Crown Care II LLP

Highgrove

Inspection report

Stanley Road, Stairfoot,
Barnsley, S70 3PG
Tel: 01226 288379
Website: www.ladhargroupcarehomes.co.uk

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

We carried out this inspection on 8 June 2015 and it was an unannounced inspection. This means the provider did not know we were going to carry out the inspection. The last full inspection at Highgrove was in May 2013. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008. A follow up inspection was carried out in August 2013 and we found the home was fully compliant with the regulations inspected at that time.

Highgrove is a care home registered to provide accommodation and nursing care for up to 67 people, who may have dementia care needs. The home was built in 2009, is purpose built and provides all single bedrooms with en-suite facilities. On the day of our inspection, there were 47 people living at the home.

It is a condition of registration with the Care Quality Commission that the home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care

Summary of findings

Act 2008 and associated regulations about how the home is run. The home had a new manager in post on the day of our inspection, who had sent their application to CQC to become the 'registered manager'.

People and their relatives told us they felt the service was safe, effective, caring, responsive and well led. Comments included; "I feel very safe here, thank you", "[The service] always asks what I want to do and how I want to do it", "The staff are brilliant, so patient and caring. They go the extra mile for you" and "I give feedback about [the home]. If I don't like something, then I say. It's no bother to [staff], they just sort it if they can."

People were protected from abuse and the service followed adequate and effective safeguarding procedures. Care records were personalised and contained relevant information for staff to provide person-centred care and support.

There were issues with staff support, where some staff had not received supervisions for a number of years. We also found some staff were out of date with training in several areas, including safeguarding and infection control. The home manager and regional manager told us they had training and supervision plans in place to ensure all staff were up to date with supervisions, appraisals and training. We saw evidence that training had already been planned in some areas and the home manager told us what they were doing to source other, required training programmes.

We found good practice in relation to decision making processes at the service, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

There were good, regular quality-monitoring systems carried out at the service. We saw that, where issues had been identified, the manager and regional manager had taken (or were taking) steps to address and resolve them.

During our inspection, we found one breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?
The service was safe.

People were protected from abuse and avoidable harm as the home ensured people understood what 'being safe' meant and had effective safeguarding procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected.

There were sufficient numbers of suitable staff on each shift at the home and the home had carried out adequate pre-employment checks.

Medicines were managed well to ensure that people received them safely and in the way they liked.

Good

Is the service effective?
The service was not effective.

Staff training, supervisions and appraisals were not up to date.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines and people had adequate mental capacity assessments in place.

People were supported to have sufficient to eat and drink to maintain a balanced diet. People also had access to relevant healthcare services for ongoing healthcare support, where required.

Requires Improvement

Is the service caring?
The service was caring.

Staff had developed positive, caring relationships with people who lived at the home.

People who lived at the home were supported to express their views and be actively involved in the service by staff who promoted and respected people's privacy, choice and dignity.

Good

Is the service responsive?
The service was responsive.

People's care was personalised and responsive to their needs, with care records containing details of people's lives, preferences and personal history.

The home routinely listened to people's experiences and responded well to any concerns or complaints made.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The home promoted a positive culture that was person-centred, open, inclusive and empowering.

Management was visible at all levels throughout the home, which helped in ensuring the service delivered high quality care. Managers carried out regular audits of the health, safety and care of people who lived at the home and the environment.

Highgrove

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 checked whether the provider was 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 8 June 2015 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by two adult social care inspectors and two expert-by-experience's (ExE's). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts had experience of older people and dementia care.

Prior to our inspection, we spoke with four stakeholders including the local authority, a district nurse, a pharmacist and a member of the Community Mental Health Team (CMHT). All stakeholders we spoke with who told us they had no current concerns about Highgrove. We also checked any previous notifications or concerns we had received about the service so that we could look into these during our inspection.

Before the inspection, we asked the provider 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. The provider returned their PIR.

