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Elgin Rest Home

Inspection report

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19 February 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was completed on 15 February 2016, 18 February 2016 and 19 February 2016 and was unannounced.

Elgin Rest Home provides accommodation and support for up to 17 people who may need assistance with personal care and may have care needs associated with living with dementia, physical disability and sensory impairment. There were 16 people living at the service at the time of our inspection. The home does not provide nursing care.

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.

Although people told us they felt safe, we found that the systems and processes in place to help keep people who lived at the home safe required improvement. People were not always protected from the risks associated with the unsafe use and management of medicines. Safe procedures had not always been followed when recruiting staff and thorough checks had not been completed for staff prior to them commencing employment. Though staff told us that they felt supported by the registered manager, staff had not received regular formal supervision or appraisal.

The service did not adequately involve people in the development of the service. Quality assurance systems were not always effective and failed to demonstrate how the service was identifying areas for improvement and taking the appropriate actions.

People's needs were not always met because there were times when staff were not deployed effectively to meet their needs.

Although the registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), some staff were unable to demonstrate an understanding of the MCA and DoLS and how they would support people so not to place them at risk of being deprived of their liberty.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

Staff treated people with kindness and compassion and people's privacy and dignity was respected. People told us they were happy with the care provided to them. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

Care plans were regularly reviewed and provided staff with sufficient information about how to meet people's individual needs and preferences. People's healthcare needs were monitored and advice and guidance was sought from healthcare professionals when needed.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. People were able to choose alternative meal options if they did not like the choices offered on the daily menus.

There was a range of activities for people to participate in.

The provider had a complaints policy in place. People told us they felt able to raise any complaints and were confident they would be listened to.

You can see what actions 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?

The service was not consistently safe.

Medicines were not always managed safely. Medication was not stored appropriately and staff did not follow safe practice when administering medication. There were no mechanisms in place to easily access the electronic medication system to check the timings and records of when people received their medications.

Recruitment processes were not consistently robust. Staff were not always effectively deployed which ensured the needs of people were met.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff did not have a structured opportunity to discuss their practice and development to ensure that they continued to deliver care effectively to people.

Not all staff had received training on the Mental Capacity Act 2005.

People were supported to access healthcare professionals when needed.

People were supported to have sufficient to eat and drink.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff communicated effectively with people and treated people with kindness and compassion.

Staff knew people well and had a good understanding of people's care and support needs.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People's care plans contained all relevant information needed and provided staff with enough information to meet people's needs.

People were offered a range of activities.

There were systems in place to deal with people's concerns or complaints.

Is the service well-led?

Some aspects of the service were not well-led.

Quality assurance systems were in place to monitor the service although some areas were not fully effective.

The service promoted an open and caring culture centred on people's individual needs.

Requires Improvement ●

Elgin Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 February 2016, 18 February 2016 and 19 February 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed all the information we held about the service including the local authority's monitoring report, safeguarding information and statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection we spoke with eight people who used the service, one relative, one visitor, one independent advocate and a healthcare professional. We also spoke with three members of care staff, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing people who could not talk to us.

We looked at a range of records including three people's care plans and records, four staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

Although people told us they felt safe saying, "I feel safe," and, "It's alright I like it here, they [staff] look after you ok and treat you well", we identified some concerns regarding medicines management and keeping people safe.

Staff did not always follow safe practice when administering medication. During our inspection we observed occasions when staff left the medicines trolley unlocked or keys were left on the trolley; there were no other staff present when the medication trolley was left unsupervised. The medicines trolley was kept in the dining room and was not secured to a wall when not in use. We raised these issues with the registered manager who, following our inspection, confirmed elasticated key rings had been purchased for staff to attach the medication trolley keys to their person during medication rounds.

During an observation of one medication round the member of staff responsible for administering medication was interrupted on a number of occasions about issues not related to medicine administration. This presented a risk of medication errors which could affect people's health and wellbeing. Senior staff were responsible for the administration of medicines and were required to complete medication training, which consisted of three modules. Records showed that only three out of six staff had completed the 'Safe Administration of Medicines' module, although the provider told us after the inspection that this module was no longer mandatory for completion. There were no records which showed that competency assessments for staff who administered medication were regularly undertaken by management. This placed people at further risk of harm if staff did not have the skills and knowledge to administer people's medicines as required. The management team were unable to demonstrate in any other way how they ensured staff administering medication were competent to do so.

