well and talked to them about things that were of interest to them.

Staff spoke with people in a professional and friendly manner. We found that people’s privacy was promoted by staff. We saw they knocked on people's bedroom doors before they entered. We observed care staff assist people when required and care interventions were discreet when they needed to be.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people’s life histories which had been developed with people and their relatives. This information supported staff’s understanding of people’s histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life.

Requires improvement

Is the service responsive?

Our findings

Some relatives, staff and health professionals told us that activities provision could be improved. Some staff informed us that this was because of staffing levels. One staff member said, "A little bit more activities as staff are doing care." A health and social care professional said, "Don't see a lot of activity and stimulation, however there was a tea party and music outside a couple of weeks ago." Comments from relatives included, "My husband needs more stimulation. He used to like gardening but there is nothing going on here" and "My dad needs to be occupied more. Even some entertainment might be good. This place is okay and the staff are caring but he could do with some activity." Three relatives told us that they would like the garden to be utilised more. We spoke with the manager about this issue. She said that work had already started on the garden area.

Two activities coordinators were employed on a part time basis to help meet the social needs of people who lived there. We observed a game of skittles being played in the lounge in railway cottages and the activities coordinator carried out one to one activities for people who lived on the nursing unit. We did not observe any activities being carried out in the male unit. Most of the relatives whose family members lived on this unit told us that this was an issue.

We read the minutes from the most recent "residents and relatives' meeting" which was carried out in April 2015. One relative had stated, "There is nothing for them to do – nothing for them to pick up and feel." The manager had stated at the meeting, "We still have a long way to go regarding activities."

We spoke with the manager and regional manager about activities provision. Following our inspection, the regional manager wrote to us and stated that the activities coordinators were going to liaise with families to, "put a person centred plan together." In addition, "rummage boxes and textile items" were going to be introduced. Rummage boxes are filled with interesting items and objects that people can look at, pick up and feel.

We saw that a comprehensive assessment of needs was carried out prior to people's admission to the service. We looked at one person care file who had recently been admitted for respite care. We noted that an appropriate respite care assessment had been carried out which contained detailed information about their needs and how these should be met.

Emergency health care plans (EHCP) were in place in some of the care plans we looked at. An EHCP is a document that is planned and completed in collaboration with people and their GP to anticipate any emergency health problems. We noted the Abbey pain scale was used to measure pain in people who were unable to verbalise their pain.

We read people's care plans and saw that "Life Stories" had been compiled from discussions with people themselves and their relatives. This meant that staff had an insight into people's needs, preferences, likes, dislikes and interests. Staff were able to describe people's individual needs and how they were met. We also saw examples of people's preferences in care files. Care plan entries included, "Enjoys 1:1 with staff, staff talking and reading to me," "Continues to listen to favourite music and look at family photos," "Enjoys watching digital photos, enjoys listening to music." This meant that staff were able to see people as individuals and deliver person-centred care that was tailored specifically to their needs.

We read a communication care plan for one person which stated, "Unable to verbalise needs due to dysphasia and advanced dementia, to monitor body language for any discomfort/pain" and "[Name of person] is unable to communicate any of their needs and is fully dependent on staff for all tasks." The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people living with communication impairment could still live a happy and active life.

While we were satisfied that care plans were person centred and helped ensure that staff were aware of people's personal preferences. We recognised that staffing levels did impact on the time available for staff to provide flexible and responsive care.

Records were available to document significant behavioural incidents. These were detailed and showed appropriate action had been taken and professionals had been involved such as the challenging behaviour team. We read one person's care plan which gave staff clear guidance

Requires improvement

Is the service responsive?

about what actions they should take when the person became agitated and upset. This helped ensure that staff responded consistently and that people's family and professionals were informed.

A complaints procedure was in place. A record was kept of complaints and information was available to document what action had been taken to address and resolve the concerns which had been raised. "Residents and relatives' meetings" were carried out and surveys undertaken to obtain people's views.

We recommend that the service finds out more about activities provision for people with a dementia related condition to ensure that people are supported to follow their interests and take part in social activities.

