Care Quality Commission

Nightingale Retirement Care Limited

Nettlestead Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
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

This inspection took place on the 06 and 07 January 2015 and was unannounced. At the last inspection on 27 February 2014 the provider met the requirements for the regulations we inspected.

Nettlestead Care Home is a family owned business registered to provide residential accommodation and care for up to 22 older people. At the time of the inspection there were 17 people using the service.

There was a registered manager in place who had worked there for a number of years. 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.

People told us they felt safe and well looked after and their wishes were respected. Their relatives spoke positively about the staff and the care provided. We found a relaxed, friendly and calm atmosphere at the home. We observed that people were treated with dignity, respect and kindness.

There were some areas that required improvement as current guidance was not always followed or referred to.

Summary of findings

Staff asked for people's consent before they provided care. They had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards but were not always aware of all of the requirements of the act. This was a breach of regulations in respect of obtaining people's consent.

People's medicines were administered safely but systems for medicines management did not always reflect current guidance. We have made a recommendation about reviewing the management of medicines.

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

People spoke highly of the staff and we observed staff knew people well and were aware of their preferences and their support needs. They treated people with respect dignity and kindness. We found sufficient levels of staff at the service to meet people's needs. Staff knew what to do in an emergency.

People's needs were assessed to ensure they could be safely met. People and their relatives, where appropriate, told us they were consulted and involved in their care. We found that the provider and manager were changing to a different kind of care plan to record and review people's needs. We saw that these new plans contained more detailed guidance and information about people's care and support needs that the previous plans.

There was a regular activities programme which included trips out. People were encouraged to be as independent as possible. They had a choice about what they ate and drank and had sufficient to eat and drink and their weight was monitored to reduce any risks. People had access to health care professionals when they needed, their heath needs were monitored and any advice from health professionals was included in their care.

People told us they thought the service was well managed and they knew how to make a complaint if they needed to. There were regular residents meetings and quality checks where people's views were sought about aspects of the service and action taken to address any issues raised. We found there were some aspects of the management of the service that needed improvement as issues we identified had not been picked up by the home's own quality assurance processes.

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?

Good

People who used the service told us they felt safe. Safeguarding procedures were in place and staff were clear about reporting any suspicions of abuse. There were enough staff to meet people's needs.

People received their medicines on time. Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely. There were processes in place to deal with emergencies and staff had received necessary training.

Checks were made on the premises and equipment at the service.

Is the service effective?

Requires Improvement

The service was not always effective. Although staff had received training they were not always fully aware of the requirements of the Mental Capacity Act 2005 code of practice or Deprivation of Liberty Safeguards and processes to ensure people's rights were respected were not robustly followed.

Staff received training in areas specific to the people they supported and told us they were well supported to carry out their roles.

People told us they enjoyed the food and that there was choice available. We saw that people's fluid and food intake was monitored and appropriate action taken if people lost weight.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

Is the service caring?

Good

The service was caring. Staff treated people in a gentle and caring manner when they supported and assisted them with their care. People's privacy and dignity were respected.

Staff knew people well and were aware of changes in their moods or routines. People and their relatives told us they were involved in making decisions about their care.

Staff had a good understanding of people's diverse needs and how these were too be valued and respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care and support provided to meet those needs.

Care plans were being revised to reflect in more detail the care and support or needed. Staff responded to changes in people's needs and regular reviews were held to ensure plans remained up to date.

Summary of findings

There was a range of suitable activities available during the day and people were encouraged to use the local community where possible.

The provider regularly sought people's views about the. There was a complaints procedure and people told us they were confident any complaints would be addressed.

Is the service well-led?

Requires Improvement

Aspects of the service were not always well led. Some policies were out of date and did not always refer to or follow the most up to date guidance. We have made a recommendation about the management of medicines.

People told us the home was well run and organised. There was a stable staff team that we observed work well together. Staff told us they enjoyed their work. There was a structure of internal meetings to ensure staff were kept informed and improve consistency.

People's views about the service were sought and used to drive improvements and there was a system of audits and checks to monitor the quality of the service. Although these did not always identify areas that required action.

