

SSL Healthcare Ltd

# Castle Dene Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 2 October 2018 and was unannounced.

Castle Dene is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered for 36 people and at the time of inspection there were 29 people living at the service.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission in December 2015. 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.

The last inspection of the service was carried out in May 2016 and they received an overall rating of good. However, they were requires improvement in responsive due to the lack of activities on offer for people. During this inspection we found no improvements to the provision of activities and work was needed on the service's record keeping.

At the last inspection we were told that a member of staff stayed back after their morning shift to provide an hour of activities. At this inspection we were told the same thing. When staff were not busy they tried their hardest to provide activities such as dancing but this could not always be sustained. People who did not want to join in group activities were not always provided with one to one stimulation.

Medicines were stored and administered safely. However, records did not always evidence this, there were no records in place for the application of topical medicines such as creams and no patch application charts. We were told that staff were observed to make sure they were competent to administer medicines correctly. However, there were no records of this. Medicines were administered whilst people were eating their lunch and we saw one person hurriedly swallowing so they could take their tablets. The registered manager said they would change the time of medicine administration, so it took place after lunch.

Although audits were taking place they were not robust enough to learn and improve from them. The registered manager completed a daily walk around but had not noticed that an upstairs window had no restrictor in place and could be opened very wide. We were assured that this would be in place the next day. The registered manager provided evidence that the window restrictor was fitted after the inspection.

A relative's survey had taken place in June 2017, but no action or evaluation had been done following this.

People enjoyed the food provided but the dining experience needed to be improved. There were no menus and people, or staff could not tell us what was for lunch. Only one table had condiments on and after

everyone had been provided with their food only one member of staff was left and at least two people needed support with eating and the staff member had to go from table to table to provide this support. Records relating to people's dietary needs were not available in the kitchen.

Two people's care plans stated that they needed fluids to be pushed throughout the day with a target of 1500mls to 2500mls. The fluid charts were only in place for one of the two people. The charts had been photocopied a number of times and were difficult to read, the target amount was not documented and the amount of fluid the person received during the day was not totalled. We totalled them up and found the person was only receiving 400mls, however nothing had been done about this. The registered manager said they would have had more fluids, but staff were not recording them.

Risks associated with people's support needs were fully considered with information for staff to mitigate the risk.

Accidents and incidents were recorded, there were too few to recognise any trends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. The registered manager understood their responsibilities in relation to the DoLS.

Not all staff training was up to date, the registered manager explained that this was all booked in. Supervisions were taking place although yearly appraisals were overdue, but the registered manager assured us they were booked in.

People could access healthcare services as needed and we saw referrals were made in a timely manner.

People who lived at the service were safeguarded from abuse. People told us that they felt safe at the service and that they trusted staff. Staff had received training in the safeguarding of vulnerable adults and said they would not hesitate to report concerns.

A number of recruitment checks were carried out before staff were employed to ensure they were suitable to work with vulnerable adults.

People received support from staff who were kind, caring and compassionate. People felt they were treated with dignity, respect and valued as individuals.

Staff demonstrated a person-centred approach to care and they knew people well. Care plans had information of people's wishes, preferences and life histories.

The service had a complaints policy that was applied if and when issues arose. People and their relatives knew how to raise any issues they had.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

We looked at the systems in place for medicines management and found although medicines were administered safely the records did not support this

Risks to people were assessed and plans were put in place to minimise the risk. However, where fluids were to be encouraged records did not evidence this.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The provider carried out pre-employment checks to support them to make safer recruitment decisions.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Some training for staff was not all up to date as per the providers training matrix, this was booked in the day after the inspection. Evidence to show staff were supported through supervisions was available, however yearly appraisals were overdue.

People were happy with the food provided but improvements were needed to the dining experience. Records regarding people's dietary needs were not available in the kitchen.

Staff knew their responsibilities under the Mental Capacity Act and consent was sought.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who were kind, caring and compassionate. People were treated with dignity and respect.

People's independence was promoted.

People were supported to maintain links with their families and

people important to them.

### **Is the service responsive?**

The service was not always responsive.

Staff demonstrated a person-centred approach to care and understood people's needs, likes, dislikes and personal preferences.

People were not always supported to access activities and follow their interests.

There were systems in place to manage complaints.

End of life care plans were in place for people if they so wished.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Records were not all in place or fully completed.

The quality assurance audits were completed but were not robust enough.

Surveys were sent out, but no action was taken from the last one which took place in June 2017.

