

Cuerden Developments Ltd

Cuerden Developments Limited - Cuerden Grange Nursing

Inspection report

414 Station Road,
Bamber Bridge
Preston
PR5 6JN
Tel: 01772 628700
Website: www.cuerden.com

Date of inspection visit: 09 and 10 December 2014
Date of publication: 20/01/2015

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



Overall summary

We carried out an inspection of Cuerden Developments Ltd – Cuerden Grange Nursing Home on 9 and 10 December 2014. The first day was unannounced. We last inspected the home on 8 and 9 September 2014 and found a number of breaches in legal requirements. As a

result, we issued three warning notices and six compliance actions. The provider agreed to sign a voluntary undertaking to cease new admissions into the home, so they could focus on improving the service. On this inspection we found the necessary improvements

Summary of findings

had been made to meet the notices and actions. However, we found the care home provider required to improve the process of staff recruitment and the maintenance of records. We also recommended the provider considers the relevant good practice guidance on managing medicines and improves the dining arrangements.

Cuerden Grange Nursing Home provides nursing care for up to 48 people. At the time of the inspection 27 people were accommodated in the home plus an additional person in hospital. The home is purpose built and accommodation is provided over two floors in single occupancy rooms. A passenger lift provides access between the floors.

The service does not have a registered manager. This meant no one was in day to day charge who had the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations. The provider was aware that it is essential a person is recruited into this position and they were actively involved in interviewing candidates at the time of the inspection. We later received confirmation the post had been offered and the new manager was due to start work in the home on 19 January 2015, subject to the relevant checks.

People and their relatives told us there had been recent improvements in the service. One relative told us, "Things are so much better and every one of the staff have worked so hard to improve things." A person living in the home commented, "The carers are wonderful. They always go that extra mile."

An activity organiser was employed in the home and people were offered a range of activities in order to occupy their time in a meaningful way.

People told us they felt safe and were well cared for in the home. We saw there were systems to make sure people were protected from the risk of harm. Staff knew about safeguarding procedures and we saw concerns reported had been dealt with appropriately, which helped to keep people safe.

As Cuerden Grange Nursing Home is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate mental capacity assessments had been carried out and 17 applications had been made to the local authority for a DoLS. Staff had completed training and had a working knowledge of the MCA 2005.

People spoken with told us staff were very nice and easy to talk to. They and their relatives also told us they felt involved in their care and support. We saw that staff were respectful and made sure people's privacy and dignity were maintained.

We found improvements had been made to the way medicines were handled in the home.

People had individual personal plans that were centred on their needs and preferences and had good level of information, which explained how to meet each person's needs. However, we found some inconsistencies in records associated with people's care.

People were provided with a varied diet of food and all people spoken with told us they enjoyed the meals provided. However, people's dining experience lacked a sense of occasion on the ground floor.

There were enough skilled and experienced staff and there was a programme of training, supervision to support staff to meet people's needs. However, we found some checks had not been carried out before new staff started in the home.

People said they felt comfortable to raise any concerns with staff and the provider learned from people's feedback and used this as an opportunity for improvement. We found there were systems in place to assess and monitor the quality of the service which included regular audits and the distribution of customer satisfaction questionnaires.

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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Whilst people told us they felt safe and secure in the home, we found a robust recruitment procedure for new staff had not been followed and there were gaps in the recruitment records. We also found that although risk assessments had been drawn up to identify the risks of moving people, there were some discrepancies in the documentation around the risks and management of pressure ulcers.

Staff spoken with had a clear understanding of safeguarding vulnerable adults from abuse.

We found action had been taken to improve medicines handling at the home.

All people and relatives spoken with told us there were a sufficient number of staff on duty. We observed staff were attentive to people's needs and they had time to sit and talk to people.

Requires Improvement



Is the service effective?

The service was not consistently effective. Whilst staff had received appropriate training and were supported by the management team, none of the staff had received an appraisal of their work performance.

Appropriate documentation was in place in respect of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard (DoLS). This included policies and procedures and detailed guidance in people's care plans. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being place on them.