Nettlestead Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 06 and 07 January 2015 and was unannounced. The inspection team consisted of two inspectors 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 service.

Before the inspection we looked at the information we held about the service including information from notifications they had sent us. We also asked the local authority commissioning and safeguarding teams for their views of the service.

We spoke with seven people who use the service, four relatives, seven care staff, the deputy manager and the registered manager of the home. Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with an optician and district nurse who visited the service during the inspection.

We looked around the building. We looked at six records of people who used the service and four staff recruitment and training records. We also looked at records related to the management of the service such as audits.

Good

Is the service safe?

Our findings

People and their relatives told us they did not feel bullied, discriminated against or harassed at all. All the people we spoke with said they felt safe at the home and described it as “good” and “very good”. One person said “I feel safer than when I was living on my own.” Another person told us “I feel safe and secure in here.” A relative commented their family member was “very happy here. She feels safe and warm.” Another relative told us “I have never seen anything unsafe and do listen to how other residents are being dealt with. It is a happy place and all the staff are friendly and caring. I feel my (relative) is safe. I am impressed with the attitude of the staff.”

One of the staff we spoke with said that part of her role was to “make sure people feel safe and secure” and that the service was a “home from home”. Staff knew how to recognise signs of abuse and were aware of their roles and the relevant reporting procedures. They understood their responsibilities and rights under whistleblowing procedures and knew where they could report to if needed. Training records showed that staff received regular refresher training on safeguarding issues. There were adequate arrangements to protect people from abuse and harm.

Risk assessments were used to identify and monitor people’s individual risks and inform the care plan. For example, moving and handling risk assessments had been carried out and care plans clearly stated who needed mobility aids when they moved around. We saw two risk assessments where people had been identified as needing encouragement to eat and drink sufficient amounts and this was included in their care plan. There were body maps and charts that could be used to record and monitor risk such as food and fluid charts. These assessments were reviewed regularly. Plans were put in place to reduce possible occurrence of these risks. For example people with fragile skin had equipment such as a pressure cushion to reduce pressure on their skin.

People told us that staff came promptly when they called them and we saw that call bells were responded to promptly. So that people were not waiting long for support.

There were procedures in place to deal with emergencies. Staff knew what to do in the event of a medical emergency or a fire. They told us they had practised using evacuation equipment and that there were regular fire drills, so they were reminded about their roles in such an event. Records we looked at confirmed that staff received regular refresher training in first aid and fire safety and those regular fire drills were completed. There was a fire safety risk assessment and business contingency plan in place. The plan provided staff with emergency phone numbers and guidance on what to do in emergencies. People had personal evacuation plans which we were told were reviewed annually or if their needs changed.

Regular maintenance and service checks were carried out on equipment at the home. We saw that external contractors carried out checks on the lift, fire equipment, hoists and gas and electrical equipment. Checks were made on the call bells and wheelchairs to ensure they operated effectively. There was a maintenance person employed at the service to undertake any maintenance work that staff identified. We saw they had a system to record any work and when it was completed. There were no identified outstanding areas of work on the record. People told us that any maintenance issues were promptly attended to.

We observed the premises to be well maintained and clean throughout. Checks were made on the premises to ensure any safety issues were identified and addressed. We found legionella checks were made and checks on other aspects of the premises such as the electrical installation. The manager said any identified need for work was recorded in the maintenance log and contractors contacted if required. She also conducted a regular health and safety walk through of the home although these were not recorded.

Staff recruitment procedures helped ensure that people were protected from unsafe care. Adequate recruitment checks were carried out before staff commenced work to confirm their suitability for work. Staff records we looked at confirmed the necessary identity, character and criminal record checks had been carried out.

People told us there were enough staff to meet their needs. They said they did not have to wait long for staff to respond to their call bell and that although they were busy staff were always available. We observed call bells were promptly attended to. The manager told us that staffing levels were reviewed regularly and based on the needs of people at the service. We found there was one less member of staff on duty than on the rota as they had phoned in with sickness. The manager explained they did not use agency

Good

Is the service safe?

staff but had some bank staff they used in these circumstances or regular staff may cover. On this occasion they had not been able to find cover as the call had been late but that the manager would work on the shift as required. Staff told us that there were enough staff to meet people's needs as recorded on the rota but on a rare occasion if shifts could not be covered at the last minute by other staff then this meant they could not spend much individual time with people at the service.