People and staff found the registered manager to be approachable and supportive.

**Requires Improvement** ●

# Castle Dene 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 2 October 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was asked to complete 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 used this to plan the inspection.

During the inspection we looked at three care plans, Medicine Administration Records (MARs) and daily records. We spoke with the registered manager, the deputy manager, one senior care worker, five care workers, a domestic and the stand in cook. We spoke with 12 people who used the service and three visiting relatives. We also spoke with a visiting community psychiatric nurse. We carried out Short Observational Frameworks for Inspection (SOFI) to observe the people's experience of life at Castle Dene. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We looked at the systems in place for medicines management and found people received their medicines as prescribed.

However, Medication Administration Records (MAR) charts showed creams and patches had been applied but there were no records to support the administration of topical medicines such as creams were not in place. There was no guidance for staff on where and how to apply the cream. One person was prescribed a medicine in the form of a patch. Some patches must not be applied to the same area of skin site for three to four weeks. There were no records to show where the patches had been applied, therefore there was a risk of the patch being applied to the same skin site.

The service had a medicine inspection the Friday before this inspection by the local authority and the lack of records was highlighted then. The registered manager showed us what forms the local authority had sent them to start using and said they were about to implement them. The registered manager sent a sample of completed forms to CQC after the inspection.

We looked at how medicines were stored and found that they were stored securely. Medicines which required cold storage were kept in a fridge and the temperatures of the room and fridge were taken daily to make sure medicines were stored at a safe temperature. We found dates of opening on one person's eye drops with a four week shelf life once opened were not recorded. The senior staff member discarded this straight away.

We saw that controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were appropriately stored and signed for when they were administered.

The service had guidance in place for medicines to be given 'when required.' This meant staff had sufficient information to administer when required medicines appropriately.

We observed a medicine round and we saw the staff member asking people if they wanted to take their medicines. However, the medicine round we observed took place whilst people were eating their lunch. This disturbed their meal and one person had to quickly chew and swallow their food to enable them to take their medicine. We discussed this with the registered manager who agreed to change the administration times so that it was after lunch.

We were told staff received competency assessments to ensure they administered medicines safely, however there were no records of these taking place.

We looked at the processes for auditing medicines and found the audit only consisted of counting stock. The registered manager showed us a new audit tool that they were planning on using.

New paperwork was about to be put in place. However, we could not see the full effects of these records

until they become embedded in practice within the service.

These findings evidenced a breach of Regulation 17 Good governance Health and Social Care Act (Regulated Activities) Regulations 2014

People at the service said they felt safe. Comments included, "I am safer here, because whatever I want the girls are always there, like now" and "We are safe, everyone is amongst one another."

Relatives we spoke with said, "It is very, very safe here my [named person] is 100% safe" and "It is very safe we have no qualms."

We saw people had risk assessments in place that detailed the actions staff should take to minimise identified risks to people and staff we spoke with were knowledgeable about these. Assessments of the risk of falls people encountered were in place and we saw where appropriate action was taken to minimise these risks. For example, one person, who was unsteady on their feet was provided with a sensor mat, so staff were aware if they chose to try and stand and could respond and support.

Accidents and incidents were recorded but were too few for any trends to be identified.

We saw evidence of premises and environmental risk assessments. Fire and general premises risk assessments had been completed. Required certificates in areas such as electrical testing and hoist maintenance were in place. Records confirmed that monthly checks of emergency lighting were carried out and weekly fire alarms and water temperature checks were undertaken. We did not see evidence of window restrictor checks and found one window upstairs opened much wider than the recommended 100 mm. The registered manager said they would make sure one was fitted the next day. We were provided with evidence of this.

Through observation and looking at rotas there were enough staff on duty to meet the needs of the people. On the day of the inspection there was one senior care worker and four care workers for the 29 people using the service. During lunch we were concerned that one member of staff was supporting two people to eat who sat on different tables which made this quite undignified. This staff member had to go to the kitchen for something which left everyone alone. We discussed this with the registered manager who said that they and the deputy manager normally help with lunch times but due to the inspection, hadn't that day. They also said that now they were planning on changing the lunchtime medicine round, this would free up the senior member of staff to support with lunch times.

We did raise a concern when the rota showed that one member of staff was working 77 hours a week. The registered manager said this was the staff members choice. The registered manager agreed to check this was still okay with the staff member at each supervision and risk assess it to make sure the staff member could provide safe care after working such long hours.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought, and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with vulnerable adults.

