Life Style Care (2011) plc

# Coniston Lodge Care Centre

**Inspection report**

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Requires Improvement |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

## Overall summary

The inspection was carried out on 13, 14 and 15 January 2015 and the first day was unannounced. At the last inspection on 15 August 2014 we asked the provider to take action to make improvements with areas of record keeping and following emergency procedures. We received an action plan from the provider telling us they would meet the relevant legal requirements by 1 December 2014. At this inspection we found the actions had been completed.

Coniston Lodge is a nursing home providing care for a maximum of 92 people. The service has four units, three of which are for general nursing care and one for people with dementia care needs. At the time of the inspection there were 70 people using the service.

The service is required to have a registered manager in post, and the registered manager has been managing the service since October 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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.

Staff were aware of safeguarding and whistle blowing procedures, however they did not always demonstrate an understanding of what constituted abuse.

We have made a recommendation about the management of some medicines.

Staff we spoke with and records we saw confirmed recruitment and training procedures were being followed.

The registered manager had identified gaps in training and had taken action to address this and implement a programme of training for staff.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS are in place to ensure that people's freedom is not unduly restricted. Where people were at risk and unable to make decisions in their own best interest, they had been appropriately referred for assessment under DoLS.

People and their relatives were happy with the care provided and were given the opportunity to be involved with their care plan, so their wishes could be identified and met. There were occasions when people had to wait for assistance due to staff deployment issues.

The majority of staff treated people with respect however we did identify occasions when staff did not respect people's rights. Staff did not always understand the needs of people with sensory impairments.

People had a choice of meals and staff were available to provide support and assistance with meals. Staff monitored people's condition and referred them for input from healthcare professionals when they needed it.

People using the service, relatives and staff said the registered manager and the deputy manager were approachable and listened to them. People and their relatives felt confident to express any concerns, so these could be addressed.

Systems were in place to monitor the quality of the service. However, these had not been fully effective in highlighting the shortfalls identified during this inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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?**

Requires Improvement

Some aspects of the service were not safe. Staff were aware of safeguarding procedures and said they would report any safeguarding concerns, however they did not always demonstrate an awareness of what constituted abuse. Staff did not always know which outside agencies they could contact to report concerns if necessary.

Although medicines were being well managed overall, we recommend the service consider current guidance on giving medicines safely to people and updating staff practice in this area.

Assessments were in place for identified areas of risk. These were reviewed monthly, so the information was kept up to date. Equipment was being serviced and maintained at the required intervals.

Staff recruitment procedures were in place and being followed. Overall there were enough staff to meet people's needs, however staff practices in relation to taking breaks sometimes caused there to be insufficient staff available to respond to people in a timely way.

**Is the service effective?**

Good

The service was effective.

People told us they were happy with the care they received. Where gaps in staff training had been identified training was being given to provide staff with the skills and knowledge to care for people effectively.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS are in place to ensure that people's freedom is not unduly restricted.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs could be met.

People's healthcare needs were monitored and people were referred to the GP and other healthcare professionals when input was required.

**Is the service caring?**

Requires Improvement

Some aspects of the service were not caring. Although the majority of staff cared for people in a gentle and kind manner, we observed incidents where staff did not always respect people's rights. Staff were not always aware of the communication needs of people with sensory impairments.

People and their relatives were involved with making decisions about their care so their wishes could be discussed and included.

# Summary of findings

**Is the service responsive?**

Good 

The service was responsive.

Care plans were in place and had been audited and updated to reflect any changes in people's needs. They were reviewed monthly to ensure the information they contained was current.

A complaints procedure was displayed and people and their relatives said they knew how to raise concerns so they could be addressed.

**Is the service well-led?**

Requires Improvement 

Some aspects of the service were not well-led.

The service had a registered manager and people, relatives and staff said she was approachable and supportive.

Good practice guidance was used to inform protocols and practices, so staff had information to keep up to date with best practices.

Accidents and incidents were monitored and where possible action was taken to minimise the risk of recurrence, whilst respecting people's independence.

Systems were in place to monitor the quality of the service, so areas for improvements could be identified and addressed. However, these systems had not been fully effective in highlighting the issues we found in other areas of our inspection.

# Coniston Lodge Care Centre

**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.

The inspection was carried out on 13, 14 and 15 January 2015 and the first day was unannounced. The inspection was carried out by three inspectors including a pharmacist inspector.