Medicines were administered safely. People told us they received their medicines on time throughout the day. We looked at the records for the administration of medicines.

We saw medicines administration records (MAR) were up to date. We confirmed that staff had received training on the administering of medicines. There was a list of staff authorised to administer medicines with a signature list to provide accountability. Medicines were checked regularly to ensure they were still safe for use. Medicines were stored securely in a locked cupboard. There was a separate locked cupboard for controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) for when these were prescribed. We checked the record for controlled drugs and saw they had been recorded correctly.

Requires Improvement

Is the service effective?

Our findings

People told us that their consent was sought before care was provided and we observed this during the inspection. We saw people were consulted about the support they needed and staff checked they were happy with this. For example they said "would you like to?" "shall I help you?".

The staff were aware of the need to obtain verbal consent from people prior to providing personal care. There was a consent to care form which we saw had been signed by people at the home to confirm they consented to the care provided. The manager told us that some people's capacity to make a decision varied. Some people at the service had dementia but we found no completed mental capacity assessments to establish if people could make decisions about aspects of their care. For example one person sometimes had a pressure mat to alert staff if they got up at night for their own safety but there was no capacity assessment to establish if they could consent to this decision. Some people's rights with regard to decision making may not always therefore be protected as assessments of people's capacity to make a specific decision were not carried out in line with the Mental Capacity Act 2005 Code of practice. This code of practice provides guidance to anyone who is working with and/ or caring for adults who may lack capacity to make particular decisions.

In some instances care plans identified that people had power of attorney authorisations for health and welfare or financial matters which authorised others to make decisions in circumstances where people did not have capacity to make those decisions themselves. However copies of these power of attorney authorisations were not always held on people's records. The manager was also unsure if there were other people at the service this could apply to. This meant there was a risk people's rights in respect of certain decisions may not always be followed or taken into account. The manager advised they would amend their pre-admission form as it was not a question they asked and check if this applied to any other people at the service whom they may be unaware of. However we could not check this at the time of the inspection

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). The manager confirmed that no one using the service was subject to DoLS under the Mental Capacity Act 2005.

Staff told us that physical restraint was not used at this service. They described appropriate strategies for managing people who may sometimes behave in a challenging way because of their dementia diagnosis. For example, staff told us they would 'distract' or 'step away' and return to the person after a short time interval. We saw a stair gate in use on the top floor. There was no evidence this was used to restrict people and there was a lift that people used to travel to the other floors. However, there was no record of a risk assessment or written consent sought to evidence that people's freedom was not being restricted.

Staff told us they had received training on the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS). Not all staff we spoke with had a clear understanding of the circumstances that might lead to an application for authorisation under DoLS. People's rights in respect of this may not therefore always be regarded.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they thought staff knew what they needed to do in respect of their care. One person said "I think the staff are well trained and get the help I need." Another commented "The staff all seem good at their jobs." Most staff we spoke with had completed qualifications in health and social care or were completing them. Several staff had experience of work at the service over several years. New staff undertook an induction which included review of the service's policies and procedures and shadowing more experienced staff members. The manager told us the induction was varied in length as it depended on the staff members previous experience and how quickly they learned their role. Newer members of staff we spoke with confirmed they had completed induction training.

There was a rolling programme of refresher training and we confirmed this from records. It included training on a range of topics that the provider considered essential such as fire safety, first aid, safeguarding adults and dementia awareness. Staff told us they felt they received the training they required to meet people's needs although some staff told us they would like further training on dementia. The manager confirmed this had arisen in people's supervision and she was looking into suitable courses.

Requires Improvement

Is the service effective?

Staff told us they had plenty of support to carry out their work. They felt well-supported by the manager and the deputy manager and could access them at any time to discuss work-related issues. They said they received regular individual supervision sessions which they found useful in terms of feedback on their performance and could also raise any of their own concerns. We confirmed from records that there was a suitable programme of supervision and appraisal and most staff had received their annual appraisal. The manager told us the four overdue appraisals we noted had been carried out but were yet to be written up. They said this would be done as soon as possible.