During our inspection, we spoke with the regional manager, the home manager, 4 staff members, 9 people who lived at the home, fourteen relatives or visitors of people and 1 visiting professional, who was a Macmillan Nurse.

We looked at documents kept by the home including the care records of four people who lived at the home and the personnel records of five staff members. We also looked at records relating to the management and monitoring of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and able to speak with staff if they had any concerns. One person we spoke with told us; "I feel safe here. I've got no problems at all." Another person told us; "I feel safe here. I didn't when I was in hospital but [Highgrove] is a very safe place." Someone else who lived at the home said; "I feel safe, nobody interferes with me. I couldn't look after myself at home." Visitors and relatives of people who lived at the home felt their family member or friend was safe. Comments made by visitors included; "I feel that [family member] is safe here. I don't worry about them so much now", "[Family member] was at risk at their last home because of falling but they are safe here" and "I've been away on holiday and I've felt that [family member] was safe. That's the first time I've been able to do that. As a family, we feel confident that [family member] is [at Highgrove]." Another visiting relative said; "I've got total peace of mind now because I know [family member] is safe and being well looked after."

People told us they received their medicines as prescribed and as they liked to receive them. One person who lived at the home told us; "They come round with my medicine and give it me with a drink."

People who lived at the home told us that there were enough staff on duty during each shift. One person said; "I'm in this bed and I can't do much for myself so I rely on the carers to help me with everything. When I press my buzzer, someone always comes to see to me, so I've got no worries there."

Staff we spoke with were able to explain the different types of abuse, what they would do if they suspected abuse or saw any actual abuse and who to report this to.

Care records we looked at demonstrated people were protected from bullying, harassment, abuse and avoidable harm that may have breached their human rights, by involving people, relatives and professionals in care planning and reviews, where possible and appropriate. We saw care plans and risk assessments were in place in care records and that these were regularly reviewed and updated.

Staff handover's took place at the beginning of each shift so staff on the next shift were aware of any issues or concerns that had arisen. We also found daily records were adequately completed and contained relevant information. This meant there were formal and informal ways of information sharing between staff and other professionals.

We looked at the safeguarding log kept at the home and saw that all safeguarding concerns were addressed and fully investigated. These investigations had been carried out by someone of appropriate seniority and any actions were identified and recorded. We saw that the home made appropriate safeguarding referrals to the local authority safeguarding team, when required and the local authority safeguarding team confirmed this. Safeguarding concerns were regularly monitored and audited by the home manager and regional manager. This meant risks to individuals and safeguarding concerns were managed and monitored to protect people.

We checked staffing rota's at the home and carried out observations throughout the day to assess whether staffing levels were adequate. We found there were enough staff members on each shift with the right mix of skills, competencies, qualifications, knowledge and experience, which included a unit manager on each floor of the home. Staffing levels were regularly assessed, according to peoples' needs. This meant there were enough staff on duty to adequately meet people's needs.

We looked at the staff personnel files of five members of staff who worked at the home and found adequate pre-employment checks had been carried out by the registered provider. These checks included two reference checks from previous employers and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. We also saw that, where a staff member had been allegedly (or actually) responsible for unsafe practice, clear and appropriate disciplinary procedures had been followed. This meant the service followed safe recruitment practices to ensure the safety of people who used the service and followed appropriate disciplinary procedures to protect the safety of people who lived at the home.

In care records we looked at, we checked for medicines care plans and found these were present. These medicines care plans contained details of the medicines name, dose and frequency required. We saw Medication Administration Records (MAR) were well maintained, signed by the

Good

Is the service safe?

administering member of staff when the medicine had been administered and contained no gaps. No unlicensed (over-the-counter) medicines were administered by staff at the home. This meant the service ensured medicines were managed so that people received them safely.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us that they were given the choice of whether to be involved in their care planning. One person who lived at the home said; "I was asked if I wanted to be involved but my son deals with all that sort of thing." People also told us they were able to choose how and when they received their care. One person told us; "The carers asked me if I wanted a bath yesterday and I said no because I wasn't feeling very well. They said that was fine and they'd ask me again today." This meant people were given the option to be involved in their care planning and could receive their care and support how they wished.