Before the inspection we reviewed the information we held about the service and spoke with two members of the local authority safeguarding team.

During the inspection we viewed a variety of records including eight people's care records, some in detail and some looking at specific areas, 70 medicines administration record charts, five staff files, servicing and maintenance records for equipment and the premises, audit reports and policies and procedures. We used the Short Observational Framework for Inspection (SOFI) during the lunchtime on one unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the mealtime experience for people in two other units and interaction between people using the service and staff on all units.

We spoke with fourteen people using the service, twenty one relatives, three church representatives, the registered manager, the deputy manager, one regional director, one quality support lead, one senior clinical lead, six registered nurses, ten care staff, the activities coordinator, the chef, two maintenance staff, the housekeeper and four domestic/laundry staff and three healthcare professionals, including a GP, a podiatrist and a clinical nurse specialist.

Requires Improvement

# Is the service safe?

## Our findings

Policies and procedures on safeguarding and whistleblowing were in place and we saw posters about safeguarding and whistleblowing on display in the service, to give people the information they needed to raise concerns. Staff told us they had received training in safeguarding and most were able to provide definitions of different forms of abuse. Not all of the staff we spoke with were able to identify that some of their actions might constitute abuse, for example, moving someone against their wishes and not listening to them. We observed an incident of this nature during the inspection and an inspector had to intervene. We reported this to the registered manager, who took action to report the matter so it could be investigated under safeguarding procedures.

Staff said they would report concerns or suspicions of abuse to their line manager. However, some staff were not able to tell us about contacting outside agencies such as the local authority safeguarding team to report abuse and had not heard the term whistleblowing. There were other staff that were clear on this who had read the relevant policies and procedures. The registered manager consulted with the local authority safeguarding team on safeguarding matters and was clear to report any allegations to them and to notify CQC. We spoke with the registered manager who had identified gaps in training and said updates were being arranged to bring staff knowledge up to date alongside providing the posters with contact details for reporting abuse.

This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

We saw evidence of people's current medicines on the medicines administration records (MARs) and copies of prescriptions. We saw that there were records of medicines received into the home and all people had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose such as 1 or 2 were all recorded accurately.

We looked at the recording of administration on the MAR of 70 people and noted only a few gaps in recording administration. When we checked the stocks of medicines we could see that a dose had been given. We audited supplies of medicines for 30 people and checked stocks against the records. We found two discrepancies in stocks for a medicine for dementia and one for Parkinson's disease. There were two too many doses left which suggested that the MARs were sometimes signed when a medicine was not given. There was lack of clarity in the transcribing of a weekly tablet for osteoporosis and a diuretic. Our audit suggested that one too many doses may have been given for both medicines. Two people were prescribed the medicines warfarin and for one we were unable to reconcile supplies with the dose prescribed and given. For the other we could not establish whether a dose or blood test was due without looking at the person's daily notes. All other audits confirmed safe administration.

Several people were prescribed medicines as required for pain relief or for their mood. We saw most had 'as required' (PRN) protocols in place so nurses knew when they needed these medicines and how often, particularly for people who were not able to communicate verbally. On the medicines trolley we saw a box of medicine to treat a person for a seizure. There was no entry of the medicine on the persons MAR or a PRN protocol. The person had a care plan in place regarding their seizures but there was no reference to treating a seizure with this medicine although we did see the date the GP had prescribed it. The registered manager took action to address this at the time of the inspection. Recorded discussions for all the points we fed back around medicines management were carried out with the registered nurses during the inspection.

We observed medicines given at lunch time to three people. We saw that the nurse was patient and reassuring and gave the medicines professionally and signed the medication administration record when the medicine had been taken. We observed people being checked to see if they needed pain relief and we saw that several people had medicines administered covertly in line with their care plan and multidisciplinary team agreement. We saw evidence of regular review of medicines on the MAR and dosage changes were clearly documented. Copies of discharge letters from hospital were kept in people's care plans for ready access and to refer to.

Supplies of medicines were stored securely. We noted that both fridges had maintenance problems and the manager showed us the email contacting the supplier on 9th January 2015 and a subsequent confirmation order for replacement fridges.

The provider had policies and procedures in place to manage medicines safely and they were available for

# Is the service safe?

reference by all staff. Further training in the safe handling of medicines was being planned. The provider carried out daily MAR charts checks and monthly audits and we saw that action was taken when concerns were identified.