Medication rounds were not always undertaken in a timely manner. For example, on the first day of our inspection the morning medication round did not finish until 12:11, and the lunchtime round commenced at 13:22. On another day the morning medication round finished at 12:06, and the lunchtime medication round commenced at 15:19 when the staff member responsible for administering medication remembered they had not undertaken this task. This placed people at risk of receiving their medications too close together which could have side effects and affect their health.

The provider had implemented a new electronic medication system, Proactive Care System (PCS), in December 2015. The system used barcode technology which recorded and tracked ordering, dispensing, receipt and administration of medicines. Feedback from staff about the new medication administration system was variable, comments included, "Best thing the company has invested in, saves time, helps staff and ensures no one misses their medication," and, "The new system is good for auditing but personally I think it takes a long time."

We checked the medical administration records (MAR) for three people. The MAR did not record the actual time medication was administered. This also added to the risk as staff may not be aware of how close together in time the medication was being given. The registered manager was not able to readily provide

this information in a timely manner as their electronic recording system did not hold this information and a specific request would be needed. This raised concerns for those people who required regular pain relief as staff were unable to assure us that this was being given as prescribed and not at risk of overdosing by being given outside of recommended timeframes. For example in one person's care plan it stated 'senior care staff to administer [name of person] medications at the EXACT times stated on their MAR.'

There were no records available for medication audits or review of potential medication errors from September 2015. Daily reports were available but not used to inspect people's available medicines which would indicate if any errors had occurred so that corrective action could be taken in a timely manner if required. The registered manager told us the audits had been undertaken by a former member of staff and they did not know where the documentation had been filed. The registered manager told us he was in the process of undertaking an audit. We noted that the provider's medication policies had not been updated following implementation of the new computerised system and therefore did not reflect how they would monitor the new system.

The registered manager told us one person received all their medications crushed. Records showed that the person's GP had confirmed with the exception of one medicine that the medication could be crushed. We found that all of the person's medication was being crushed. Receiving medication which was not safe to be crushed could impair the effectiveness of the medication and its function, placing the person at risk of not receiving their prescribed medication as required.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed recruitment records for three care staff. There were no references in the staff files. A disclosure and barring check (DBS) had also not been undertaken for one member of staff. Risk assessments had either not been completed or had only been partially completed for staff that were working without these checks, placing people at risk of potential harm. A previous contract monitoring report undertaken by the local authority in March 2015 had also identified that complete documentation was not available to demonstrate that all employment checks had been carried out prior to employment. The provider had not taken appropriate corrective action to address these issues in all that time. This demonstrated that the provider did not have robust systems in place which ensured safe recruitment and confirmed applicants were suitable for the posts they had applied for.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection our observations confirmed that there was at times a problem with the deployment of staff not always being suitable to meet people's needs. For example, there were several occasions when there was no staff presence in either of the two lounges. We observed people with mobility needs sitting in the lounges without access to a call bell. We also witnessed people calling out for help and on several occasions they were not responded to by staff due to staff not being in the vicinity of the lounge areas. We also saw one person who had been left in their wheelchair in the lounge facing towards the wall, obstructing the view of another person who was watching a television programme. Feedback from people about staffing levels included, "Sometimes I have to wait a bit for support but not too long," and, "I have to wait to go to the toilet happens quite a lot in the day time." A visitor said, "I think they need more staff, if people need to go out there's not always enough staff to cover the needs of people. I don't see much staff presence in the lounges." Feedback from staff regarding staffing levels included, "Not always enough staff; the other day it was just me and the senior until 2pm. There are usually two staff on the floor; medications take a long time

which the seniors do so they can't always help. Weekends are usually easier we work as a team, it's a lot easier than weekdays," and, "Doesn't always feel there's enough staff. Weekends can be better as there are no interruptions."

The registered manager used a dependency tool to calculate the level of people's needs, but this was not used to calculate staffing levels. This meant that staffing levels were not based on meeting people's fluctuating needs. The registered manager told us they had used the same staffing levels which were used prior to them taking over the service but had created two new posts, a domestic cleaner and cook; these new posts meant additional care hours were available for the provision of care. He told us, "Generally staffing levels are OK but if there were any concerns we would discuss this at the team meeting. If people's needs change we are flexible. We would do something if staff were struggling, we can't have people waiting around." Following our visit the registered manager carried out an exercise to review staffing levels based on people's dependency levels which confirmed there were sufficient staffing levels. However improvements were needed to how staff were deployed to ensure that people received timely support that met their needs.