We asked people about food available at the home and if they felt they were encouraged to stay healthy. Everyone we spoke with told us the food was good and they were able to choose what they had to eat and drink. People told us; "There is a choice of two meals. I have no complaints about the food at all", "I like the food changing sometimes. I don't like the fish but [staff at the home] do egg and chips for me instead. If I want anything, I tell the kitchen and they get it for me" and "The food is good, I asked for Eggs Benedict and they made it for me." Staff we spoke with confirmed a choice was available for people. Staff comments included; "We sit down with the residents and ask what they want to eat" and "We've tried various foods like curries, lasagne, and pastas but [people who lived at the home] didn't really like it. They mostly like traditional English food." One staff member told us; "We do more homemade cooking."

People told us they were happy with their rooms and that they could personalise them with photographs and ornaments. We saw evidence of this when we walked around the home, as well as 'memory boxes' on walls outside people's rooms that contained items of relevance to the person's life.

We checked staff files to see if staff had received adequate induction at the beginning of their employment at the home, ongoing training, regular, formal, written supervision and annual appraisals. We found staff had completed an appropriate induction on commencement of their employment at the home, which included mandatory training areas. However, we found some issues with training updates and refreshers not being undertaken with appropriate frequency. There were 70 staff members employed at the home and, of these, several required training or updates. This included; 34 staff in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), 51 in infection control, 36 in safeguarding, 44 in health and safety, 15 in moving and handling and 33 in dementia and challenging behaviour. We spoke with the home manager about this, who told us that they were aware of issues with training and were addressing this. We saw that training on the MCA, DoLS and moving and handling was arranged for the following week but that training in the other required areas had not yet been arranged.

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We found some issues with staff supervisions and appraisals, where staff did not receive these with appropriate frequency. For example, in one staff personnel file we looked at, we saw a supervision had been carried out in May 2013 and another one had not been carried out until May 2015. In another staff personnel file, we found supervisions carried out were done so in November 2012, March 2013 and May 2015. Of the five staff personnel files we looked at, only one contained a completed annual appraisal.

The above evidences a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the service to be acting within MCA 2005 legislation and observed people being asked for consent before any care and support was provided. In one care record we looked at, we saw evidence that the person had a MCA assessment and DoLS authorisation in place, which had been approved by the relevant local authority team. Staff we spoke with were able to explain the main principles behind the MCA 2005 and DoLS and what this meant for people who lived at the home. The home

Requires Improvement

Is the service effective?

manager told us they currently had DoLS applications submitted to the local authority and were awaiting the outcome of these. This demonstrated the service acted in line with the MCA 2005 and DoLS.

Care records we looked at demonstrated people were encouraged to maintain a well-balanced diet that promoted healthy eating and gave the person choice. In care records we looked at, we saw nutritional assessments were completed to assess whether the person was at risk of becoming nutritionally compromised and that these were reviewed with appropriate frequency. Assessments were also in place, assessing and identifying any support that the person required when eating their meals. For example, one care record we looked at contained an assessment that identified the person was able to use utensils to feed themselves and required minimal support. This demonstrated assessments were carried out to ensure people were given choice and control over their diet and the foods they ate and were adequately supported to eat, drink and maintain a balanced diet.

We observed lunchtime on the unit for people living with dementia. We saw that all ten of the people ate their hot lunch in the bright dining area, which was just large enough to meet their mobility needs. Three care workers provided lunch time support and two people received full support with their meals. Aprons were provided for selected people and this proved to be appropriate. Care workers knew peoples preferences for meals and encouraged people who needed prompting with their meals. The meals looked appetising and were well presented on the plates, served by the care workers. One person chose to leave the dining table and go to the toilet part way through their meal. This person left the table for some time before returning and care staff took away their cold meal and provided a fresh warm meal for them, explaining what they were doing. Large handled, bright beakers were provided for squash and care workers ensured each person drank their drink by gently encouraging and prompting. All ten people had a pleasant lunchtime experience and seemed to enjoy their meals.