Although people enjoyed the food provided, we observed the mealtime arrangements required improvement.

People had access to healthcare services and received appropriate healthcare support.

Requires Improvement



Is the service caring?

The service was caring. People told us they were happy living in the home and staff were kind and considerate. We saw that staff showed patience, gave encouragement and had respectful and positive attitudes. Relatives spoken with expressed satisfaction with the care and support provided.

The staff we spoke with had a good understanding of people's needs and preferences and we saw that they encouraged people to be as independent as possible. People were involved in planning their own care and some people had read and signed their care plan.

Good



Summary of findings

Is the service responsive?

The service was responsive. Since our last inspection, a new care planning format had been introduced. We found the plans contained information for staff on what was important to people and how they could best be supported. All staff spoken with told us the care planning systems had been improved and they had time to read people's plans on a regular basis. People spoken with confirmed staff were responded to any changing needs.

People were supported to maintain relationships with friends and relatives. Relatives spoken with confirmed they could visit whenever they wished and staff made them welcome in the home.

People benefitted from the activities provided. We observed people participating in a range of activities during the day.

Good



Is the service well-led?

The service was not well led. There has been no registered manager since April 2013 and we found inconsistencies in some records.

We noted improvements had been made to the systems used to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Requires Improvement



Cuerden Developments Limited - Cuerden Grange Nursing

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 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 9 and 10 December 2014 and was unannounced. The inspection was carried out by two inspectors and a pharmacy inspector on the first day and one inspector on the second day.

Before the inspection we reviewed the information we held about the service, including notifications. We also spoke to representatives of the local authority safeguarding and contract monitoring teams and as well as a representative from the Midlands and Lancashire NHS Commissioning Support Unit who provided us with feedback about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with ten people who used the service and five relatives. We spoke with a director of Cuerden Developments Ltd, two nurses, six members of the care team and the cook. We also discussed our findings with the provider.

We looked at a sample of records including four people's care plans and other associated documentation, 12 people's medication records, three recruitment files and staff records, policies and procedures and audits.

Throughout the inspection we spent time on both floors observing the interaction between people living in the home and staff. Some people could not verbally communicate their view to us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people using the service who could not talk to us.

Is the service safe?

Our findings

We looked at three new staff members' files to assess how the provider managed staff recruitment. Whilst appropriate documentation and checks were in place for one member of staff, we found two staff had not completed an application form or provided a history of past employment. This is important so appropriate background checks can be carried out. We further noted there was no documentary evidence of the outcome of the Disclosure and Barring Service (DBS) check for these members of staff and no arrangements were in place for their supervision whilst working on a DBS first check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We further noted the recruitment and selection procedure did not reflect the current regulations. The shortfalls we found with the recruitment of new staff breached Regulation 21 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. On our last inspection, we found the provider had not taken appropriate steps to ensure sufficient staff were deployed in the home. However, on this inspection all people spoken with told us there were enough staff to meet their needs. This view was also reflected in discussions we had with relatives, staff and a director of the company. Although the director acknowledged more staff would be needed when new admissions were accepted into the home. We saw staff had time to spend with people. We found call bells were answered promptly and we saw people's needs were being met. One person told us, "The carers can't do enough for you. They are all good and always available if I need them."

All people spoken with told us they felt safe and secure in the home. One person said, "I feel happy here and the carers are 100%." Similarly all relatives spoken with expressed satisfaction with the service and told us they had

no concerns about the safety of their family member. We observed from the good natured humour between people living in the home and the staff that there was a warm and friendly atmosphere.

Staff spoken with understood their role in safeguarding people from abuse. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The training records showed staff had received safeguarding training and the staff we spoke with confirmed this.

At our last inspection, we found the provider had not notified us of a safeguarding incident in the home in line with current regulations. However, since this time we have received timely notifications which demonstrated appropriate referrals had been made to the local authority under established safeguarding adults' protocols. This had allowed the local authority to coordinate safeguarding investigations to ensure people remained safe and protected from harm.