Staff understood the importance of safeguarding issues and whistleblowing [telling someone] concerns and



knew the procedures to follow if they had any concerns.

We saw the premises were clean, tidy and free from clutter. Cleaning schedules were in place and records showed these had been followed. Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves.

## Is the service effective?

### Our findings

We saw in two of the care plans we looked at that the people required a certain amount of fluids each day and these were to be encouraged. For one person that was prone to urinary tract infections and constipation it was recommended that 1500 – 2000mls were to be encouraged daily. There was no record to show this was happening. Another person had been referred to the dietician and a 24-hour food and fluid chart was to be completed with a minimum of 1500mls of fluid each day. We were provided with these charts, but they had been photocopied so many times we were unable to read the text. There was no target fluid balance and the daily total of fluids was not added up to show how much the person had received. We totalled the amounts that were recorded and found the person was only receiving about 400mls a day. These charts were not audited or checked and were not fully completed. The registered manager said the person had a higher fluid intake than 400mls. However, records did not evidence this. The registered manager agreed to update the records. We were provided with completed forms the day after the inspection. However, we will need to see these fully embedded into practice.

The full-time cook was on leave and a staff member was covering their shifts. We asked if there was any information in the kitchen to show people's nutritional needs, wishes and preferences. For example, some people needed a fortified diet and some a soft diet. The stand in cook could explain who needed what but could not find any written records to evidence this. If a person's needs changed there was no record for the kitchen staff to follow.

These findings evidenced a breach of Regulation 17 Good governance Health and Social Care Act (Regulated Activities) Regulations 2014

People were happy with the food provided and comments included, "Ooh I really enjoyed that, I had the pork chop, it was lovely", "We get choice but sometimes they [staff] can't be bothered as they are too busy" and "They [staff] are not very quick at bringing me drinks."

We observed lunchtime and found the meal time experience could be improved. No menus were available to people and when we asked people and staff what was for lunch, no one could tell us. Tables were not fully set with items such as salt, pepper or sauces.

There were two options for lunch turkey or pork chops, no one was asked if they still wanted their requested option or if they wanted the turnip, potato or gravy, it was just all plated up and placed in front of people with no explanation. The registered manager said that staff knew people well and know their likes and dislikes but agreed people should be involved and able to choose on the day.

When everyone had received their main meal all, but one member of staff left the dining room. At least two people needed support to eat, however they were on different tables. The staff member was sat next to one person but had to keep getting up, going to another table and proceeded to stand over someone to support them. This was not dignified for the person or the people they were sat with. The registered manager agreed to investigate and improve the dining experience.

Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. The Malnutrition Universal Screening Tool (MUST) was used and would complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. We saw in one care plan the person needed a fortified diet and we were told other people also required this. A fortified diet describes meals, snacks and drinks to which additional nutrients have been added through foods such as cream, butter, milk and milk powder. The aim is to provide a diet which has a higher nutrient density without increasing portion size.

We asked the cook on duty how they fortified people's meals as there were a few people who required this. The cook explained they used butter and cream but was unaware of using milk powder as well. They suggested that we speak to the assistant cook who was doing domestic duties that day. The assistant cook said they were aware of the importance of using milk powder and they always used it. However, when I asked if we could show the stand in cook where it was, they admitted they didn't have any. We passed this onto the registered manager.

We were told no one required any special cultural or vegetarian diets.

People who wished to start using the service completed an 'application form' to say what their needs, wishes and preferences were. A pre-admission assessment with the person and their family was then completed, followed by an assessment on admission. The assessments included the person's likes, dislikes, how they communicate, mobility, mental state, cultural needs, social interests and any potential risks. If people preferred, they could complete trial visits to the service before making the decision to move in. We saw one person had completed trial visits.

We saw certificates to evidence that the majority of staff training was up to date. However, the provider's training matrix showed some staff training had expired. For example, 17 out of 26 staff members health and safety and 14 staff members food safety, was out of date in March 2018. The registered manager said they were all in the process of updating their training and the matrix needed updating. After the inspection the registered manager said, "We are in the process of arranging training in the areas the matrix is identifying as required, learning books will be posted to Castle Dene. Hopefully this will be a quick return."

Relatives we spoke with had mixed views about staff training, comments included, "Staff absolutely have the right training, everyone is excellent", "Some do, but I think some could do with training" and "I don't know what their level of training is but they seem able to deal with [person's name]."