We saw people and their relatives were involved in regular reviews in monitoring their health and, where required, referrals were made to, and assistance sought from appropriate healthcare professionals whilst the person was using the service. One person told us; “I see the GP quite a lot because my tablets need changing as I’m getting better.” This demonstrated the service supported people to maintain good health and have access to relevant healthcare services.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they felt staff at the home were kind, caring, patient, polite, respectful and compassionate. Comments made by people who lived at the home included; "[Staff] are just brilliant, brilliant people"; "I can't speak highly enough of [staff]. They have the patience of saints"; "Nothing is too much trouble. I know I can ask for anything anytime and they'll do their best for me" and "I can't tell you how lovely [staff] are. So caring." Relatives of people who lived at the home told us; "The staff are lovely. They are all very accommodating" and "I know it's hard looking after [family member] but I take my hat off to [staff] – they do a marvellous job and they are so patient."

We asked people if they were able to choose what they wore at day and night, if they were able to choose when they got out of bed and when they went to bed and if they were able to choose what they did throughout the day. Everyone we spoke with told us they had lots of choice. One person told us; "I choose what I want to wear. The [staff] help do my hair and get me ready but I always choose."

We carried out observations throughout the day and saw people were treated with kindness and compassion. All staff spoke with people in a respectful way and ensured people's dignity was respected and protected by not speaking about people who lived at the home where they could be overheard by others.

We looked at care records and saw that people and their families, where appropriate, had been involved in making decisions and planning their own care. We saw evidence of people's input, which included details about the person's life and past experiences. We saw some care records contained incomplete "Life Story" documents, which were present to record information about the person's life. However, when we spoke with staff about these people, they were able to tell us about their lives, jobs, past experiences, likes and dislikes. This demonstrated staff knew the people who they were caring for and supporting well.

During our observations, we saw staff take practical action to relieve people's distress or discomfort. For example, one person who lived at the home was distressed, pacing the corridors and asking to 'go home'. We saw staff being attentive to this person, reassuring them and using distraction techniques to calm the person down. This demonstrated that staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly.

We asked the home manager about advocacy services that were available at the home. An advocate is a person who speaks on behalf of another, when they are unable to do so for themselves. The home manager told us they sourced advocates for people who required them and we saw evidence of this in care records we looked at. We also saw there were leaflets present on activities boards for people to read and the home manager told us that, should more information be required for people, they would source information leaflets.

We asked the home manager how they assured people that information about them was treated confidentially. The home manager told us they did this by reassuring people that any personal information was stored correctly and ensuring that, when conversations were being had by staff, no one was in earshot to overhear these conversations. The home manager also told us that confidentiality was covered in the staff induction to ensure staff were aware of good practice and procedures to follow regarding the confidentiality of people's personal information.

Throughout our inspection, we walked around the service and carried out observations to see if people had their privacy and dignity respected. We saw that, when staff were providing personal care to people in their bedrooms, they closed bedroom doors so no one could see. We also heard staff speaking to people in a respectful manner, explaining things clearly and showing patience with people who may have struggled to hear or understand what was being said. We saw there were locking mechanisms on all bathroom and toilets. This meant people who lived at the home had their privacy and dignity respected.

Staff we spoke with were able to explain how they promoted respectful and compassionate behaviour within the staff team. One staff member told us; "We really care about [people who live at the home]. They are our number one priority so we make sure they are treated with respect".

Visiting friends and relatives of people who lived at the home told us there were no restrictions on visiting times and they were able to visit the home when they wished to.

Good

Is the service caring?

