

Baytrees Homes Limited

# Baytrees Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 January 2018. After that inspection we received concerns in relation to people receiving safe care and treatment. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to the Key Questions under Safe, Responsive and Well Led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baytrees Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This focused inspection took place on 2 and 13 July and was unannounced. No risks, concerns or significant improvements were identified in the remaining Key Questions under Effective or Caring through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. As a result of this focused inspection, the rating for Responsive has deteriorated to Requires Improvement. The overall rating for this service remains as Requires Improvement.

Baytrees Nursing Home is registered to provide nursing and personal care and accommodation for up to 30 people with a variety of health care needs in one adapted building. At the time of the inspection 29 people were living at the home. Communal areas include a large sitting room which also serves as a dining room and a further lounge/conservatory area which has access to the rear garden. Baytrees Nursing Home 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.

A registered manager was in post. 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.

Gaps in recording in relation to people's care and support needs were identified. Information within care plans and daily monitoring charts was not recorded in a consistent way. Systems were not effective in auditing the service to identify any areas in need of improvement. Some aspects of medicines were not managed safely. We have made a recommendation in relation to the management of medicines.

Staff completed training in safeguarding adults at risk and knew what action to take if they had any concerns. People were looked after safely and staff were attentive to people's needs. Staffing levels were adequate and regular agency staff filled any gaps in staffing rotas. The provider was in the process of recruiting new, permanent staff. Recruitment systems were robust and all necessary checks were completed before new staff commenced employment. Staff were trained in infection control; the home was clean and smelled fresh.

Complaints were managed in line with the provider's policy. People's wishes were identified and acted upon as they reached the end of their lives.

Staff felt supported by the management team and enjoyed working at the home. Staff meetings took place and staff said they were listened to; there was an 'open-door' policy. People and staff's diverse needs were respected and catered for. People and their relatives spoke positively about the care and nursing staff. Residents' meetings took place and people were encouraged to give their feedback about the home.

In an update from the provider in October 2018, systems had been created to ensure that staff knew where to record information and where to access this. Fifteen care plans had been fully completed and updated with a further four care plans to be completed within the week. Plans to recruit an additional activities co-ordinator had not been successful. However, the existing activities co-ordinator was working extra hours to provide more activities for people at the home.

You can see what action we told the 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?

Some aspects of the service were not safe.

Medicines were not always stored at temperatures in line with manufacturer's recommendations. Medicines were not always managed in a consistent way. Problems with connectivity at the home meant that electronic medicines records could not always be accessed as needed.

Gaps in recording meant that risks to people were not always managed safely in relation to record-keeping.

Staff completed training in safeguarding and knew what action to take if they suspected abuse was taking place.

Staffing levels were within safe limits. New staff were recruited safely. Gaps within staff shifts were filled by regular agency staff.

Staff were trained in infection control and the home was clean and smelled fresh.

**Requires Improvement** ●

### Is the service responsive?

Some aspects of the service were not responsive.

Gaps in recording meant that some people's care records were incomplete and did not provide care staff with all the information they needed in one place.

Activities were organised and people were supported with outings into the community. At the time of inspection, the activities co-ordinator was away, so there was a lack of activities available to people.

Complaints were managed in line with the provider's policy.

People's wishes as they reached the end of their lives were respected and acted upon.

**Requires Improvement** ●

### Is the service well-led?

Some aspects of the service were not well led.

**Requires Improvement** ●

Gaps in a range of records, including care plans and daily charts, meant that people's care and support needs were not fully documented or were inconsistently recorded.

Systems were not effective in auditing the quality of care or monitoring the service.

People's diverse needs were acknowledged and respected. Residents' meetings took place and people were encouraged to feedback their comments about the home. People and their relatives spoke positively about care and nursing staff.

Staff felt supported by the management.

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# Baytrees Nursing 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 was prompted due to concerns we received in relation to people receiving safe care and treatment. Concerns were brought to the attention of the police and the local safeguarding authority who conducted separate investigations and the specific details of these are not included in this report. However, the information shared with CQC about potential concerns in the management of risk were looked at.

This focused, unannounced inspection took place on 2 and 13 July 2018. The inspection team consisted of three inspectors.