In general people lived in a safe environment and mostly appropriate monitoring and maintenance of the premises and equipment was on-going. However, the registered manager told us that weekly fire alarm testing was undertaken by him and the deputy manager and records showed that from 15 September 2015 to 14 February 2016, a period of 22 weeks, and only 14 checks had been undertaken.

An independent fire risk assessment had been carried out in January 2016 which contained recommended actions for the provider to take. One of the recommendations was to improve the safety of the service by having key staff trained as fire marshals; this training was in addition to the mandatory fire training undertaken by staff. The registered manager told us that this training had been arranged. No fire drills had taken place at the service and the registered manager told us a fire drill would be undertaken following the fire marshal training.

In the event of an emergency staff had access to a list of contact numbers which included the provider's on call management team; however it was noted the contact list did not include the telephone numbers, including emergency out of hours numbers, for social services or the local authority. Eleven people had individual personal emergency evacuation plans (PEEPs) in place, there were no PEEPs in place for five people using the service.

The provider had a business continuity plan. The registered manager told us arrangements had been verbally agreed with a local care home for the service to use its premises in an emergency situation such as fire or flooding pending assistance from relevant services such as the local authority's housing department. The service had a maintenance person who worked 20 hours a week carrying out repairs as and when needed. Maintenance records confirmed that regular servicing and maintenance was undertaken of equipment such as hoists, the call bell system, lift and emergency lighting. Legionella checks had also been carried out.

Staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protecting them from harm. Staff we spoke were able to identify the different types of abuse. One member of staff said, "I did [safeguarding] training on line, I had to answer lots of questions." Another said, "If serious I would need to discuss with the manager." Staff we spoke with told us they would speak with the registered manager or follow the home's policy if they suspected people were being abused or at risk of abuse. The service had a whistleblowing policy and people knew they could speak with other organisations such as the Care Quality Commission. One member of staff told us the whistleblowing policy had recently

been updated and they had received an email to inform them of this

Risks to people were appropriately managed. Care plans contained risk assessments which were regularly reviewed. Care plans included a variety of assessed risks to people such as falls, medication and safe transfer. Where risks had been identified staff had, where possible, managed these without restricting people's choice and independence.

Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. Alerts were sent via the provider's care recording system to the registered manager. This ensured incidents and any subsequent actions were followed up. We saw that action had been taken to review people's risk assessments for example when they had fallen. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence for example referrals made to the falls team or to request a medication review.

All areas of the home were clean and free from odours. Protective clothing such as gloves and aprons were available. The deputy manager told us she checked on a daily basis to ensure mattresses had been cleaned and disinfected.

Is the service effective?

Our findings

Improvements were needed in how staff received regular structured support and training in a timely way to ensure that their skills were up to date to meet people's needs effectively. Records showed that staff had not received regular supervision or appraisal. At an inspection carried out by the local authority in March 2015 it had also been identified that staff had not received regular supervision. Not all staff we spoke to were able to tell us when they had last received supervision. Records provided to us by the registered manager showed that two members of staff had not received regular formal supervision since July 2014. The provider's policy stated that staff should be supervised, as a baseline, every eight to 12 weeks. This meant that although staff told us they felt supported and the lack of supervision had not impacted on the provision of effective care, staff did not always have a structured opportunity to discuss their practice and development to ensure that they continued to deliver care effectively to people. We discussed this with the registered manager who told us he had taken back responsibility for staff supervision and was in the process of setting up regular supervision meetings for all staff from January 2016.

Staff told us they felt they had received sufficient training in order for them to acquire the skills and knowledge to fulfil their role. Staff had received training which included safeguarding, health and safety, infection control, dementia, manual handling fire safety and first aid.

Staff told us they received an induction when newly employed at the service. This included an 'orientation' induction of the premises and health and safety awareness such as location of fire exits and evacuation procedure. One staff member told us, "I had to do two shadow shifts to see how the home is run. I was paired up with a buddy." Another said, "I shadowed a senior carer for about six or seven shifts. Everything was explained to me." The registered manager told us that they had decided to introduce the national care certificate as part of the induction for all new staff and that this would also be rolled out for other staff to complete. The registered manager told us staff would be expected to complete the care certificate within 12 weeks.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People who used the service had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with had been recorded. However improvements were needed to ensure staff's understanding of their role. Not all the care staff we spoke with were able to demonstrate an understanding of MCA and DoLS and training records showed that out of 15 care staff only four had received mental capacity training. The registered manager had made appropriate Deprivation of Liberty applications to the local authority for their consideration and authorisation.

We observed staff asking for people's consent before offering them support. Improvements were needed to how the provider formally recorded people's consent to care. The provider confirmed that he was aware of this requirement and was working on implementing forms to show more clearly how people consent to their care.