We recommend that the service consider current guidance on giving medicines safely to people and take action to update their practice accordingly.

Assessments had been completed for each person to identify risks and the action to be taken to minimise these. Staff were able to describe how people could be kept safe from hazards concerned with the environment. For example, staff told us about the need to keep floors clear of obstacles to minimise the risk of people falling. If people were mobile we saw they were able to move freely around the service and people were supported to maintain their independence. Where people needed assistance to mobilise around the service we saw this was done appropriately, for example, ensuring people were sitting comfortably in wheelchairs, with footplates being used, so they were transported safely. Risk assessments for equipment and safe working practices were in place and had been reviewed annually, to keep the information current.

Emergency first aid training sessions were taking place during our inspection and staff were provided with First Aid information booklets to refer to and refresh their knowledge. Staff were able to describe the action they would take in scenarios we gave, for example, if they found someone unresponsive. This meant the service was providing staff with the skills and knowledge they needed to take appropriate action if someone needed emergency first aid.

We viewed a sample of equipment servicing and maintenance records. These showed that equipment including hoists and hoist slings, lifts, gas appliances, and the fire alarm and emergency lighting systems had been checked and maintained at the required intervals, to ensure these were safe. Where repairs had been identified, for example, emergency lighting not working, these were being actioned to maintain safety. Some weekly in house checks such as water temperatures, visual checks of bedrails and wheelchairs and flushing of out of use water outlets had not been completed for a month due to staff leave. We discussed this with the registered manager who said she a contingency plan would be put in place to cover such occasions in the future, to ensure checks were completed in line with company procedures.

The staff records we viewed showed employment checks were being carried out to ensure only suitable staff were employed at the service. Checks including criminal record checks, references including from previous employers, proof of identity and right to work in the UK had been carried out. Application forms and health questionnaires had been completed and gaps in employment histories explained. Staff confirmed the employment checks had been carried out before they started working at the service.

There had been a turnover of staff in the past four months, in particular of registered nurses. The service was using agency nurses whilst they recruited to the vacancies. The registered manager explained that one agency was being used and where possible the same registered nurses were being used, so staff and people got to know each other for continuity of care. At the time of inspection the units were being appropriately staffed to meet people's needs. We received comments from relatives regarding delays in people being taken to the toilet, and it was felt this was often due to staff being on their breaks. Comments included, "My concern is staffing levels. I never feel that [relative] is in any danger but I would like to see more staff. Sometimes [relative] has been calling to be taken to the toilet but there is no one to take them," "When [relative] needs to get to the toilet we've often been told 'I'm on a break.' [Relative] often has to wait three quarters of an hour which is too long," and "My main concern has been that we are often told staff are on the break when [relative] needs to be taken to the toilet. They say 'I am on my own here the other two are on a break'." We spoke with the registered manager who said she was aware of the situation and had requested that staff stagger their breaks so there were always two care staff to assist people on each unit. The registered manager said she would follow up on this with staff. We asked staff about staffing levels and they felt if all those rostered to be on duty attended, then staffing levels were suitable to meet people's needs. Staff said when people went off at short notice and a replacement could not be found, it could sometimes be difficult to meet everyone's needs promptly. The registered manager was aware of this and recruitment was ongoing at the time of inspection.

Requires Improvement

# Is the service safe?

Policies and procedures were in place for infection control and were being followed. A high level of cleanliness was being maintained and the service was clean and fresh throughout. We saw sufficient numbers of staff throughout the day to keep the rooms, bathrooms and communal areas clean. The housekeeping staff maintained high standards of cleanliness, facilitating a pleasant environment. The service had experienced a recurring issue with bed bugs and a procedure and an action plan were in place for any activity noted so this could be reported, recorded and addressed without delay. Staff were able to describe the action to be taken and an external pest control company was involved with the management and control of this issue. It was acknowledged this is a difficult problem to eradicate, however the service was maintaining a high level of cleanliness and responding promptly to any infection control issues raised. Personal protective equipment including disposable gloves and aprons were available on each unit and floor and staff confirmed supplies were always maintained. We viewed the laundry room and the area was clean and staff understood the procedures to follow to wash and clean clothing and bedding appropriately.