Prior to the inspection we reviewed the information we held about the home. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. Since this was a focused inspection planned at short notice, we did not send a request to the provider to complete a Provider Information Return. A Provider Information Return is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Inspection site visit activity started on 2 July 2018 and ended on 13 July 2018. It included a discussion of the concerns raised with the provider, health and social care professionals at a meeting convened by the local authority and at a further meeting in August 2018. Due to the delay in issuing this report, we spoke with the registered manager to receive an update on the progress made in relation to the actions taken to address issues of concern.

During the inspection we spoke with four people who lived at the home, seven relatives, two friends of people living at the home, the provider, registered manager, deputy manager, two registered nurses, a team

leader, a senior care assistant and two agency care staff. We spent time observing the care and support that people received and also observed a member of staff administering medicines to people. We spent time with people in communal areas around the home.

We reviewed a range of records about people's care and how the home was managed. These included five care records, daily charts, risk assessments and medicines records. We also looked at staffing levels and recruitment, three staff files, policies and procedures, complaints and other records relating to the management of the home.

Due to the delay in the issuing of this report, we contacted the provider on 2 October 2018 to obtain an update on progress made in relation to concerns identified at inspection and as a result of safeguarding issues raised. We have included detail about these and of the actions taken in this report.

# Is the service safe?

## Our findings

At the last comprehensive inspection which took place on 9 January 2018, we rated this key question as Requires Improvement. At this inspection, we found the key question remained as Requires Improvement.

At the last inspection, we found that some staff had not completed safeguarding training and were unable to demonstrate their understanding of safeguarding and the different types of abuse they might encounter. We were concerned that with only three staff on duty at night, there were insufficient numbers of staff to evacuate people in the event of an emergency. The provider had plans to install a sprinkler system to resolve this issue. Some medicines had been left loose in a locked cabinet, without their original packaging and had not been disposed of safely. We made a recommendation in relation to the storage and disposal of medicines.

Before this inspection, we were informed of concerns in relation to the management of people's continence and catheter care, personal care, staffing levels and conduct of a staff member whilst on duty. Our findings in relation to these concerns are included in this report.

Some aspects of medicines management were in need of improvement and medicines were not always managed in a consistent way. Records relating to the administration of medicines were not always completed promptly. Medicines were managed using an eMAR system, where staff used an electronic record to document when medicines were administered. We had concerns that some people with a particular health condition may not have received their medicines at the time they needed them. We were reassured by staff that this was not the case and that people had received their medicines, but nursing staff had not been able to access the eMAR system. Problems with the home's systems and Internet connections had meant that medicines could not be recorded electronically at the exact time people received them.

The dates for some medicines had not been recorded after opening. We looked at medicines in the medicines trolley. Three bottles had the date of opening recorded on them, but one did not. This meant that the efficacy of the medicine might have been compromised or could deteriorate, since staff could not know when the medicine was first used. Medicines were not stored at a consistent temperature within manufacturer's recommended guidelines and this could affect their condition. We looked at the temperature records for the medicines trolley and saw there were gaps in recording and occasions when the temperature recorded exceeded 25 degrees Celsius. Medicines should be stored at a lower temperature than 25 degrees Celsius. Similarly, in the recording of the fridge temperatures, there were gaps in recording and readings taken at different times of the day which could affect the accuracy of monitoring. Some actions were recorded when high temperatures were found, such as, 'reported to maintenance' and 'air con started'. The registered manager did not know whether there was a policy to follow in the case of high temperatures being recorded and said they would look into this.

Sharps, such as disposable syringes, were not disposed of safely. A sharps bin in the medicines room was over full as the barrel end of an insulin syringe was protruding through the opening. The sharps bin was not labelled and dated at the time the bin was put together. Instructions for staff to label all sharps bins were

written on a whiteboard in the clinical room but had not been followed in this instance. The registered manager told us they did complete medicines audits, but had not done one since February; she added that the pharmacy completed an annual audit, although we did not see a copy of this. The provider told us later that there had been difficulties with the issuing pharmacy in relation to the eMAR system and that they had entered into discussions with the pharmacy to improve the service they delivered.