Requires improvement

Is the service well-led?

Our findings

This is the third time we have judged that the provider was not meeting the relevant regulation with regards to staffing levels since October 2012. We considered that action was required to ensure that safe staffing levels were consistently maintained over time.

A staffing tool was used to assess staffing levels at the home. The manager told us however, that this tool did not take into account the needs of people who had a dementia related condition. We spoke with the regional manager about this issue. She said that they were addressing this and were going to amend the tool to ensure that it correctly assessed staffing levels based upon the dependency levels and needs of all people who lived at the home. Following our inspection, the regional manager wrote to us and stated, "CHESS [staffing tool] is currently been reviewed, no final version is available."

We read five people's care files and noted that daily records were kept regarding people's care and support. We found however, that there was a number of missing entries and some entries were not clearly written and abbreviations were used. We looked at one person's positional chart and noted that this was not fully completed nor were the person's hourly checks. In addition, one person's bed rail assessment had not been reviewed as planned. We spoke with nursing staff about this issue. They told us that the provider's care planning documentation was excessive and since there was only one nurse on duty, it was sometimes difficult to ensure that care records were fully completed. We spoke with the manager and regional manager about this issue. Following our inspection, the regional manager wrote to us and stated, "New documentation is underway in relation to streamlining and new quality of life roll out. Training is under way and will be completed by end of July."

We found that the manager had not notified us of the outcome of DoLS applications, in line with legal requirements. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service. We spoke with the registered manager about this issue. She told us that she was now aware of her responsibilities and would ensure that all required notifications would be sent to us in a timely manner.

The manager told us, and records confirmed that regular checks were carried out to monitor the quality and safety at the home. These included health and safety, kitchen, medicines and care plan audits. These however did not highlight the concerns which we found with medicines, staffing levels, activities provision and the submission of notifications.

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

There was a registered manager in place who had been in post for two years. She was knowledgeable about the needs of people who lived at the home. She was covering a care worker's shift on the day of the inspection, since the staff member had phoned in sick at short notice.

Relatives and staff spoke positively about the registered manager. Comments from relatives included, "The manager is well-liked by visitors and residents. She is very approachable and is 'hands-on;'" "Since the new manager came, this home has improved greatly" and "The manager is always helpful and always around." Staff told us, "[Name of manager] is lovely, very supportive," "She's always available, I feel I can go and talk to her about anything" and "I've changed so much under [name of manager]. She has an open door policy and if anything is the matter we just need to phone – day or night."

Relatives told us and our own observations confirmed that there was a good atmosphere at the home. Comments included, "There is a good friendly atmosphere in the home. The staff seem to work as a team and co-operate well with each other."

Most staff told us that they enjoyed working at the home. Comments included, "I'm doing a good job, feel happy to come to work," "Morale has improved over the past two to three months with the refurbishment" and "It's alright here, we all get on. We have staff nights out and days out. Morale is alright, even the pay is alright. There's nothing really to improve on." Some informed us that staffing levels did affect morale at times.

Staff meetings were held to obtain the views of staff. We looked at the minutes of a meeting which was held in February 2015. Team work and staffing levels were discussed. The minutes stated, "We need to communicate effectively and support each other. We need to look after

Requires improvement

Is the service well-led?

everyone strengths and weaknesses" and "Current staffing levels are legal." We read minutes of the most recent health and safety meeting which was held in April 2015. Infection control, fire safety and training was discussed.

Meetings were also held for people and relatives to obtain their feedback and involve them in the running of the home .We read the minutes from the last "residents and relatives' meeting." The manager had spoken at the meeting and said, "I gave myself five years to turn this home around. I have been here two." One relative told us, "I think it's getting better. In two years' time, I think this will be a good home."

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 18 HSCA (RA) Regulations 2014 Staffing There were insufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure the safety and well-being of people who lived at the home. Regulation 18(1).

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 provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service and maintain accurate, complete and contemporaneous records. Regulation 17 (1)(2)(a)(b)(c).