Good

# Is the service effective?

## Our findings

We asked staff about the training they received. They explained the induction they had undertaken prior to starting work which involved basic training and working alongside experienced staff. Staff told us they had undertaken courses on health and safety, manual handling, first aid and fire safety. One comment we received from a relative was, "There are some lovely carers but sometimes their English is not very good and they lack confidence." One member of staff told us how they were supported to develop their basic skills to enrol for a qualification in health and social care. The registered manager said she had identified staff for whom English was not their first language and had arranged English and maths skills training for them which facilitated them to be able to undertake further training effectively. One member of staff said they had received training in working with people whose behaviour could challenge and people with dementia.

The registered manager explained she had found training records were not up to date and she had been working through the staff files to identify the training each member of staff had undertaken. She had also arranged several training sessions for staff to undertake. We saw training sessions advertised for January 2015 including first aid and dealing with medical emergencies, infection control, manual handling, fire safety, food safety, health and safety and control of substances hazardous to health. Staff confirmed they had been undertaking training and the registered manager was planning further training courses with the training company. The sales and marketing manager for the provider was experienced in dementia care. She told us she had identified areas of work to be done with staff to help them better understand the needs of people with dementia so they could care for them effectively. One example she gave was providing 'reminiscence boxes' for people, so they had items that would remind them of aspects of their lives and provide a talking point for them and for staff. We saw a calendar for staff supervisions and several staff confirmed they had one to one supervision within the last three months and they were being supported. The registered manager said she had identified supervisions and appraisals needed to be brought up to date for all staff, and was working to address this.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom was not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. Policies and procedures in relation to the MCA and DoLS were in place and the manager understood the criteria and process for making a DoLS application. We spoke with the manager and saw nine applications for DoLS assessments had been made and we viewed completed approved documents for three people using the service. This showed where it had been identified people lacked the capacity to make decisions for themselves, action had been taken to follow correct protocols to address this. The registered manager told us three staff had received training in MCA and DoLS and said she had identified this as an area to be addressed within the training programme. We saw people's capacity had been assessed and staff we asked said they would always act in a person's best interest. If they had any concerns about people's capacity to make decisions, they said they would report this so appropriate action could be taken.

Forms to record people's wish not to be actively resuscitated (DNAR forms) had been completed in line with current guidance. We saw completed forms which recorded that where the person had been assessed as lacking capacity to make the decision for themselves, the person's GP and their next of kin had been involved in this decision. The forms were regularly updated and recorded on the correct document required by emergency medical staff, for example, paramedics. Staff were clear that where a DNAR form was not in place action must be taken in the event of an emergency to resuscitate the person and call the emergency services.

People said they were happy with the food provision in the service. One person said, "The food is very nice. There is always a choice and there is plenty." Another person told us, "The food here is wonderful. Couldn't be better." We observed mealtimes on all the units. People had a choice of cereals and/or a cooked breakfast, plus toast and tea or coffee. We saw a four week menu which was varied and had choices available for meals at lunch time and supper, including a vegetarian option. We asked the chef how

Good

# Is the service effective?

people's choices were catered for and were shown the forms collected from each unit recording people's selection of food for the following day. We asked people about how they chose their food and some pointed out the menu on the dining tables, indicating that they chose from this. Food was well presented and people were shown the choices available, so they could choose. Staff asked people about their preferences, for example, if people wanted gravy with their main course or custard with their pudding before pouring this on to the meal. We saw people who needed assistance to eat were supported to do so in an unhurried manner, both for people in the dining room and those who had their meals in their room. Specialist equipment was provided to help some people to eat independently, for example, plate guards. We saw daily records of food and fluid intake were being maintained for those people whose nutritional status required monitoring. People were weighed monthly and their weight was monitored. Where dietary issues were identified, for example, weight loss, referrals were made to the GP and the dietitian for input.

Input from healthcare professionals was recorded in care plans, including GP, dietitian, chiropodist and the continuing care nurse specialists. Two GPs attended the service each week, one for a routine visit and one to see any urgent cases, and the service could also access input from the GP if someone required medical attention at other times. One healthcare professional said they had provided training for nursing staff for a person who had specialist nursing care needs. However, with changes of staff they had identified further training was needed for recently recruited nursing staff. We spoke with the registered manager who acknowledged this requirement and said she would liaise with healthcare professionals to arrange training and updates for staff in specialist areas of care and treatment. The deputy manager had been working at the service for 10 years and had a good knowledge of people's healthcare needs, and this was acknowledged by the healthcare professionals we spoke with. One healthcare professional said staff referred people to them appropriately for input. They confirmed staff followed instructions for treatment needed between their visits to promote healing.