Staff competencies were not checked to monitor they administered medicines in line with good practice guidelines or the provider's policy. We were shown medicines administration training certificates for some nursing staff and asked the registered manager how nursing staff's competencies to administer medicines were checked. The registered manager was unaware of the need to check competencies. A registered nurse told us, "Staff have been watching me doing things. I've done my medication training and competencies in my last place of work". We found a copy of the provider's medicines policy which provided guidance for staff on safe temperatures, homely remedies and the need for an annual assessment for medicines competency for registered nurses.

We recommend that the provider seeks advice on the safe management of medicines in line with the National Institute for Clinical Excellence and other professional guidance.

We checked the records in relation to the disposal of medicines and where people refused to take their medicines; these were completed appropriately, as were records relating to drugs that were stored and administered separately.

People told us they received their medicines as needed. One person said, "I have pills every day. Staff give them to me the way I want them. I say, 'Just tip them in' and they put them in my mouth". Concerns had been raised by the registered manager in relation to one person's prescription relating to pain relief. These had been reported to the medical practice and to the local safeguarding authority as needed. In addition, we shared the concern with colleagues at the Commission who oversaw the medical practice in question. The registered manager also reported the matter to the General Medical Council.

Risks to people were not always identified, assessed or managed safely in relation to record-keeping and we have written about this under the Well Led section of this report. People and their relatives felt the home was a safe environment. A relative felt their family member's risks were managed safely and explained, "He hasn't had so many falls. Things have improved since the last inspection". One person said, "I feel safe and I find staff wonderful without exception. I don't think they could do anything more". Another person told us they felt safe living at the home and said, "They have good security. People have to prove who they are and when friends come they do check who they are".

There was an inconsistent approach in relation to the management of accidents and incidents. Accidents and incidents were recorded, but there was a lack of detailed information in relation to what actions were taken following an accident or incident. We discussed this issue with the registered manager at feedback and the risk that accidents were not being consistently managed to ensure that all was reasonably and practicably done to mitigate further risks to people. There was no analysis of accidents or incidents to identify any emerging patterns or trends to demonstrate how lessons were learned. We recommend that the provider looks at setting up a system that enables effective recording and reporting of accidents and incidents and the management of risks.

Staff completed safeguarding training and understood how to protect people from abuse. One staff member explained that they had time to complete training modules at home and that this worked well. They told us about the training they had completed in relation to safeguarding and explained the types of

abuse they might encounter such as physical, mental or financial abuse. Staff had access to the provider's safeguarding policy and the local authority's multi-agency safeguarding information. We discussed concerns with the provider and registered manager in relation to people's safety and safeguarding issues that were reported to us and to the local authority. We spoke with a member of care staff about action they might take if they had any concerns and their understanding of whistleblowing. This staff member told us they would report any concerns to the management and that they would be listened to. The provider had responded to safeguarding concerns that were being investigated by the local authority and had drawn up a safeguarding action plan in August 2018. This plan identified that inconsistency in the completion of care records and daily monitoring had resulted in a delayed response in relation to responding to safeguarding concerns.

Premises were managed safely and records in relation to servicing of equipment, fire and gas safety, for example, were current and appropriate.

Staffing levels were sufficient to meet people's needs. We looked at staffing rotas and asked people and staff about the number of staff on duty. In the morning, nine care staff were on duty and a registered nurse and in the afternoon, five care staff were on duty and a registered nurse. At night, three care staff were on duty with a registered nurse. The provider told us they had plans to introduce additional staff at busy times of the day, for example, a twilight shift, to assist people at bedtime. Agency staff were used when needed and worked alongside permanent staff under supervision. One staff member said, "I can't remember when we've had to use so much agency. This job is so demanding, it's not for a lot of people". The provider showed us profiles of agency staff that worked at the home and these included the experience and training agency staff had received in order to ensure they were safe working at the home.

The provider told us they were in the process of recruiting more staff in order to lessen the reliance placed on agency staff. They added that a lack of funding meant staffing levels could not be increased any further. This was discussed with the local authority and plans were made to review people's care and support needs. Staff told us they always made time to chat with people and one staff member said, "Yes, I always make time for that, especially when supporting people with their personal care". A relative said, "It's difficult for me to comment on staffing levels, but I've been told that staff will go with people if they have to go to hospital".

