GCH (Kent) Limited

Baugh House

Inspection report

19 Baugh Road ,Sidcup, DA14 5ED
Tel: 0208 6201007
Website: www.goldcarehomes.com

Date of inspection visit: 08 October 2014
Date of publication: 31/03/2015

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 8 October 2014 and was unannounced. At our previous inspection on 24 October 2013 we found the provider was meeting the regulations in relation to the outcomes we inspected.

Baugh House provides accommodation and nursing care for up to 60 people who have nursing or dementia care needs. The home was built over two floors. The ground floor was for elderly frail people with personal care support needs and the first floor was for people who were elderly and required nursing care.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 registered provider was in the process of recruiting a new manager and there was an acting manager in post at the time we visited.

There were 59 people using the service on the day of the inspection. People told us they were happy and well looked after. We observed good relationships between staff and people at the service and with their relatives. Staff took time to interact with people in a meaningful way.

Summary of findings

Staff had received a range of training appropriate to their roles, but there were gaps in the refresher training provided on food hygiene, infection control and dementia care.

The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were designed to protect people who may not have the ability to make decisions for themselves due to mental capacity difficulties. The service was reviewing whether any applications needed to be made in response to the recent Supreme Court judgement in relation to DoLS and was in contact with the local authority about what action it should take.

The provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw the home had policies and procedures in place to guide staff in relation to the Mental Capacity Act (2005) and DoLS, safeguarding and staff recruitment. Staff had received training and understood these policies and procedures. Risk assessments were in place and reflected current risks for people at the service and ways to try and reduce those risks. Care plans were in place and being reviewed to ensure care provided was appropriate for people. Equipment at the service was well maintained and monitored and regular checks were undertaken to ensure the safety and suitability of the premises.

Staff knew people's needs and preferences well and interacted positively with people. There were suitable activities in place for individuals and groups, but some people we spoke with told us that the level of activities provided could be improved. We also observed this to be the case on the nursing floor on the day of inspection. The service was managing people's care safely. People and their relatives were supported sensitively in end of life care.

People's nutritional needs were met and they told us they enjoyed the food. Staff had a comprehensive range of training and told us they were well supported to carry out their role. People had access to a range of health and social care professionals when required. There were systems in place to monitor the quality of the service and learning was identified and acted upon.

We found number of breaches of the Health and Social Care Act 2008 (Regulated Activity) regulations 2010 in relation to carrying out quality assurance checks and the training and supervision of care staff. You can see what action we took at the back of the full version 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?

Good

The service was safe. The provider was maintaining recruitment information about staff background checks such as criminal record checks and ensuring satisfactory references were available when staff were recruited.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistleblowing procedure available and staff said they would use it if they needed to.

There were enough qualified and skilled staff at the home to meet people's needs. There was a high usage of bank staff at night and the provider said they were recruiting to these posts.

Risks to people using the service were assessed and managed well. Care plans, support plans and risk assessments provided clear information and guidance to staff.

Medicine records showed that people received their medicines as prescribed by healthcare professionals.

The home environment and all equipment were safe and well maintained, with maintenance checks being done regularly.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Staff had completed training relevant to the needs of people using the service but training records showed that there were gaps in the provision of refresher training in respect of areas such as dementia care, basic food hygiene, and infection control. Staff supervision and appraisals were not being completed in line with the provider's policy.

People using the service had access to a GP and other healthcare professionals when they needed it.

People's care files included assessments relating to their dietary needs and preferences and staff understood how to support people with complex care needs such as dementia and behaviours that challenged the service.

The manager and the majority of staff had completed training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. They demonstrated a clear understanding of this legislation.

Is the service caring?

Good

The service was caring. People spoke warmly of the staff and told us they were caring and supportive and knew them well. We observed staff engaged with people and they supported people at their pace.

Summary of findings

People told us they were involved in making decisions about their care and support needs. They told us that staff were kind, caring and respected their privacy and dignity. We observed this to be the case.

People's preferences for their end of life wishes were recorded where known and their families involved.

Is the service responsive?