Requires Improvement

# Is the service caring?

## Our findings

People and their relatives also told us many of the staff were kind and caring. Comments received included, "Everyone is lovely here; the food is really good," "Everyone is wonderful - I've no complaints," "We are well looked after," "The care here is good," "Staff work hard and seem friendly. [Relative] is well looked after but I do need to keep an eye on things to make sure things are followed up such as seeing the doctor," and "I come here every day…[relative] gets looked after well and the staff are lovely. I think it's significant that [relative] has not deteriorated in the time she's been here. [Relative] can still choose what she wants to eat and always remembers to say thank you. I'm sure it's the good care here which has kept her as well as she is."

However, some relatives expressed concerns about the attitude of some staff. "The carers do their best. But they don't seem to realize that how you speak to [relative] is very important. They don't always speak to [relative] with respect and can speak too quickly. This makes [relative] irritable and aggressive," "On the whole the staff are lovely. There are some staff with attitude and I worry about complaining about this," and "Some staff have a bit of an attitude at times, most of the time they're very good."

We saw good interactions between staff and the people living in the home, for example staff taking time to listen to people and understand their wishes. At mealtimes staff supported people in a gentle and unhurried way, and there was a good atmosphere in the dining room, with good communication between staff and people. There was background music playing during mealtimes and from speaking with people and staff on one unit we realised they had considered people's preferences when choosing the music.

We also observed some poor practices. For example we saw one member of staff lowering a person in bed to a lying position without first checking that the person wanted this or explaining what they were going to do. We received comments from relatives of people with sensory impairments that staff did were not aware of the importance of ensuring they identified themselves when going to attend to a person, who would not otherwise be able to recognise who they were. In another instance a member of staff referred to people as 'singles or doubles' according to whether they needed to be supported by one or two members of staff. They said "I wouldn't know, I only do the singles" when we asked a question about a particular person. We noted that although information about people's individual needs and preferences were recorded in the care plans, staff did not always know about them, for example, the way to best communicate with someone. Some staff said they had not actually read the care plans but had been told by other staff how to care for people. This showed staff did not always provide person centred care and were task driven when providing care to people.

Staff told us people were supported to make decisions as far as was possible. We observed people being offered choices at mealtimes and also we heard staff asking people where they wanted to go within the service. Most of the relatives we spoke to said that they were happy with the way they were involved with decisions about their relatives care and that they felt their views were listened to. However some comments suggested a task rather than person centred approach on the part of staff. For example one felt their relative was being got up early in the morning when they really needed to sleep for longer. They said, "One day I came and found that [relative] had been washed and dressed then had been put back to bed." When we attended the service before 8am we noted a few people were up and dressed and others were still in bed.

We observed many staff taking care to protect people's privacy and dignity. We saw staff knock on doors before entering people's rooms and heard staff explaining what they were going to do when supporting people. We saw staff caring for people in a calm and respectful manner, asking for permission to help them and listening to people's preferences. Feedback we received from three visitors was positive and one told us they always found people's individual care needs were attended to and they always looked well turned out. However, we observed two ancillary staff enter people's rooms without knocking or asking if they could come in. In both instances it was to carry out a task that the member of staff felt was important, and they appeared task driven rather than thinking about the wishes of the individual. We also heard two care staff chatting together whilst supporting a person in their room and no attempt was being made to speak with the person, demonstrating a lack of respect. We spoke with the manager about our findings and she was aware staff needed training in customer care and was arranging for this to be carried out.

Requires Improvement

# Is the service caring?

The above paragraphs demonstrate a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

Good

# Is the service responsive?

## Our findings

People and their relatives expressed satisfaction with the way the service responded to people's needs. Comments included, "The staff are fine. I've no problems. When I need something done I just ask and they'll do it for you. It's a nice place. I get up and go to bed when I want to and I can go into the garden when I like. I prefer to spend most of my time in my own room reading or watching the television," "They meet his needs here. He has always been very social so likes to sit with other people and loves to watch the television." and "The care is very good here. [Relative] is always clean when we visit and always seems happy and well fed. [Relative] takes part in the activities and has really improved since she's been here."