People told us they enjoyed their meals and that there was a choice of what to eat at each meal. There was a six-weekly menu rotation to provide variety and balanced meals. The chef told us they changed this regularly depending on the season and feedback from people using the service. We observed the chef consult people in the morning about their lunchtime choices and offered information and advice about the food. There were four choices of main meal including a vegetarian option. One person told us, "The food is always good here. There is always a choice of main meal." A relative commented their family member was "eating well and says she enjoys the food." We observed that people enjoyed their meals and that their individual preferences with regard to drinks were observed. People could choose where to enjoy their meals. If there was food left over staff were encouraged to eat with people.

One person commented that supper was too early at 5pm. We discussed this with staff and they told us if people wanted something to eat outside of meal times this was always available. There were hot and cold snacks available later in the evening. We saw a choice of drinks was offered throughout the day and people had drinks available in their rooms.

The dining area looked welcoming and attractively laid out with individual menus on each table to remind people of the choices available to them. We saw people could mostly manage independently but staff were available to support if anyone needed some assistance and we observed this was done in a relaxed and supportive way. Care staff and kitchen staff were aware of people's dietary preferences, medical needs or issues with food consistency. There was no one currently at the service who had cultural dietary requirements but the deputy manager told us they would be able to meet any cultural needs in respect of people's diet when the need arose.

People's weight was regularly monitored and that risk assessments were completed to check if people were at risk of malnutrition. These were regularly reviewed. Where needed referrals were made to the dietician or to the speech and language team for guidance. The manager told us there was currently no one at high risk of malnutrition but when this occurred people's food and fluid intake was monitored and recorded throughout the day. We saw there were forms available for this monitoring.

Two people and their relatives told us how pleased they were that they or their family member had put on weight since they had come to live at the home. One relative told us their family member "looks so much better now as she has put on weight and regained their appetite. It's quite a relief."

People told us they saw the doctor, dentist or chiropodist when they needed to. A relative we spoke with told us they were kept informed about medical appointments and confirmed that staff accompanied their relative to these appointments. They told us this gave them "peace of mind". We spoke with two health professionals who visited the service during the inspection. They told us the home worked well with them and included any advice in the care provided. The care plans held details about the outcomes of any visits to health professionals. The manager told us staff were reminded to read the care plans to check for any changes that might be made as a result of a healthcare appointment. She also said these changes were discussed during handover meetings.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind. One person said, "The staff without exception are all kind." Another person commented "The staff are all very caring. They know what I need and what I like. It's very nice here." A relative told us, "They are well cared for and I would recommend this home." Another relative commented "It is a happy place and all the staff are friendly and caring."

We observed staff talking to people in a polite and respectful way and that staff provided person centred care, this means care that is tailored to people's individual needs. Throughout the inspection we saw meaningful and supportive interactions, in which people were assisted at their own pace, without being rushed. There was a calm, friendly and pleasant atmosphere and we observed staff interacted positively with relatives. Staff called people by their preferred name and interactions between staff and people using the service showed they knew people's preferences well. For example they knew their food likes and dislikes, how much sugar people had in their tea and coffee and where they liked to sit. We observed that staff were able to detect changes in people's moods from their body language and knew the routines people liked to keep. They were pro-active in their offers of assistance and chatted in a natural way to the people living at the service while they offered support and care. One relative told us they had seen what they considered to be "extremely kind and compassionate care" when a care worker was supporting someone patiently to walk to the bathroom.

Staff told us they were aware of the importance of getting to know people well so they could provide good quality personalised care and of forming good relationships with people and one staff member said they felt that the service provided a "home from home". Another staff member commented on the records held of people's personal histories and said how useful it was to know more about people's backgrounds as it helped them understand people better. One person told us "I cannot fault the care I have received."

People told us they felt involved and consulted about their care. One person told us, "I have expressed my opinion and been listened to." People were relaxed and they chose where they wished to spend their time. We observed they made decisions about day to day activities and were given choices about what they would like to eat and their daily routine. For example we saw breakfast was available in the dining room for most of the morning and people's personal preferences for breakfast were sought and provided. One person told us "I am a late riser out of choice and I can have whatever I like for breakfast."