Good 

The service was responsive. Care plans were drawn up in consultation with people or their relatives when appropriate. They outlined people's care and support needs and were regularly updated. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The provider had arrangements in place to gather feedback from people and their relatives, and this was acted upon. Relatives said they knew about the service's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Requires Improvement 

The service had not been consistently well-led. There had been changes of manager and there was no registered manager in post. The provider had made interim management arrangements and confirmed a new manager was scheduled to start in January 2015.

There were some systems in place to monitor the quality of the service but these were mostly those used by the home's internal management and staff.

The provider's quality assurance auditing of the home did not effectively check that procedures such as staff training and supervision were being properly managed. This meant that gaps had not been identified and may have compromised the quality of care.

Baugh House

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was carried out by a lead inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including notifications they had sent us about significant events such as safeguarding concerns. We also contacted an officer from the local authority that commission services from the provider, a tissue viability nurse, the rapid response falls team and the local authority safeguarding team for their views on the service. We spoke with the home's deputy manager and the provider's Head of Quality, Care & Compliance, who were present during the inspection. The acting manager was not present but communicated with us by phone during the course of the inspection.

People using the service had a number of different ways of communicating and some were not able to fully tell us their views and experiences. We spent time observing the care and support being delivered. We spoke with 14 people using the service and the relatives of eight people. We also spoke with five members of staff, the acting manager, the deputy manager and a regional manager with responsibility for overseeing the management of the home.

We looked at records, including the care records of seven people using the service, five staff member's recruitment and training records and records relating to complaints, quality assurance, health and safety and the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe in the home, and seven of the visitors felt that their loved one was safe.

We looked at the personnel files for five of the staff who worked at the home to assess whether appropriate recruitment checks took place before staff started work. We saw completed application forms that included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers though we noted two of these only had one reference available. We were informed that criminal record checks were carried out for all staff and records were kept in a separate file. The provider had also carried out health clearance checks and proof of identity checks.

The home had a policy for safeguarding adults from abuse and the home's management were aware of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse" which advise providers on safeguarding adults. The deputy manager and five staff we spoke with demonstrated that they had a good understanding of the procedures for recognising and reporting neglect or abuse. We saw that safeguarding alerts raised in relation to people's care had been investigated and action taken to learn from these. For example, an allegation of pressure sores developing for one person had been reported appropriately and the provider had put steps in place to improve pressure area management for this person. During our inspection the tissue viability nurse who visits the home told us that people's skin care was well managed now, and that they had no concerns. The manager said all staff had received training on safeguarding and training records confirmed this. Staff told us they were aware of the whistleblowing procedure for the service and that they would use it if they needed to.

The manager showed us a staffing rota and told us that staffing levels were arranged according to people's needs and agreed with the placing local authority care managers. They told us that there was currently a shortage of permanent night staff, and that 176 hours per week of night care were being provided by the provider's bank staff. We were assured by the deputy manager, senior manager, and through dialogue we had with the local authority commissioners, that the current night staffing arrangements had not presented any known concerns in relation to the quality of care provided. The provider told us that these posts were being recruited to as a priority.

We saw that assessments were undertaken to assess any risks to people using the service. These included, for example, using a hoist, eating and drinking, manual handling, catheter care, skin care and receiving personal care. The risk assessments we viewed included information about the actions to be taken to manage the risk, such as prevention of falls. We saw that people's risk assessments had been kept under regular review.

Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. The maintenance manager showed us a fire risk assessment for the home. We saw a folder that included records of weekly fire alarm testing, servicing of the alarm system and fire equipment and reports from fire drills. Training records confirmed that all staff had received training in fire safety. We saw that people using the service had personal emergency evacuation plans. This reduced the risk of people being harmed or injured in the event of an emergency.

We saw that all the equipment in the home such as hoists, lifts and electrical equipment were maintained under contract, and that water gas and electrical certification was up to date. Kitchen, laundry and bathroom areas were maintained and regular checks were done on fridge and water temperatures to ensure risks to people were minimised.