All the care plans we looked at had been audited and contained clear notes of action points identified as a result of the audit. We saw where the amendments and additions to the care plans had been made. For example, additional detail had been added to one person's care plan about their preferences and in another we saw that additional instructions had been given concerning how to look after the person's specialist nutritional needs. The care plans provided good information about people's needs and levels of independence, the choices they could make and how they wanted to be supported. We saw some people had been involved with their care plans, and where people had been identified as not being able to provide input, their next of kin had been involved, so the wishes of people were being included in the care plans.

The service had an activities programme and people said they enjoyed the activities and could choose to join in if they wanted to. The programme was varied and included regular musical entertainments as well as group activities. We spoke with the activities coordinators who explained they spoke with people and their relatives to identify their interests, so they could arrange activities to include these. People said they could choose to join in the activities if they wanted to, and these were offered to them. A Christian service took place on the first day of inspection and we saw people enjoyed joining in with this. People's religious and cultural needs had been recorded and the deputy manager explained people's religious and cultural needs were identified prior to admission so action could be taken to identify any religious or cultural input the person required, for example, contacting an appropriate religious representative and identifying any related dietary needs. We saw people freely accessing the garden, which was well maintained and provided a pleasant and peaceful place for people to sit out in.

We saw a copy of the complaints procedure was on display in the service. People and their relatives told us they would feel confident to raise any concerns they might have. One relative said, "I know how to complain; the procedure is in the entrance hall. When I have raised issues I do get listened to. [The manager] is very approachable." We viewed the complaints file and the complaints had been recorded and an index completed to identify the progress of each complaint. Complaints had been investigated and responded to and a record was being maintained in the file, to evidence the action that had been taken. The registered manager said she took complaints seriously and worked to address them promptly.

Requires Improvement

# Is the service well-led?

## Our findings

We received positive comments about the registered manager from people and relatives, including that she was approachable and supportive. One relative said, "The new manager is very approachable and we have meetings where we are able to raise issues. It would be good to have minutes of the action points because it's sometimes hard to remember what's been said." The registered manager said minutes were available and she would ensure these were distributed.

Staff said they felt supported by the registered manager and that she listened to them and was responsive. Meetings for staff and for relatives had taken place since October 2014 and we saw in the minutes that a variety of topics were covered, including keeping attendees up to date with any changes taking place. At the relatives meeting comments they had made on behalf of their family members regarding food had been taken on board and changes made to the menu to reflect this. Infection control issues had also been openly discussed so relatives were kept up to date.

The service was a centre for the Age UK Dementia Friends and an information session meeting had been held there in December 2014, which was open to anyone to attend. The registered manager said it had been informative and they were intending to host more sessions to help spread dementia awareness in the local community. The manager said she used recognised good practice to inform care, for example using guidance published by the National Institute of Clinical Excellence. An example of this was using good practice guidance to inform protocols for enteral feeding, where people need to be fed via a tube as they are unable to swallow. By using recognised good practice guidance the registered manager was providing staff with up to date information to work with to improve their skills and knowledge.

There was an auditing system in place to monitor the service. A representative for the provider visited the service each month to audit records and various aspects of the service provision, and speak with people, staff and relatives to obtain their views, to monitor the quality of the service. During the audit in October 2014 shortfalls had been identified in staff recruitment records. Our findings at this inspection showed action had been taken to address this. During the audit in December 2014 the provider's representative had been unable to audit the training records due to lack of information. At the time of our inspection we saw the registered manager was auditing the training records for every member of staff and a training programme had been put in place. In house audits were carried out by the registered manager on various aspects of the service, including care records, pressure sores and accidents and incidents. For example, the registered manager carried out a monthly audit of accidents and incidents to look for any patterns or trends, so action could be taken to address these. An example of this was reviewing staffing levels at certain times of day when falls occurred. However, these audits had not been fully effective because they had not highlighted the issues we found during our inspection and which are covered in other areas of this report.

Satisfaction surveys had been carried out in October 2014 and the results had been analysed and displayed for people to view. Areas where improvements were required had been addressed in an action plan which was displayed alongside the survey results, so people could read the action being taken. Notifications were being sent to CQC for any notifiable events, so we were being kept informed of the information we required.

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<br>Treatment of disease, disorder or injury | Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse<br>**The registered person did not have suitable arrangements in place to safeguard people against the risk of abuse. Regulation 11(1)(a)** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services<br>**The registered person did not always ensure people were treated with consideration and respect. Regulation 17(2)(a)** |