We looked at how the provider managed risk. During our last inspection we found there were no risk assessments or risk management strategies to guide staff on moving people safely. However, on this inspection we noted risk assessments had been carried out and detailed risk management strategies had been drawn up. One person told us they were "Much more comfortable" when being helped to move and added, "Things are so much improved." Staff were using an electric hoist to assist people to move and confirmed this was in full working order.

Whilst risk assessments had been carried out to assess the risk of pressure ulcers, we noted there were discrepancies between one person's risk management strategies, care plan and the daily care intervention records. We also noted staff had not been specific about the type of pressure relief given. This meant it was difficult to determine the person's level of care.

Following an accident, a form was completed and an action plan was produced by the director. We saw completed accident forms and action plans during the inspection and noted appropriate action had been taken in

Is the service safe?

response to any risks of reoccurrence. However, we noted one incident had been recorded in a person's file, but had not been transferred to an accident form. The director immediately commenced an investigation and gave us an update on the second day.

A business continuity plan had been devised. This set out a plan for the continuation of the service in the event it was affected by adverse physical conditions, for example power failure or storm damage.

Since our last inspection, various improvements had been made to the premises including the installation of a new kitchen area on the first floor. This enabled staff to make drinks and wash cutlery and crockery as necessary. New chairs had also been purchased for visitors' use in lounge areas as well as a ramp for the back door. This enabled people using wheelchairs to access the garden area at the rear of the property. We noted work was on-going to redecorate the walls and woodwork throughout the home. We found all areas of the home to have a good standard of cleanliness and there were no offensive odours.

At our last inspection we found people were not protected from the risks associated with the unsafe use of medicines. We issued a warning notice with a compliance date of 7 November 2014. On this inspection we found the necessary improvements had been made to meet the notice.

Some of the changes were quite new and were being monitored by the deputy manager to ensure that they were embedded into practice. The director of the company had requested an external audit of medicines handling by their community pharmacist and was reviewing the home's medicines policy in accordance with current good practice guidance.

We looked at 12 people's medication records and saw that medicines were safely administered by qualified nurses.

The medicines administration records were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started. Written individual information was in place about the use of 'when required' medicines and about any help people may need with taking their medicines, to help ensure medicines were safely administered. However, we found that one person's care plan had not been updated to reflect changes in their 'when required' medicines and both an old and updated enteral feeding (tube feeding) plan was kept in a second person's room.

People's best interests were protected through the home's arrangements for assessing and reviewing the use of the covert (hidden) administration of medication. However, we saw a delay in seeking advice where one person, who had been assessed as lacking capacity to make decisions regarding medication, was not taking their medicines as prescribed. This was addressed during the visit.

New procedures had been put in place for recording the use of creams and the administration of prescribed supplements (sip feeds). Clear records were made evidencing the use of nutritional supplements. However, the new procedures for recording creams were less well embedded. On occasion cream records were missing, making it impossible to tell whether creams were being used correctly.

We found that medicines, including controlled drugs, were stored safely. Adequate stocks were maintained to allow continuity of treatment.

We recommend that the service considers the NICE (National Institute for Health and Care Excellence) on managing medicines in care homes and assesses how these are considered in policy and applied in practice.

Is the service effective?

Our findings

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. All staff had undergone an induction programme when they started work in the home and had completed regular mandatory training. Two new members of staff told us their induction training was thorough and helped them feel confident to support people living in the home. We were sent a copy of a member of staff's induction record following the inspection, which confirmed what we were told.

From the training records seen we noted staff received regular training in areas such as assisting people to move, food hygiene, safeguarding, health and safety and diet and nutrition. All staff were due to commence additional training in 2015 which included mental health, diabetes and caring for people with a dementia. The training was delivered in a mixture of different ways including face to face and work booklets. The booklets were sent to an external company for accreditation. We noted there were systems in place to ensure staff completed their training in a timely manner.