We saw that people's medicines were stored securely. We looked at medicine administration records (MAR) which indicated that people were receiving their medicines as prescribed by healthcare professionals. We saw evidence that staff authorised to administer medicines had been trained. Medicines were administered by qualified nursing staff.

One visitor said they were concerned that their loved one was at risk of an infection: They had witnessed poor catheter care, had drawn this to the staff's attention and said that some steps had been taken to improve this aspect of care. The deputy manager said they were aware of this and were dealing with the issue. We saw that the deputy manager responded and met with the visitor to look at this problem.

Good

Is the service safe?

One relative said that they were involved in decision making about how to keep their relative safe, for instance to ensure that they were hoisted with two carers for all transfers. They said, "[My relative] hasn't had any falls at all since they have been here." There seemed to be a reasonable balance between keeping people safe and allowing them their freedom. Some bedrooms were kept locked when empty, as quite a few people on one floor were mobile but poorly orientated.

We observed three staff members when engaged in moving, handling and transferring people. They exhibited good practice and showed that they knew how to maintain safety. The hoist was used calmly and confidently by two carers who spoke reassuringly to their resident first and worked well together. Another carer spoke to a lady before positioning her wheeled walking aid correctly in front of her, and helped her to stand safely and gain her balance before walking her with the frame and showing a good rapport. The relative of one person drew our attention to a longstanding repair where two of the four 'bucket-type armchairs' had been out of commission for about six weeks now, meaning that there was not always one available to people. We brought this to the attention of the deputy manager and clinical lead who said these would be replaced.

We saw that one person who was commissioned to have one to one support had this support provided throughout their visit. A friend of this person who was visiting said the staff were well aware of their care needs and felt that care was being well managed. They said, "This is miles better than the other place" and did not want them moved. They told us the home talked regularly to the person's family and said, "They are looking after them as well as they can."

Requires Improvement

Is the service effective?

Our findings

People told us that staff knew them and knew how to look after them. One person said, "It's nice to be looked after", and "They come round all the time to see if I'm all right." Another person told us that sometimes they felt like the staff thought they were "putting it on". However, they were not distressed by this and said that they were content at the home. Despite these positive comments we found some improvements were required.

The staff rota for the home showed that there were six registered general nurses (RGNs) and 51 health care assistants (including senior health care assistants) employed at the home. We looked at the home's records for staff training and supervision for all care staff. Staff had completed initial training relevant to people's needs but training records showed that there were gaps in the provision of refresher training in areas such as dementia care, basic food hygiene and infection control. For example, the records the deputy manager showed us for staff refresher training showed significant gaps in dementia care training for all care staff and nursing staff, in basic food hygiene for 35 care staff and in infection control for 19 care staff.

Staff supervision records showed that the majority of staff had not had formal supervision within the previous six month period although we were told by the deputy manager that the provider's expectation for frequency of formal supervision was six times a year. We were unable to find appraisal records for staff for the current year.

The issues above evidenced a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us that they had a full induction at the start of their employment which included shadowing other experienced staff. They said the induction included training which covered areas such as first aid, fire safety, safeguarding adults from abuse, working with people with autism and learning disabilities and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One member of staff said, "I found the training really good, and it has helped me to understand people's needs and how to support them."

The manager told us that many people did not have capacity to make some decisions about their care and treatment. We saw capacity assessments had been completed and retained in people's care files. Records showed if people using the service did not have the capacity to make decisions about their care, where relevant, their family members and health and social care professionals had been involved in making decisions for them in their best interests in line with the MCA. For example, all of the people using the service needed support to take their medicines. We saw that capacity assessments had been carried out, best interests meetings had taken place and decisions had been made to support people with their medicines in their best interests.

The deputy manager told us they and all staff had received training on the MCA and the DoLS. They demonstrated they had a clear understanding of this legislation. There were consent forms for specific decisions related to people's care such as the use of bedrails to protect people from falls. These were usually signed by the individual themselves or a family member. Consideration for applying the process for making a referral to the local authority under the DoLS was evidenced on people's records where bedrails were in use.