Where appropriate people were encouraged or supported to make decisions. For example, we observed someone was encouraged to make a choice about their hair cut and was delighted with the result. There was a key worker system in place in which a care worker had particular responsibility for aspects of people's care such as ensuring they had enough toiletries of their choice. People's independence was also encouraged and one person explained how they had discussed a preference to manage aspects of their care independently and this was being respected and supported by staff.

People were well presented and looked clean and comfortable. We observed staff knocking before entering people's bedrooms and asking their permission to enter, so that their privacy was respected. People confirmed staff were consistent in doing this. We observed staff being sensitive and discreet to people's individual care needs and routines throughout the day.

Staff were aware of the need for confidentiality and we observed them to speak discreetly with people about any health or personal issues. They told us that they tried to maintain people's independence as much as possible by supporting people to manage aspects of their care that they could and where possible they were left to bathe independently. Where people needed support with personal care staff ensured their privacy by drawing curtains and shutting doors.

Good

Is the service responsive?

Our findings

People and their relatives told us there was a plan of their care and they were involved in discussing any changes to this. We saw from records that they were involved in reviewing this at regular intervals. A pre-assessment of people's needs was carried out to check the service could meet those needs.

The home had electronic care plans. The manager told us she and the provider had recognised the limitations of their existing care plans and they were in the middle of changing to a new style of care plan which they felt was more appropriate to record more detailed guidance for staff. They were aware that while the staff had a good knowledge of people's needs and how to support them their current care plans did not always reflect this knowledge. All staff had access to the electronic system and they recorded daily notes and observations throughout the day. Staff were in the process of receiving training on the new care record system. The manager told us the system was secure and well backed up in case of problems and this was confirmed later by the provider.

We looked at both types of care plan. The old style care plan identified people's needs, but, there was a limited record of people's preferences or guidance for staff on how to deliver the planned care. People's wishes about their spiritual and end of life care and wishes were not always recorded. The new format care plan was being completed for everyone at the service. We were shown one that had been started. This contained clearer detailed information for staff about people's needs and wishes in respect of their care and guidance for staff on how to safely carry it out. The manager told us they were working to update and review the care plans with people, and their relatives where appropriate, so that they would provide a clear guide to any new staff on how to deliver their care.

Our observations throughout the inspection were that staff including the manager and deputy manager knew people' s needs well and were aware of people's routines and any changing needs. For example we observed the manager support someone sensitively and promptly when they became anxious.

People had enough to do. There was an activities schedule on a noticeboard in the office. Activities were run by staff with particular interest in this area. There were a range of activities recorded for both the morning and afternoon every day. These included music, book reviews, art, manicures, cooking, flower arranging and reminiscence. There were regular outside entertainers who provided singing sessions or exercise. We saw that people had been supported where they chose to send out Christmas cards to families and friends to help people stay in touch with those important to them.

The relative we spoke with told us they were regularly invited to events such as a summer fair and Christmas party. Staff told us people went on outings to garden centres and to places of interest and the home had its own transport. During the inspection we observed people joined in a range of activities including singing and a well-attended reminiscence session which people were clearly participated and enjoyed. The activities organiser included everyone who wished to take part and demonstrated a sound a knowledge and understanding of people involved. We observed people were supported to go for a walk with staff or access the garden or community independently where possible. We asked what happened about people who preferred individual activity and the manager told us this was usually done in the morning by the activities organiser.

People and their relatives said they knew how to complain if they needed to and were confident any problems would be dealt with. We saw the complaints policy was displayed in the hallway and outlined what steps to take if a person wanted to make a complaint. We checked the records and found that there had been no formal written complaints in the last year. People and their relatives were confident any issues they raised would be addressed.

We saw from records there were regular residents meetings where people's views were sought about aspects of care and people we spoke with confirmed this. One person told us "I am asked my views and do feel listened to." We reviewed the minutes from the two most recent meetings held in November and December 2014. Issues discussed included emergency evacuation plans, quality of the care provided, and entertainment and activity options. The deputy manager followed up on any concerns and confirmed completed action points.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the home were not well-led. We found the practice for the management of medicines did not always conform to recent guidance. For example MAR records for two people had no record in relation to whether they had allergies which could place people at risk of receiving a medicine they were allergic to.