New staff undertook an induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training, if the staff member was not trained to NVQ level 2. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff also completed shadow shifts (observing) until they and the registered manager felt they were competent to work alone.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were. At the time of the inspection 22 people had a DoLS in place. There were processes in place to protect the rights of people living at the service.

People were supported to access the healthcare services they needed. They had made referrals to other healthcare professionals when needed. For example, we saw records to show people had seen the GP, chiropodist, dietitian and district nurses. People told us they had regular appointments with their GP and other healthcare services, which included visiting opticians and dentists. Comments included, "Staff would help me if I wasn't feeling well", "The GP came yesterday, staff make it easy for me to see him" and "I can see my GP as soon as I can."

The premises were well kept, clean, tidy and free from clutter. One relative said, "The premises are more than excellent." Bedrooms were personalised to suit people's wishes and preferences, for example they displayed family photographs and other personal items which people owned. Bedrooms were considered as people's own personal space where they could spend time alone when they wished or meet in private with family and friends.

## Is the service caring?

### Our findings

People who used the service were happy with the care that was provided and said the staff were kind and friendly. Comments included, "Yes, I get attention", "Yes sometimes, they are alright with me" and "Lovely girls." However, one person said, "Yes, the staff are caring, but sometimes there is no one in here [lounge] and we have to look after ourselves."

Relatives we spoke with were also happy with the care provided. Comments included, "I can't fault this place, it is 100%. I have looked at various homes and this is far superior", "Yes they [staff] are caring and they are kind" and "They [staff] appear to be caring."

Through observation we saw staff demonstrated a kind, caring, considerate and relaxed approach with people. When talking to people they bent down so they were at eye level and held their hand or touched a person's shoulder. One staff member knelt next to a person who had a fiddle board on their lap. The fiddle board was a tray with switches, spinners, springs that is designed for adults with dementia. The staff member said something to this person and they burst into laughter, they continued laughing after the staff member had left them. This showed that one small chat had left the person feeling happy and content.

We saw that staff and people who used the service were familiar with one another and there was an atmosphere of trust and calm. Families and friends were made to feel welcome and encouraged to visit when they wanted. One relative said, "I can visit anytime."

We asked staff how they supported people's privacy and dignity. Staff explained how they always knocked on people's door before entering and keep people covered as best as possible when providing personal care. One staff member said, "We always talk to them [people who used the service] and explain what we are doing and get permission." Another staff member said, "Always make sure doors are closed, resident covered, and curtains are closed. Treat as you would want to be treated yourself."

We saw there was some signage to support people living with dementia, however this could be improved upon.

Staff said they encouraged people to maintain their independence. Comments included, "Get them [people] to wash and dress themselves. Also, when they are in the bath I get them to wash themselves" and "Encouragement, such as I will place a face cloth in their hand and get them to do it themselves."

The service had an equality and diversity policy in place and some but not all staff had received training on this subject.

One person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

## Is the service responsive?

### Our findings

At the last inspection in May 2016 we found improvements were needed with the provision of activities. At that inspection we were told that a member of staff stayed back for an hour after their morning shift, to do activities. The registered manager had said they would look into improving this.

At this inspection we were told the same thing, that a member of staff stayed back for an hour. Since the last inspection the provider had completed an extension which increased the numbers of people able to live at the service from 27 to 36. There were 29 people living there at the time of the inspection and only being providing with one hour a day of activities was not sufficient. During feedback at the end of the day the registered manager told us the provider had advertised for an activity coordinator but had no responses.

Staff tried their best throughout the day and put music and dancing on in afternoon. However, there was no thought for the people who did not like music and dancing or did not like group activities and would prefer one to one sessions. There was also no consideration to provide stimulation to people who were being cared for in bed.

One person who sat in an adapted chair was left in the lounge in the new extension for most of the day and we saw little staff interaction. We spoke with their relative who shared concerns about the lack of activity and said staff told them the chair was too big to go into the lounge where the music was on. No thought had been made to support this, for example staff could do the music and dancing in the lounge in the extension which had more open spaces.

We saw in people's care plans it listed hobbies they were or had been interested in. For example, one person had loved making models. We could not see that anything had been done to support the person to continue with this.

The registered manager explained that they did get outside entertainers in when they could, but they did not keep records of these activities. The registered manager agreed this needed to be improved.

After the inspection the general manager contacted CQC and said, "I am actively seeking an activities co-ordinator, this has been ongoing as I was let down by someone and most of the applicants were not suitable for this position. With this in mind, I have widened my search by advertising in more than one place and I am now hoping to start interviews next week."