We observed people were able to walk the length of the corridors freely and sit in several places, but unable to open the coded doors. The deputy manager showed awareness of the risk related to one person's ability to exit through the locked doors unsupported and the staff were aware of how to support this person to keep them safe. We saw that people's care plans showed that this was for people's safety and people were supported to go out with support to ensure their safety. The provider was aware that this practice had implications for placing restriction on people's freedom, and was in the process of making referrals to the local authority for Deprivation of Liberties Safeguard (DoLS) authorisations.

Care files showed that staff monitored people's health and wellbeing and where there were concerns people were referred to appropriate healthcare professionals. The deputy manager told us that all of the people using the service were registered with a local GP practice and they had access to a range of other healthcare professionals such as a speech and language therapist (SALT), an epilepsy specialist nurse, dentists, opticians and

Is the service effective?

chiropodists when required. People had health action plans which took into account their individual health care support needs. People's care files included records of all their appointments with health care professionals.

A visiting tissue viability nurse told us they had a positive experience of working with the manager and the staff team. They said the service was very good and that people's skin care was well managed. They said that people's care regimes were consistently followed by staff. A local authority commissioner who had recently visited the home told us that they supported our findings regarding staff training and supervision, but felt that people's care needs were provided for effectively by the home and that they had no other concerns.

All of the people we spoke with either described the food as 'good' or 'adequate'. One man said there were "substantial amounts" and several described the choices available. One relative said they felt the food was "a bit bland and repetitive", but understood that "the people like it". Another relative said that the chef cooked special food for her husband every day, which pleased her.

People were supported to have a suitable diet. There was a list on display of snacks that were available after supper. We observed lunch being served and the food was well presented. Four people we spoke with during their meal said it had been "a nice lunch". We heard staff offering people alternatives if a dish was not liked, and saw they brought extra cheese for potatoes as either requested, or suggested by them to encourage eating. We saw staff supporting two people to eat in bed. They were made comfortable first and the staff talked to them whilst helping them. One person said "It's nice." Other people ate in their rooms on the day of the inspection as a main lounge was being cleaned and so was unavailable. One person said that they "didn't eat much", but that the chef "tries to make me something nice". Relatives knew the chef by name, commenting that he had taken time to find out preferences and said that he was an asset to the Home. One said, "They always have fresh fruit, which is good." We saw that people had drinks within reach which were topped up with the person's preference at least once. We saw staff encouraging people to drink and offering cups of tea.

We observed people being supported during the lunch period and found that people were served promptly without waiting and that there were enough staff available to provide support. One to one support was provided for people who required this level of support and special diets such as gluten-free diets, pureed foods and culturally appropriate meals were documented, and served to the right people. For example Chinese and Greek food was provided for two people who were from these cultural backgrounds.

Good

Is the service caring?

Our findings

Staff, people who use the service and their relatives told us visitors were welcome at any time during the day and evening. One relative said, “I come in at all different times to reassure myself and I find the staff are kindness itself.” One relative and one person described most of the staff as "excellent”. The relative added that one or two were not so good but that they were able to speak with them or the manager if needed and any concerns were addressed. The relative clarified this was just about tone of voice or not understanding them because of accents used but said that positive changes were made when they spoke with the staff and communications had improved.

People told us the staff were caring, but one also added that, “One or two are a bit scratchy, mostly at night.” Another person told us that “most are excellent, but one or two are just performing a task, going through the motions”. They specified that this was mainly at night and did not provide any names. They felt well supported in that the staff arranged for taxis and supported them to visit family each week. They also told us they were concerned that some staff members had poor English language skills and were difficult to understand. A relative also mentioned poor language skills among some staff, which may have impacted on ease of communications with their relative. They said they had been able to speak with the home’s management about this, and with the staff themselves, and that they had worked to improve communications by slowing down and listening to people. The majority of people told us that staff were very caring and took their time when speaking with people.