At our last inspection we found some staff had not received supervision. On this inspection all staff spoken with confirmed they had received supervision with their line manager. This provided staff with the opportunity to discuss their responsibilities and the care of people in the home. We saw records of supervision that staff had received during the inspection and noted a variety of topics had been discussed. However, we found none of the staff had received an annual appraisal during 2014. Appraisals are important to enable the provider to review staffs' work performance and set objectives for the following 12 months.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The staff spoken with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act and the training records we saw confirmed this. We also noted the MCA 2005 and DoLS had been discussed during staff meetings.

We noted mental capacity assessments had been carried out for all people living in the home and a record had been made of any restrictive practices, for instance the use of bedrails. The MCA 2005 includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so. The director informed us 17 DoLS applications had been submitted to the local authority. We found all appropriate documentation was in place, including guidance for staff in people's care plans to ensure least restrictive practices were followed.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "The food is very nice and there is always plenty of it" and another person commented, "The food is always good. I couldn't make better myself".

We observed the arrangements over lunch time on both floors. We noted staff were attentive and responsive to people's needs and people were given sensitive assistance to eat their food. However, we noted staff used a different size of spoon to assist a person to eat to that recommended in their care plan. This is important so the person does not receive too much food at once. The director told us they would investigate this matter and ensure staff used the correct size of spoon. We also noted that on the first day of our visit, some people living on the ground floor were given their lunch on tables which had not been cleared of records and magazines. This situation detracted from the sense of occasion and people may have found it difficult to recognise it was time to eat. On the second day of our visit we noted the tables had been set with table clothes, however, these were left on for the whole day. The environment plays an important part in the eating and drinking experience, as it can affect how much a person enjoys eating and the amount they eat.

We saw the advice from a speech and language therapist about what foods were appropriate for people when they needed a soft diet. We also noted staff had maintained food and fluid charts when people had been assessed as

Is the service effective?

having a nutritional risk. However, the information on the charts had not been totalled, so it was unclear how people's food and fluid intake was being monitored and evaluated.

We looked at how people were supported with their health. Staff told us people were registered with GPs who visited in response to people's health needs. People's healthcare needs were assessed during the care planning process and we noted information had been added to each person's plan to explain any medical conditions. This meant staff

had guidance on how to recognise any early warning signs of deterioration in health. We noted records had been made of healthcare visits, including GPs, chiropodists, dietitians and occupational therapists. People confirmed the staff contacted their doctor when they were unwell and we noted GPs visited the home during our visit.

We recommend the registered persons consider advice and guidance from a reputable source in order to improve the mealtime arrangements for people living in the home.

Is the service caring?

Our findings

Our observations of the staff told us they were kind and compassionate towards the people who used the service. All people spoken with expressed satisfaction with the care provided. One person told us, “The carers are wonderful, I can’t find fault in any of them” and another person commented, “The staff are excellent, they always listen to me and do their best to help.” Similarly relatives were happy with the care their family members were receiving, one relative said, “The care is fabulous. My [family member’s] care is absolutely spot on.”

On our last inspection, we found one relative was concerned about an aspect of their family member’s care. On this inspection the relative told us there had been a significant improvement in the service. They said, “The home has changed dramatically, staff morale is now 100% and there is time for chatting”. The relative confirmed the staff were now attending to their family member’s care and they had confidence their needs were being attended to. During our previous visit, we were also concerned about a person who was continuously nursed in bed. The person had limited access to stimulating activities and had not been given the opportunity to get out of bed for several months. On this inspection, we found the person was being assisted to get out of bed on a daily basis and all staff spoken with had a good knowledge of the person’s needs and preferences. The nurse and the staff on duty all reported the person was much happier and more contented. One member of staff said, “[Person’s name] is much better. We have all noticed a big difference and it is lovely to see”. We observed the person sitting in the lounge during our visit and noted staff were attentive to their needs.

People said the routines were flexible and they could make choices about how they spent their time. One person told us, “I decide what I would like to do each day.” We saw people being offered choices and staff often asked people if they were okay and if they wanted or needed anything.