We contacted the provider for an update in the recruitment of staff. In a telephone conversation with the provider on 2 October 2018, they told us that they had been successful in recruiting new staff, but that there were still some staff vacancies which they were looking to fill. Regular agency staff were still in use as needed, but not at the same level as July 2018 when we inspected.

Call bells were responded to promptly by staff. We observed how long it took for staff to respond to call bells to check whether people were responded to in a timely way. Staff did their best to respond to calls from people in under five minutes. We obtained a record of the call bell response times and the registered manager told us these were analysed regularly. According to the provider's safeguarding action plan, responses to call bells had improved recently and one member of staff was allocated specifically to answer call bells during the morning. For the remainder of the day, staff had been more responsive and monitoring sheets for the call bell system were analysed weekly.

Recruitment systems were robust and staff files showed that new staff were recruited safely, with all the necessary checks being completed, such as references being obtained and checks made as to their suitability with the Disclosure and Barring Service. Registered nurses had current PIN numbers which showed they had been validated by the Nursing and Midwifery Council. The provider was in the process of recruiting new staff at the time of the inspection.

People were protected from the risk of infection and staff had completed training in infection control. Clinical waste was disposed of safely and we observed the home was clean and smelled fresh. A relative said, "The cleaners are fantastic". The provider had a policy in place in relation to infection control and the management of soiled and contaminated linen. Staff were seen to use personal protective equipment as needed.

## Is the service responsive?

### Our findings

At the last comprehensive inspection which took place on 9 January 2018, we rated this key question as Good. At this inspection, we found the key question had deteriorated to Requires Improvement.

Information relating to people's care and support was inconsistently recorded. We found omissions in recording which we have written about in the Well Led section of this report. There had been problems in the software associated with the recording of care plans and the provider had made the decision to swap back to the previous software program because of the issues encountered with the new software. This meant that information relating to people's care and support was potentially in three different places, some in one software program, some in another and other information recorded in paper format.

As a result of concerns raised and discussed at a meeting with the local authority, the provider and registered manager had undertaken to completely revamp people's care plans to ensure all information was kept consistently and in one place. By the second day of our inspection, two care plans had been finalised in this way and we looked at these in detail. The care plans contained detailed information and guidance to staff about the person, their communication, mobility and falls, safety, nutrition and hydration, skin integrity, continence and personal care. Each part of the plan recorded what interventions were needed by staff and the management of assessed risks. The care plan also recorded personal information about the person, their likes, dislikes, preferences, activities and interests. Actions had been taken to ensure information within care plans was detailed, person-centred and easily accessible by staff.

People and their relatives were involved in reviewing the care plans, but there was an inconsistent approach to this and to the way information was recorded. This is an area in need of improvement. We looked at three care records which had been recorded in the old format. There were gaps in information within these care records which the registered manager was aware of. Work was in progress to update all care records. In addition, once care plans had been updated into the new format, the provider and registered manager planned to ensure information was available to people in an accessible format. Care plans were reviewed every six months or as needed.

Following our inspection and meetings with the local authority and the provider, we received an update from the provider on 2 October 2018. They told us that 15 care plans had been fully completed and that a further four would be completed within the week. The provider told us that all care plans were scheduled for completion by the end of October.

A varied programme of activities had been organised for people, in the community and at the home, However, at the time of our inspection, the activities co-ordinator was on unplanned leave, so outings into the community had been curtailed. The registered manager said, "People do all kinds of things. [Named activities co-ordinator] takes them on the minibus twice a week and there are different activities and games organised too. He is very good". One person said, "I do enjoy the trips out, when we get our name down in time. I think [named activities co-ordinator] is lovely. There are no trips this week because he is not working". Organised trips into the community in July included two trips for afternoon tea at a garden

centre, a visit to Amberley museum, a shopping trip to Holmbush and a visit to Nymans Gardens .

Care staff supported people with activities as much as they could, but there was little happening when we were on site. The provider told us they had plans to recruit an additional activities co-ordinator who could supplement what was currently available and ensure that people had activities available on most days of the week. A relative said that whilst there were no organised activities or outings that week, they had noticed an improvement in their family member's quality of life and sociability since they had started going out more. People had access to a variety of activities at the home, including an outside decking area and garden.