Staff respected people’s privacy and dignity. They knocked before entering people’s rooms, adjusted clothing and talked to people about what they were doing when supporting them. One staff member spent a long time with a person, helping them to try on clothing that might be more comfortable when something tight was clearly bothering them. They did this with care for the person’s privacy and dignity and took care to do this in a private place.

Staff told us they had sufficient information to care for people properly. One said that it was not always easy to find the time to read all the care plans but that they had done so, because “you need the information to know how they like things done”. The staff said that all the information was there, either in hand over or the notes and files, and they felt well informed to provide care to each person.

Staff knew the people they cared for well and understood their likes, dislikes and the best way to engage with them. Staff understood and respected people’s individuality. We saw that people’s care plans included clear description of dementia care needs where appropriate and described how to communicate using awareness of their visual signs and knowledge of their preferences and life experiences. We saw that people or their relatives were involved in development and review of their care plan and had signed to confirm their agreement with the plan.

People were consulted about same gender personal care preferences and male or female staff were provided as requested. For those people who were unable to communicate staff showed an awareness of nonverbal signals they may give to indicate their views. People were supported to maintain their independence, for example one resident, who was using a powered indoor wheelchair to maintain independence, said that staff asked permission before they helped them.

Staff showed patience and understanding with the people who used the service. Staff spoke with people in a respectful and dignified manner and gave them time to make decisions without rushing them. For example, we saw a member of staff respond to someone who was crying in their room in a sensitive manner by asking what was wrong and waiting patiently for their reply.

People were supported with end of life care. Where people’s end of life needs had been discussed with them or their family appropriate records were in place to ensure their wishes were met. For example, where appropriate, most Do Not Attempt Cardiopulmonary Resuscitation forms (DNAR) had been completed with the agreement of the person concerned or their family members, as well as the healthcare professional.

Good

Is the service responsive?

Our findings

People told us they received care and support that met their needs. One person said, "I get up when I like and go to bed when I like and the staff help me in how I like to be helped." Another person commented, "I get all the help I need from staff, they are very supportive." People and relatives told us that staff were usually prompt to answer their call bells in the day or at night. One person said, "Someone always comes when I ring." We tested the call bell three times during the inspection to check the staff response and found that the staff came to attend without undue delay.

Care plans included a pre-assessment of people's needs before they moved into the home. A detailed support plan was in place which covered areas such as nutrition, personal care, communication, mobility and social, emotional and spiritual needs. The level of physical support people needed, and what they were able to manage on their own, was detailed in their care plan. We saw care plans included a life history which captured important personal details and assisted staff to effectively support and care for them. We found care plans had been updated when there were changes and reviewed regularly to ensure that there was an up to date record for staff of how to meet people's needs. We saw that relatives were kept informed about any changes to their family member's health or support needs.

People's preferred names were recorded and used by staff. People told us they chose whether to have a bath or shower and they could have this when they wanted to. Records included clear details about what care had been provided.

All the relatives we spoke with on the nursing floor commented on a lack of activities, with two saying that the people who lived on that floor would be difficult to engage. One person who used the service said they would like to take part in more activities and three relatives also expressed this view. A person told us that the staff did their best but could do with more help to organise activities. At the inspection we saw that there were some plans in place to support people with recreational activities. There was a full time and part time designated activities organiser employed. People told us there were sometimes visiting musicians, entertainers, and other activities provided.

One person used a computer in their room. They had filled their room with books, papers and computing equipment, and said they had been supported to maintain their hobbies. There was a programme of activities on show for Monday to Friday, and some residents downstairs were taking part in a quiz. Some people were aware that a new activities coordinator had just started work. There were posters highlighting a cheese and wine event and a local school coming to provide entertainment.

People's complaints about the service were listened to and acted upon. The complaints log showed that there had been 14 complaints logged in the previous six months regarding issues such as food, activities and care. In this case we saw that the manager had checked the records, identified gaps and addressed the issue with the staff concerned. All complaints received had been acknowledged, the response was logged and the provider had discussed the issue and achieved a resolution within the provider's timescale of 28 working days. Information about how to make a complaint or provide compliments and comments was displayed in the main communal area. We saw that it gave guidance on time frames for responses and who to go to if the complainant was unhappy with the response.