We looked in care records to see how the home ensured people's wishes were met, when they were deceased. We found care records contained information about any funeral arrangements that had been made and the person's personal preferences in regards to this. This meant the home had arrangements in place to ensure that the body of a person who had died was cared for and treated in a sensitive way, respecting people's preferences.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew how to make a complaint if they were not happy with something at the home. A visiting relative of one person told us; "We've only had minor niggles really and everything we've raised has been sorted straight away." One person who lived at the home told us; "I know how to complain but I've never had need to. There's nothing to complain about." Another person told us; "I had an issue in the past and I told [staff] in the residents meeting and it was dealt with straight away." One visiting relative said; "I know I could speak with staff if I needed to." People told us they didn't recall having ever received any satisfaction surveys, but that they felt confident in speaking with staff and management, should they have any issues or complaints.

People told us they enjoyed activities at the home. Comments included; "I enjoyed the exercises this morning. We also do bingo, decorating cakes, games and painting. They do allsorts [at the home]" and "The activities make you stay active. We did some gentle exercises this morning. One of the other residents told us her life experiences."

Care records we looked at were personalised and had been written with the involvement of people and their families, where possible and appropriate. People were able to express their views and these were recorded in care records. We found there was information about the person's life, including a personal history, preferences, interests and aspirations. This meant information was available for staff to provide person-centred care and support.

During our observations, we saw people taking part in activities including light armchair exercises and reminiscence. The activities co-ordinator at the home ensured that people were engaged and spent time with people, in a group and on a one to one basis. We saw the activities co-ordinator using a beach ball to encourage gentle exercise, where they threw the ball to each person and asked them to either catch it or hit it back to them, depending on the abilities of the person. The activities co-ordinator then carried out a 'reminiscence' activity, asking people involved what their favourite television show was when they first bought a television set, what the names of people's grandparents were and who inspired them as children. Everyone who took part in activities looked to enjoy what they were doing and were smiling and laughing throughout.

We saw the activities co-ordinator carrying out an activity on the dementia unit during the afternoon. This activity included using building bricks, to assist with improving people's fine motor skills. Everyone involved in the activity was engaged and appeared to be enjoying themselves.

We were told by people who lived at the home that a day trip had been organised for later in the year to go to the seaside.

One person we spoke with told us they had bought a greenhouse that was in the garden area of the home. They told us they enjoyed gardening and the home and supported them to continue to partake in their favourite hobby. This meant people were supported to partake in activities, build and maintain relationships and avoid social isolation.

We looked at the complaints and compliments file kept at the home and found four complaints that had been made. We saw complaints were investigated and meetings were held with the complainant, where possible, to discuss the issues and concerns and to reach a resolve. Action plans were implemented following a complaint investigation and this was signed by the registered provider and the complainant, to demonstrate they were happy with the outcome.

We asked the home manager how they encouraged complaints. They home manager told us they referred to complaints as 'feedback', to make complaints sound more positive. The home manager told us they asked people and staff for complaints and compliments and these were used to identify areas requiring improvement. There was a 'suggestions box' in the foyer, where people could anonymously post suggestions if they wished. There was also information on the notice boards called "You said, we did", which contained details of any complaints or feedback received, actions taken and the result of these actions. This demonstrated the home routinely listened and learned from people's experiences, concerns and complaints.

Good

Is the service well-led?

Our findings

Most people we spoke with told us they were aware who the home manager was and what their name was. Some people said they weren't sure who the home manager was and this was due to the fact that the manager had only recently joined the service and people who said this said that they knew who all the unit managers were. The home manager told us they would conduct walk arounds at the home and introduce themselves several times over the coming weeks so people were aware who they were. One person told us; "I'm not sure who the new manager is yet but I know who's in charge here. It's [the unit manager]."

People said they felt staff treated them well and equal to other people who lived at the home. One person said; "It's a happy home. We're like a big family."