On 2 October, the provider told us that plans to recruit a second activities co-ordinator had not been successful, but that the existing activities co-ordinator worked additional hours to ensure people had access to activities. In addition, the provider had engaged extra help to enable people to participate in arts and crafts. We were told that magazines and activities for people to engage with in communal areas were now available.

Complaints were managed in line with the provider's policy and actions were taken as needed and recorded appropriately.

People were supported at the end of their lives to have a comfortable, dignified and pain-free death. The registered manager told us about one person who had recently passed away at the home. This person's family had spent time at the person's bedside and staff had supported them through this difficult and sad time. People's wishes as they reached the end of their lives had been considered and were recorded. Care and nursing staff completed training in end of life care and advice and guidance was available from a local hospice and other healthcare professionals.

## Is the service well-led?

### Our findings

At the last comprehensive inspection which took place on 9 January 2018, we rated this key question as Requires Improvement. At this inspection, we found the key question remains as Requires Improvement.

We found the provider was in breach of a regulation associated with good governance at the last inspection. This was in relation to a number of areas including management of care records, medicines audits and staff training.

Information relating to people's care and support needs was recorded inconsistently. We looked at a range of records including daily charts in relation to Percutaneous Endoscopic Gastrostomy (PEG), Radiologically Inserted Gastrostomy (RIG), food and fluid monitoring, bowel monitoring and records relating to Activities of Daily Living (ADL). Some records were completed electronically and others were hand-written by nursing or care staff. There was no system in place that identified whether certain aspects of people's nursing and care needs should be recorded electronically or on paper. The provider and registered manager told us they were in the process of transferring care records from one electronic system to another. Staff were unclear where information should be recorded and whether this should be done electronically or by hand. There were gaps in the records, with information relating to people being stored in several places, for example, electronically, in a paper-based format for each person or in a general file which monitored specific aspects of people's care such as bowel monitoring. This made it difficult for the inspection team to establish how various aspects of people's care were managed. Agency staff told us they relied on permanent staff to provide them with details about people and their care needs; these were also discussed at handover meetings which took place between shifts.

A registered nurse told us, "With regard to fluid charts, [named registered manager] decided on Friday that we are to record all fluids on the paper records. We prefer to write it all down and you can see how much everyone has had. On the computer it was difficult to see continuity. With the paper chart the night staff can add it all up and will then input all of the information at night-time onto the system. Day staff are to do paper recording only for the moment". We asked the same registered nurse about PEG and RIG care and the records in relation to this. They said, "I'm not sure. We normally record it electronically, but we have not been recording it on a paper record. There is no separate PEG care chart". We looked at the management of a PEG site for one person and that there was 'over granulation' around the site. Over granulation refers to the way a wound heals and the connective tissue and surrounding blood vessels. The registered nurse told us that this person's PEG was rotated weekly every Monday explaining, "We do it automatically. We turn the thing round every Monday. We don't record it as we have so many people to look after and you just don't have time to do it". Some records we looked at did record when PEGs had been rotated, but there were significant gaps in recording.

In another person's nutrition and hydration care plan it stated that their RIG was to be flushed before and in-between each medicine administration and was to be turned 360 degrees weekly, then recorded on the person's RIG chart. There was no guidance for staff on PEG care for staff to follow. However, in another person's nutrition and hydration care plan, information for staff had been included. We reviewed the

management of people who were at risk of developing pressure areas and found gaps in the recording of positioning charts. There was an inconsistent approach in the completion of records.

The registered manager explained how people's risks were managed and said, "If I feel people's needs change, I would do whatever was necessary. If I have a new staff member, then we would cover in handover, so everyone is up to date on people's needs. It's the same when a new person comes into the home. The nurse would have written information at handover and then she cascades to other staff. I have updated old care plans, but just not transferred to the new system. We've got the old hard copies". A member of care staff told us that permanent staff closely supervised agency staff to ensure people had appropriate care and support. We asked another member of care staff how new agency staff would access people's care records and they told us that agency staff could access daily charts, but were unclear whether agency staff had access to electronic care records or not. Systems had not been established to ensure that all staff had easy access in relation to information about people's care and support needs.