People told us they had no cause to complain but knew what to do if they were unhappy. Relatives we spoke with all felt comfortable raising their concerns. People said they would take any problems to the staff that they knew or to their families, but said that they had not needed to do this. One relative said that they preferred to take a "bottom up" approach with the "staff on the ground" if they wanted to effect changes to their relative's care, and felt that this usually worked. A relative said they "preferred to address problems as they arose, but that all was well at the moment."

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager in post as the manager had left in July 2014. The provider was in the process of recruiting a new manager and there was an acting manager in post. At the inspection visit the provider informed us a new manager had been recruited. Three of the 14 people and eight of their relatives we spoke with said they would like to see the manager's post filled as there had been a number of manager changes. All the relatives we spoke with were aware of the recent managerial difficulties, and one person said they felt that "It is suffering due to the changes and needs leadership". They said they "still feel that the home is as good as can be expected at this time".

The provider's Head of Quality, Care & Compliance told us that the corporate level clinical governance responsibilities were not being fully met as other than checks being done within the home, consistent quality assurance checks were not being done by the provider. The deputy manager told us that there had been an established practice of an area manager carrying out quality audit visits every four to eight weeks but we saw that the last one on record was done in July 2014. The provider's quality assurance policy stated that the provider would, "establish director level Clinical Governance", and "monitor the clinical effectiveness of care via audit and monitoring of agreed performance indicators".

The Head of Quality, Care & Compliance said that the quality assurance team at provider level was in the development stage and currently there were no overarching organisational level audits being carried out. The impact of this was that deficiencies in staff training and supervision and recruitment records had not been identified as part of the provider level auditing process. However, the deputy manager was aware of the deficiencies in training and supervision and told us that these were due to the changes in management and would be addressed as soon as possible.

These issues related to a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The deputy manager showed us records that demonstrated that care staff and nurses carried out regular audits. These included health and safety, medicines administration and care plans, support plans and risk assessment audits. Discussions we had with nursing staff, the deputy manager and acting manager, and records showed that all of these areas were regularly monitored and updated. The deputy manager explained that she "walked the route" throughout the home each day checking health and safety, unwanted odours, cleanliness and hygiene, call bells, hydration and care. However, formal records of findings from these checks or action taken were not kept. We saw that the maintenance and health and safety records and checks being done were in good order and all health and safety and equipment maintenance records were up to date.

Relatives were aware of the relatives' meetings and attended them. One said "They are not as frequent as they say" and pointed out a recent cancellation. They also told us they felt that the home was providing a good service and that the current management were approachable and maintained a reasonable quality of care and safety. People told us they had been consulted about the care provided and that communication was good within the home. The provider took people's views into account and sought feedback from staff through surveys. The manager had held a meeting to hear people's views of the service about such issues as the timing of meals and support provided. The provider also conducted an annual survey through an independent company to encourage open feedback from people and their relatives. We saw from the survey that people's views were sought in a number of areas including the staff, food, access to healthcare and quality of life to identify any concerns and consider possible improvements to the service. However, the provider had not shown that they provided feedback to people about the results of these surveys and action planned to address any concerns. A copy of the survey results was available at reception in the home. The manager showed us surveys completed by people's relatives in 2013, which showed that the home was viewed positively by respondents in relation to questions about for example, the quality of care provided, the staff and the facilities. The deputy manager told us that feedback on the survey had been discussed at meetings with relatives but that formal written feedback on the survey results and action taken was not provided.

Staff told us they felt supported by the home's management and felt they had adequate support to safely

Requires Improvement

Is the service well-led?

provide care and support for people. Five staff we spoke with told us they felt supported by the deputy manager and acting manager and that they saw them on a daily basis and could ask for support and direction at any time.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The provider did not demonstrate that persons employed were supported to receive appropriate training supervision and appraisal.** **Regulation 23(1)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The provider did not adequately protect service users and others who may be at risk by regularly assessing and monitoring the quality of the services provided.** **Regulation 10(1)(a)**