The director, nurses and staff were thoughtful about people’s feelings and welfare and the staff we observed and spoke with knew people well, including their

preferences and personal histories. They understood the way people communicated and this helped them to meet people’s individual needs. For instance, we saw that all staff on duty communicated with the people effectively and used different ways of enhancing communication by touch, ensuring they were at eye level with people who were seated, and waiting for a response from people who could not communicate verbally. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were supported to express their views and were given the opportunity to attend monthly residents and relatives’ meetings. We noted from discussion and looking at records that wherever possible people and their relatives were involved in the care planning process. One person told us, their care plan had been thoroughly discussed and they had signed every page. The person confirmed they were happy with the contents of their plan and said it accurately reflected their needs and preferences. Relatives spoken with told us their family members’ care plan was very detailed and comprehensive.

People were provided with information about the service in the form of a service users’ guide. The director of the company explained the guide was due to be updated to reflect the current arrangements in the home. We observed a copy of the guide was placed in all bedrooms. This meant people had ready access to this documentation.

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People living in the home confirmed they were treated with dignity and respect and were able to have privacy when they needed it. One person told us they liked to sit in their room in the evening. People were encouraged to maintain their independence skills and were supported to carry out tasks for themselves wherever possible. Further to this the director explained some adapted cutlery had recently been purchased to enable people to continue to eat independently.

Is the service responsive?

Our findings

At our last inspection we found the planning and delivery of care did not protect people from receiving inappropriate or unsafe care. We issued a warning notice with a compliance date of 21 November 2014. On this inspection we found the necessary improvements had been made to meet the notice.

People told us they were happy with the care and support they received from staff. One person said, “The staff are very caring” and another person commented, “The carers are lovely and they always come quickly if I need any help.”

We looked at four people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. Since our last inspection, a new care plan format had been implemented. The new format was person centred and encompassed all aspects of people’s needs and preferences. Person-centred care is based on the goals of the individual being supported, as opposed to the goals defined by others involved in their care. Staff spoken with welcomed the introduction of the new care plans, one staff member told us, “I think the new plans are brilliant. They are so easy to read and understand.” Staff also confirmed they had time to regularly read people’s care plans.

We found the care plans were well presented and included information about people’s past life experiences and personal preferences. The plans were split into sections according to people’s needs and included information about what was important to the person and how they could best be supported. We saw evidence to indicate the care plans had been updated on a monthly basis.

The provider had systems in place to ensure they could respond to people’s changing needs. For example staff told us there was a handover meeting at the start and end of each shift. They discussed people’s well-being and any concerns they had. A handover record was also made, to ensure staff were aware of pertinent information. We looked at the handover records during the inspection.

There had been no admissions to the home since the last inspection. This meant we were not able to assess pre admission assessments. However, we noted there was an appropriate documentation in place in readiness for any admissions in the future.

Staff spoken with understood their role in providing people with responsive care and support, in line with any changing needs. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Some people spoken with were familiar with their keyworker and told us they had the opportunity to sit and talk to their keyworker.

People were supported to maintain their relationships with their friends and family. There were no restrictions on visiting and people could meet visitors in the privacy of their own rooms. Relatives spoken with told us they were fully involved in their family member’s care and were welcomed into the home on each visit. One relative also told us the director had encouraged them and other relatives to decorate a small part of the lounge in accordance with their family member’s tastes and the director had purchased items of their choice.

People had access to various activities and they told us there were things to do to occupy your time. The activities organiser was employed 30 hours a week and had spoken to people using the service, relatives and staff about people’s preferred activities. She had also read people’s care files to identify people’s past and current interests and hobbies. Following this the activities organiser had developed a range of activities on both an individual and group basis to meet people’s preferences. We observed activities taking place on the days of our visit and noted records had been maintained of previous activities. A relative spoken with told us they particularly enjoyed participating in the quizzes and a person living in the home told us they very much enjoyed the ball games. The range and type of activities were discussed at resident and relatives’ meetings to ensure people were happy with the current arrangements.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the director if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the director would deal with any given situation in an appropriate manner. Relatives spoken with told us they had not had reason to complain, but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately.