We asked people what the home could do to improve. Most people told us there was nothing to improve. One person told us; "It's lovely here. I'd like a covered area for when I go out to smoke because I get wet when it's raining." Another person told us; "It's not really to do with [the home] but I'd like more trips away, even for a few days, especially while the weather is nice."

Staff we spoke with told us they felt they were actively involved in the development of the service. One staff member we spoke with told us; "The manager is listening and making changes. [The manager] notices things that need sorting. She always tells us [staff] 'You're doing a good job', which is nice. I enjoy my job." Another staff member told us; "It's like Buckingham Palace compared to the last place I worked. [Staff] can have an input."

We saw there was an emphasis on support, fairness, transparency and openness at the home. The home manager told us; "All the staff know they can come to me at any time. I have an 'open door policy', where I keep my office door open so I am visible to people. I answer the phone and door so I am as available as I possibly can be for people." The home manager also told us they constantly reviewed the attitudes, values and behaviours of staff by conducting regular walk-arounds of the home and speaking with people who used the service to obtain their views on staff. The home manager also told us they were in the planning stage of deploying staff throughout the home to work on different units to what they are used to. The home manager said; "This will mean that staff can see how others work on other units and they will be able to share good practice better."

Staff told us they felt able to question practice at the home. One staff member told us; "I know I can question practice. [People living at the home] are my number one priority so if I see something that I don't think is right, then I'm going to say. [The home manager] seems to know what they are doing and I feel more supported than ever." This demonstrated the home supported staff to question practice and raise any concerns.

The home had a clear vision, which was under constant review. The home manager told us; "When the vision is communicated to people, we encourage staff and [people who lived at the home] to bring suggestions forward. We sent out some staff surveys in March and we're just analysing them and putting the results into a report."

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place. The manager, who was present on the day of our inspection had submitted an application for to CQC to become the 'registered manager'. The home manager had had several years' experience working within the health and social care sector and as a registered manager in other homes in the area.

We looked at the audits carried out at the home. We found that annual checks were carried out on gas, call bells, fire extinguishers, legionella and the sluice. Bi-annual checks were carried out on hoists and baths, fire alarms and emergency lighting. Quarterly checks were carried out on the lift and fire evacuation/drills were conducted every two weeks. All electrical products that we looked at had undergone Portable Appliance Testing (PAT) within the last year.

Monthly audits carried out by the manager of the home included audits of care records, mental capacity, weight charts and Medication Administration Records (MAR). Environmental checks were also carried out on a monthly basis in people's bedrooms, the reception area, corridors, bathrooms, dining rooms, lounges, general areas, the sluice room and the treatment room, where medicines were stored. Any actions identified from these audits were recorded on a 'corrective action form' and signed off when completed.

Good

Is the service well-led?

Care records were reviewed on a monthly basis and we saw the regional manager conducted a quarterly audit of the home. At the last audit conducted by the regional manager, they looked at 5 care records, 3 staff personnel files, medicines on all floors of the home and all service and maintenance records. We saw that, where actions were required, the regional manager had compiled an action plan identifying these, along with completion deadline dates. This demonstrated the home had good auditing systems and identified areas that required attention or improvement.

Staff meetings took place at the home, though these were carried out sporadically, with the last three staff meetings being held in February 2015, October 2014 and November 2013, respectively. We asked the home manager about this, who told us they would be implementing a monthly staff meeting for all staff who worked at the home. A 'head of department' meeting took place on a monthly basis, where each of the unit managers discussed subjects including nutritional needs of people, maintenance and housekeeping of the home and the general care provided. Any actions from these meetings were recorded and cascaded to each member of staff on the units by the unit managers.

The home manager told us that surveys had not been regularly sent to people who lived at the home and their relatives but that they planned on ensuring these were sent out bi-annually to obtain people's views and experiences.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing 18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. (2) Persons employed by the service provider in the provision of a regulated activity must— (a)receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.