We observed people being supported to have enough food and drink throughout the day; but some improvements were needed to ensure that for those people who required enhanced support to drink enough, that their records were up to date. Staff told us that they inputted people's fluid intake on the electronic care recording system, however sometimes this was not done until the end of their 12 hour shift. One staff member said, "I sometimes have to complete notes for all 16 residents as some staff go [home] and don't do it. I mentally record people's fluid intake, it can get complicated." Throughout the inspection we did not observe any staff recording people's fluid intake. This meant there was potential risk of people becoming dehydrated as fluid chart records may not be accurate. We discussed this with the registered manager who told us he would immediately arrange for staff to be provided with tablets which linked with the provider's electronic care recording system to enable information to be uploaded straightaway onto the system.

People told us that the meals were nice and alternatives were available. Comments included, "I'm very particular about my food, they do their best to get in what I like;" "Very good food;" and, "The food is OK you get plenty to eat and drink. You can get something else if you don't like what's on the menu." An independent advocate told us, "Food is always fresh and individually tailored and I often see the staff assisting and encouraging people to eat." Our observations showed that the dining experience for people was positive and pleasant. People received their meal in a timely manner and the meals provided were sufficient in quantity and looked appetising. The atmosphere was relaxed and people were chatting with staff and with each other. Some people required support to eat their meals and this was provided sensitively by staff.

People told us that their healthcare needs were well managed. Records showed that people's healthcare needs were recorded; this included outcomes of healthcare appointments. The service's care recording system enabled staff to email alerts to communicate important information to colleagues such as changes to people's medication and health appointments. During the inspection we saw staff take immediate action to seek medical advice for a person who was complaining of feeling unwell. Comments from people included, "If I get a headache I can ask for paracetamol, if you're not well they sort it out, they are very capable;" and, "One of the carers takes me to hospital every eight weeks, if you need to go somewhere the carers will take you they are very kind." A healthcare professional told us, "Whenever I come here everyone is willing to help and there's always someone [staff] to talk to about patients and staff always have information on medicines, weights and heights for people. Referrals are always made in a timely manner."

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the home. People told us that the staff were kind and said they were well cared for. Comments included, "I came here for a week's respite and never left. Everyone's nice. The girls [staff] change now and then but they're lovely and kind."

Throughout the inspection there were positive interactions between staff and people. One person told us, "Staff are very kind, they're great, we don't need for anything." Staff spoke to people in a friendly and attentive manner and were sensitive to people's individual needs, giving reassurance where needed. The atmosphere within the home was calm and pleasant; people looked relaxed and at ease and staff engaged in appropriate light hearted conversations with people. Staff we spoke with were knowledgeable about the individual needs of people and appeared to know them well and were able to tell us about people's like and dislikes. One person said, "If you want a cup of tea in the middle of the night they will always go and make you one."

People told us that staff respected their privacy and assisted with their personal care needs in a way which respected their dignity. One care plan we reviewed stated for the person's food to be cut into small pieces in the kitchen before being provided to the person in the dining room. This helped the person to eat their meals independently and prevent them from feeling embarrassed in front of others, enabling them to maintain their dignity and self-worth. Throughout our inspection we observed staff respecting people's privacy and dignity for example knocking on doors before entering people's rooms, addressing people by their preferred name and supporting people with their personal care needs discreetly and sensitively.

People told us that they were able to make choices about how they spent their time. This included where to spend their time, what to eat and drink and when they went to bed and got up. Staff promoted independence and encouraged people to do as much as possible for themselves. One person told us, "I can do some things for myself but the girls will help me with some things which I cannot do."

People were supported to maintain contact with family and friends. People and visitors told us there were no restrictions on visiting times. Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they needed assistance. Information about advocacy services was displayed on a notice board in the main foyer of the home. An independent advocate told us, "I have assisted many residents on a range of issues and I haven't received any complaints about the service the staff deliver at Elgin. The atmosphere is very much like a large family home and I like the way they celebrate birthdays and special occasions."

People were treated as individuals and their diverse needs were well catered for by the service. People's religious needs were recognised and recorded in their care plans. The registered manager told us monthly services were held in the home for those people who wished to attend.

Is the service responsive?

Our findings

The service had appropriate pre-admission documentation in place which assessed the needs of people prior to admission. This ensured that the service was able to meet the person's needs. However there was no evidence of pre-admission assessments in the care plans we reviewed. The registered manager told us this was because two people were already in the service when they took over. The other person entered the service for respite and the service had relied on the social worker's assessment of needs.