Is the service responsive?

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was incorporated in the service user's guide and included the relevant

timescales. The director had kept a central log of complaints, which detailed the investigation and outcome. This meant any trends or patterns could be readily identified in order to minimise the risk of a reoccurrence.

Is the service well-led?

Our findings

The home was managed by a director of the company with the assistance of the deputy manager, who was a nurse. There has been no registered manager at the service since April 2013. It is essential the service has a manager who is registered with the Care Quality Commission, as they hold the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations along with the provider. We are aware the provider was actively recruiting to this position at the time of the inspection. We later received confirmation that the post had been offered and a new manager was due to start on 19 January 2015, subject to the relevant checks.

We looked at how the provider managed record keeping and found there were some inconsistencies with the maintenance of records associated with people's care. For instance, we noted there were no clear records about how staff were managing one person's care to prevent pressure ulcers. The person's risk assessment indicated a high risk and stated they should be helped to turn every two hours. However, their care plan stated every four hours and according to the care intervention records the staff were assisting the person to turn every three hours. We also found staff had failed to record a person's unexplained bruise in the accident record. This meant the incident had not been brought to the attention of senior management so it could be investigated. In addition, we noted staff were not recording a total on people's fluid intake charts to indicate the amount of fluids they had taken in over a 24 hour period. This measurement is important to evaluate the person's fluid balance and to provide information about their condition. We also found some cream charts were not available, which meant it was not possible to determine if medicated creams were being used properly. The problems we found with record keeping breached Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our last inspection we found there was a lack of effective systems to assess and monitor the quality of the service. We issued a warning notice with a compliance date of 21 November 2014. On this inspection we found the necessary improvements had been made to meet the notice.

During this inspection, we noted the director and the staff team had carried out a number of audits to monitor the quality of the service. These included checks of the

medication systems, care plans, environment, pressure ulcers, falls, staff supervision and training. We noted action plans had been devised and monitored to address any shortfalls. We also found repairs to the environment identified on the audit had been transferred to the maintenance book for action. We looked at the safety certificates and servicing documents for the equipment used in the home and noted these were up to date. However, we found there had not been a fire drill for some time. The director contacted the local Fire and Rescue Department and arranged a visit, in order to discuss the arrangements for fire drills and the fire risk assessment. According to the records seen a weekly test had been carried out of the fire systems.

Staff members spoken with said communication with the management team was good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. The director operated an "open door" policy, which meant arrangements were in place to promote on-going communication, discussion and openness. The director also had specific times when she was available for people, staff or relatives to discuss any aspect of the operation of the home.

Staff received supervision with their line manager and told us any feedback on their work performance was constructive and useful. Staff were designated to work on a particular floor so they knew who they were caring for during the day. This approach meant staff were aware of what was expected of them and they were clear on their responsibilities for the day.

We found feedback was actively sought from people living in the home and their relatives. Since our last inspection, monthly meetings had been held with people and their relatives. We looked at the minutes during the inspection and a variety of topics had been discussed. An action plan had been developed following any suggestion for improvement and this was reviewed at the next meeting. We attended a residents and relatives' meeting during the inspection and noted people were offered the opportunity to express their views on the service. A short satisfaction questionnaire was distributed at the end of the meeting. We looked at completed questionnaires from previous meetings and noted the director had addressed issues raised. On the second day of our visit one person suggested

Is the service well-led?

it would be useful to have a communication board for people living in the home. This suggestion was acted upon immediately and the director ordered white boards for both floors.

The director had devised an action plan in response to our last inspection and for other organisations involved in the home. She described her key challenges as the recruitment of a new manager, consistency of record keeping and consolidation of the care planning systems.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered person had not operated an effective recruitment procedure to ensure all information specified in Schedule 3 of the Regulations was available in respect of all staff employed in the home. (Regulation 21 (a) (b)).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person had not ensured people were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of accurate records. (Regulation 20 (1) (a) (b)).