We also identified some recording errors, for example there were gaps in two people's MAR on different dates that had not been identified through internal auditing processes. As a result of the feedback from the inspection the manager told us that she would carry out recorded medicines audits so that any errors would be quickly identified.

We recommend that the service consider current guidance on managing medicines in care homes and take action to update their practice accordingly.

Some policies we looked at were out of date and were not in line with current guidance such as the provider's Mental Capacity policy and Safeguarding Adults policy. Staff did not always have an up to date guide to refer to.

People told us they thought the home was well run and organised. One person said, "The staff work well together," another person said, "they seem to work as a team." A third person commented "The manager is visible and I feel the service is well managed." Relatives we spoke with also confirmed this.

The manager and staff both told us they tried to keep Nettlestead as much like 'home' as they could rather than an institution. We observed there to be a positive team work attitude among the staff working on both days of the inspection to ensure people's needs were met. Staff told us they enjoyed their work and thought they worked well together. We observed this to be the case as staff used humour appropriately and were sensitive to the needs and moods of people using the service. Staff thought there was an open culture because their views were listened to, for example about the need for further dementia training. A staff representative attended regular meetings with the provider to communicate staff views formally with senior management.

Staff told us they felt there were shared goals and targets which changed throughout the year. We saw a chart for the forthcoming month targeted to reduce absenteeism. They said they felt this helped them to focus and work together as a team on the targets. They told us there was a system of rewarding hard work and after they had been employed at the service for a period of time they were invited to have a more active role in the company. We saw from the website that the provider was working towards becoming an employee ownership association which staff said meant greater staff involvement in running the service.

There was a stable management team. The manager had managed the service for many years and the deputy manager had also worked at the service for several years. They told us they felt well supported by the provider who visited regularly. There were regular meetings between the provider and manager which were recorded and we saw included discussion about areas such as catering, surveys and premises issues.

The deputy manager and the manager of the home met frequently to ensure the smooth running of the service. We saw these meetings included discussion of any maintenance issue for example a need for a new cooker, as well as upcoming events and audits for example portable electrical testing. They tracked when areas identified for action were resolved.

There were staff meetings for all staff held at six monthly intervals. The last had been held in September 2014. There was a mini- meeting system to track progress on any action points in between the regular staff meetings. For example suggestions to improve the return of laundry had been identified at the staff meeting and this was checked on at a mini meeting 06 November 2014. Staff told us they felt confident raising any issues they had at staff meetings. They also told us the managers were approachable and they felt well supported. The deputy manager and manager were often visible on the floor and worked at times on the floor with them.

We found people's views about the service were regularly sought and their feedback used to try and improve the service. We saw records of telephone monitoring calls to relatives that the provider carried out to gather people's views of the service. The manager told us this feedback was discussed with her to consider any actions that may be needed to improve the service. We saw from these forms there was mainly positive feedback about the service. Some relatives had expressed a concern about a lack of staff availability in the lounge at some points to interact

Requires Improvement

Is the service well-led?

with people earlier in the year. Staff meeting minutes and follow up action records showed that this had been discussed and addressed by the introduction of a new staff shift from 5pm - 10pm, to increase staff availability.

Staff told us that they were asked for written feedback on their views about working at the home by the provider. The manager said these were also discussed with her if there were any identified issues that needed to be addressed.

There was a system of audits to monitor the quality of the service. These covered aspects of the service such as infection control, health and safety and staff supervision. We found action points were made of any issues identified and these were checked to ensure they were acted on. The provider carried out external audits on different aspects of the service such as catering, care, and administration. We saw an audit carried out on 20 August 2014 on staffing issues had picked up an issue about some staff not wearing identity badges and that this was addressed in a subsequent staff meeting. These audits were carried out usually on a monthly basis although the last audit on record was September 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Consent to care and treatment** **Suitable arrangements were not in place for acting in accordance with the Mental Capacity Act 2005.** **Regulation 11(3) HSCA(RA)Regulations 2014.**