For one person, there were gaps in the ADL records in relation to nine days in May and eight days in June 2018. The registered manager told us, "The gaps are on days where agency staff are being used. Agency staff have a log-in for the computer and are familiar with the system, but they are not completing their records". On the first day of our inspection, work was being undertaken by engineers to improve Internet connections around the home. Problems in this area meant that staff could not access records that were kept electronically, including the Medication Administration Records (MAR). Staff had recorded care notes in a communication book when the systems had crashed over the weekend. However, there were gaps in the recording and a lack of detail. Whilst we found no evidence that people had received unsafe care and treatment, the lack of consistency in recording and monitoring people's care put them at potential risk.

We discussed the concerns found at this inspection with the provider and the registered manager who acknowledged that certain aspects of the management of the home had been overlooked, such as the analysis of accidents and incidents and in the completion of regular audits around the home. Audits in relation to the monitoring and management of the home had not been routinely updated since our last inspection in January 2018. The lack of audits presented governance issues and were areas which required improvement, as without these checks in place, they were putting people at potential risk and had not identified areas for improvement.

The above evidence demonstrates that the provider had failed to maintain accurate, complete and contemporaneous records in respect of each person. The provider had not fully assessed, monitored and mitigated the risks to the health, safety and welfare of people. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In October 2018, the provider informed us that systems had been created to ensure that staff knew where to record information in relation to people's care needs. For example, registered nurses recorded their notes electronically and care staff completed information in relation to activities of daily living in a paper format. The provider told us that staff now understood where to access the information they needed to ensure people received the care they needed.

People's diverse needs were catered for. The provider had an equality and diversity policy which identified, for example, the need for the provision of care that met people's sensory impairments. Care at the point of delivery was personalised and staff knew people well and the way they wanted to be supported. The provider explained how they would support people and staff with protected characteristics and gave an example of a former member of staff who was transgender. The provider's philosophy of care statement read, 'This organisation aims to provide its service users with a secure, relaxed and homely environment in

which their care, wellbeing and comfort is of prime importance'.

The provider discussed the plans they hoped to implement in relation to changes in the management structure and the delegation of responsibilities, for example, in the updating of care plans. From our discussions with the provider and the registered manager, it was clear they really cared about people living at the home, but that they were struggling to manage the home to ensure compliance. Staffing levels and the lack of permanent staff had impacted on the way the home was managed. One staff member said, "The main issue at the moment is about staffing and the impact of agency staff. Management do listen and they know we're struggling. It's a very hard home because it's full nursing care and the work is very high and demanding". They added, "I just love this job. I feel satisfied at the end of the day that I've done the best I can do for the residents really. It's all about them".

Staff told us they felt supported by management and that they felt involved in developing the service provided. A registered nurse said, "I feel well supported. Things are taken on board and acted on. There is an open-door policy and staff meetings are every couple of months". Another staff member agreed and said, "You can speak out and the manager is always there; she is the main 'go-to' person". Another staff member felt that staff were working well together now and that the management had addressed issues with certain staff members in relation to teamworking. Staff meetings took place and one staff member said, "I like it when the boss [provider] is here and she won't come to a meeting unless there's a proper agenda".

People and their relatives were asked for their feedback and spoke positively about the care and nursing staff. One person said, "They have to work very hard and I've no complaints at all". One relative felt that communication was an area for improvement but was happy with the care their family member received. Another relative told us, "On the whole I've been really quite pleased. The home is quite local for us and the care is good. [Named registered manager] is approachable, although sometimes you have to remind her to follow things up. The housekeeper is amazing". The same relative was not aware of any relatives' meetings that took place. The provider told us that residents' meetings took place approximately every six weeks. Where people chose not to attend these meetings, their feedback was obtained on an individual basis. The provider explained that some people were not comfortable in expressing their views at residents' meetings, but a couple of people were happy to advocate on their behalf and this worked well. The provider told us that relatives were welcome to attend residents' meetings and details of these were on display at the home. However, the provider added that relatives, whilst invited, did not tend to come along.

Notifications that the provider was required to send to us by law had been completed and sent to the Commission as needed. The Commission's rating of the home, awarded at the last inspection, was on display at the home and on the provider's website.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not operated effectively to assess, monitor and improve the quality and safety of the services provided. The provider had failed to assess, monitor and mitigate the risks in relation to the health, safety and welfare of people. The provider had failed to maintain accurate, complete and contemporaneous records in respect of each person. Regulation 17 (1) (2) (a)(b)(c)