The service used a computer based care recording system. Care plans were person centred and contained information specific to the individual as well as information about their hobbies, likes and dislikes. However, some care plans were more detailed than others. The care plans we reviewed had limited or no information on people's life histories, important events or people who were important in their lives. Staff we spoke with were unable to tell us any information regarding people's life histories. We did however, not note any negative impact on people because of this lack of information as staff knew people well and always responsive to people's needs.

Staff told us there was sufficient information in people's care plans to enable them to meet people's needs. If an individual's needs changed these were discussed at daily handover meetings and recorded on the person's daily notes. For important information staff were able to send emails via the care recording system to other members of the team. This ensured staff were informed of any changes to people's care needs. People's care needs were reviewed regularly. The care plans we reviewed provided information to staff on how to respond to people if they became anxious or distressed and staff were able to provide us with examples of how they would support people in these situations.

We observed a handover between night staff handing over to day staff. The handover was detailed and provided a good update on each person living in the service to ensure that there was continuity of care for people and that any change in their needs were clear at all times to ensure their wellbeing.

The provider had a complaints policy in place for receiving and dealing with complaints. Staff told us they would notify the registered manager or the deputy manager if anyone approached them with a concern or complaint. People living at the home told us they would talk to the registered manager if they needed to make a complaint. One person said, "I feel I can approach anyone [staff] if I had any concerns and I would be listened to. They wouldn't know if you didn't tell them. [Name of registered manager] is here quite a lot, he has his finger on the button." A relative said, "I don't know how to complain I would flag one of the staff." Records confirmed that complaints had been dealt with quickly and appropriately in line with the provider's policy.

The service had a weekly activities programme which included activities such as musical bingo, singers, book club, board games, film club and chair exercises. The registered manager told us the activity programme was reviewed every six months. Feedback from people about the activities provided included, "An entertainer comes in every two weeks," and, "We had a singer this morning they are very good here." If people did not want to join in with group activities their wishes were respected. One person told us, "I like to

sit in my room and listen to the radio. That's what I would have done at home. Staff do come up and talk to me and check I'm ok."

Is the service well-led?

Our findings

The service was newly registered on 1 July 2014. There was a registered manager in post who was supported by a newly appointed deputy manager.

During the inspection the registered manager was not always able to easily access information. We also found some records misfiled, for example, information relating to members of staff had been filed in the wrong staff folder. People's personal records were kept on a shelf in an unlocked office which meant that there was a potential risk of people's personal and sensitive information not being managed appropriately and kept confidential. We raised this with the registered manager on the first day of our inspection. Following the inspection the registered manager informed us that these files were now stored in a locked cabinet. Further problems were also identified with updating and keeping of records, including staff files, fire alarm checks, people's personal evacuation plans (PEEPs), the recording of people's fluid intake and some people's care plans not being detailed and person centred enough.

The registered manager did not have a robust quality monitoring system in place that assured the health, welfare and safety of people as the systems had not identified the areas of concern we had identified during our inspection. For example, effective checks were not in place to monitor and make sure that the staff employed at the service had been safely recruited and had received relevant training and supervision. We also found a number of concerns relating to the safe management of medicines not identified through robust auditing and addressed accordingly.

It was apparent from our inspection that the absence of robust quality monitoring was a contributory factor to the failure of the provider to recognise breaches or any potential risk of breaches with regulatory requirements sooner.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the registered manager and told us he was approachable. The provider used questionnaires, which were scheduled across the year, to seek the views on the quality of the service provided from people who used the service, their relatives and friends. No formal resident or relative meetings had taken place since the provider had taken over the service in July 2014.

Staff told us they felt supported by both the deputy manager and the registered manager and that they were approachable and visible within the service. Staff told us, and records confirmed that regular staff meetings were held. This provided staff with the opportunity to discuss how the service was run. A staff survey had also been undertaken in September 2015. Some of the areas staff were asked about included whether they felt valued, whether the home had a positive and inclusive atmosphere, staff felt they were treated fairly, whether their training needs were met and whether working patterns were sensible and reasonable. The majority of responses from staff were positive for each area.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>The provider did not have effective systems in place for the proper and safe management of medicines.</p> <p>12(1), 12(2)(c), 12(2)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems that were effective to assess, monitor and improve the quality and safety of services.</p> <p>17(1), 17(2)(a), 17(2)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>There was a failure to ensure that all required recruitment information was in place for staff employed.</p> <p>19(1)(a), 19(1)(b), 19(2)</p>