We asked people and their relatives if they thought there was enough going on. Comments included, "There is all sorts going on, but I like to stay in my room, I like my privacy", "I don't know really, they have people coming in and doing things, I don't know how to explain, I am happy" and "I am fed up."

Relatives we spoke with said, "My [named person] enjoys them when they are available", "My [named person] is often left down in the dining room, even if [person] couldn't partake they would enjoy it as a stimulant. I think they could do with more activities, it is hit and miss" and "I would like to see more activities where they can all take part."

Care plans we looked at were reviewed monthly and updated to reflect current needs. Each month the key worker for that person would look at the progress of the care plan, they would check how the person was, what achievements had been made that month, was the plan still working, any areas of concern and any changes needed. They would also ask the view of the person and write some staff comments. We could see in one care file, the person had recently had a fall, seat sensors were now in place and the care plan had been updated to reflect the current needs. In the person's comments they had apologised for falling, the staff member had wrote that there was absolutely no need to apologise and they just wanted to keep the person safe and well.

The care plans were detailed with likes and dislikes, and a day/night profile and were centred around the person. For example, one person's care plan stated "I like a warm milky drink before bed and once in bed I like to watch television."

People's life history was all documented which included important events, people important to them, and their work history. Staff we spoke with could easily explain people's needs, and how best to support people.

Daily records were detailed to include the health and wellbeing of each person and completed throughout the day and night.

People had their wishes and preference's documented for their end of life. At the time of the inspection no one was receiving end of life care.

There was a policy in place for managing complaints. The service had received one complaint since the last inspection and this was fully investigated.

People and relatives, we spoke with said they would know how to make a complaint if they needed to.

## Is the service well-led?

### Our findings

Audits to monitor the quality of the service were not being undertaken consistently within the service. We were provided with an audit completed in June 2108 by the general manager. This audit was not specific to Castle Dene and was outdated. Where concerns were found from this audit the action plan stated the service had until April 2019 to put things right. They had also not highlighted any of the concerns with records we found. Audits are important in monitoring the way the service is being delivered, identifying any areas of concern, and raising standards. Due to a lack of effective auditing; opportunities to identify and address areas of concern, such as those we found with records throughout the inspection.

The registered manager had no administration support, and this was apparent throughout the inspection day.

Feedback was sought from people during their care plan review monthly. Relatives had completed a questionnaire in June 2017, however no analysis of this had taken place and no action plan was produced to address the concerns raised. The main concerns were lack of activities and outings and décor of people's rooms. We looked at the survey which had been completed in 2016 and the theme in the replies were lack of activities. The service also received some positive comments from this survey. One person had written, 'I cannot ask for [named person] to be looked after any better, [named person] gets on with all the staff and they take great care of [named person], really pleased with everything.'

Meetings for people who used the service and relatives were happening monthly until June. At the meetings menus were discussed and people were asked if they were happy. We saw people had requested more day trips and lunches out and had questioned what had happened to the mini bus. We asked the registered manager what had happened to the mini bus and they said it broke and was never replaced.

This meant that people and relative's were involved with the service. However, their feedback was not always acted upon.

After the inspection the general manager contacted CQC and said, "I have actioned admin support for the office each week by head office staff, the office will be organised and updated. I aim to review this in three months."

These findings evidenced a breach of Regulation 17 Good governance Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people and their relatives what they thought of the management of the home. One person said, "If I need anything they would get you it" and "I think there is more than one manager, but I speak to them." Relatives we spoke with said, "The management are excellent", "They [management] are good and caring and will always make time if you need to speak to them" and "As far as we know they are efficient and personally focussed."



We asked staff if they felt supported by the management. Comments included, "The manager is great, if we are not confident on something they will come out and show us" and "The management help out on the floor"

People were happy living at the service and comments from them and their relatives were very positive. One person we spoke with said, "It is nice here, I like being here." A relative we spoke with said, "I would recommend this place, it is far superior to when he [registered manager] came in, staff are working together and seem happier, it feels like things are on the up."

Staff meetings had taken place regularly up until July this year. Topics discussed were staff morale, standards, shift patterns, communication, charts and people who used the service.

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

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to regularly audit the service provided to assess, monitor and improve the quality and safety of the service. Records relating to care and treatment for each person using the service were not always in place, complete, legible, accurate or up to date. Reg 17 (2) (a) (b) (c)</p>