Superior Care (Midlands) Limited

Newbury Manor

Inspection report

Newbury Lane
Oldbury
West Midlands
B69 1HE.
Tel: 0121 532 1632.
Website: www.newburymanorhome.co.uk

Date of inspection visit: 24 November 2014.
Date of publication: 27/01/2015

Ratings

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

Overall summary

Our inspection took place on 24 November 2014 and was unannounced so no-one knew we would be inspecting that day.

The home is registered to provide accommodation and nursing care to a maximum of 47 people. On the day of our inspection 37 people lived there.

A manager was registered with us as is required by law. 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.

During our previous inspections that we carried over the last 18 months we found that the provider was not meeting all of the regulations that they should. This placed people at risk of ill health and/or of them not receiving appropriate care that met their needs. Our previous inspection on 23 June 2014 found that regulations related to medicine management, care and

Summary of findings

welfare issues and the quality monitoring of the service were not met. Following that inspection we had a formal meeting with the provider who gave us full assurance that improvements would be made. During this, our most recent inspection, we found that although some improvements had been made, improvement regarding medicine management was not sufficient. We identified a breach in the law concerning medicine management. You can see the action we told the provider to take at the back of the full version of the report.

We found that there was a lack of recording to give assurance that learning from accidents and incidents had been taken into consideration. We found that action was not always taken to avoid repeated falls and decrease the risk of injury to the people who lived there.

People told us that they felt safe living there. We saw that there were systems in place to protect people from the risk of abuse.

People told us that they were happy with the meals on offer. We saw that people were supported to have a nourishing diet and drinks were offered throughout the day so that they were less at risk of dehydration.

The registered manager gave us assurance that staffing levels would be reviewed to fully ensure that people would be safe and that their needs were met in the way that they wanted them to be.

People and their relatives described the staff as being kind and caring and our observations showed that they were.

We saw that interactions between staff and the people who lived at the home were positive in that staff were kind, polite and helpful to people.

We found that that people received care in line with their best interests. Deprivation of Liberty Safeguarding (DoLS) is a legal framework that may need to be applied to people in care settings who lack capacity and may need to be deprived of their liberty in their own best interests to protect them from harm and/or injury. Staff gave us a basic account of what DoLS meant and had acted correctly in applying to the local authority about one person regarding their DoLS issue.

Staff told us that they were provided with the training that they required. This would ensure that they had the skills and knowledge to provide safe and appropriate care to people. Staff also told us that were adequately supported in their job roles.

People told us that staff met their recreational needs by supporting and enabling individual and group activities.

We found that a complaints system was available for people to use. This meant that people and their relatives could state their concerns and dissatisfaction and issues would be looked into.

We found that although further improvements were needed the leadership in the home had been strengthened. People told us that they felt that the service was run in their best interests.

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

The service was not consistently safe.

Medicines were not always managed to a safe standard which could place people at risk of ill health.

There was a lack of assurance to confirm that the provider took preventative action following falls to decrease the risk of repeated incidents.

Recruitment systems prevented the employment of unsuitable staff.

Systems were in place to minimise the risk of people being abused.

Is the service effective?

Good

The service was effective.

Systems regarding Deprivation of Liberty Safeguarding (DoLS) were effective and gave assurance that people's needs regarding this could be managed appropriately.

People told us that they were happy regarding the meals and meal choices.

Staff were trained and supported appropriately to enable them to carry out their job roles.

Is the service caring?

Good

The service was caring.

People and their relatives described the staff as being kind and caring and we saw that they were.

People's dignity and privacy were promoted and maintained.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

Is the service responsive?

Good

The service was responsive.

The provider was responsive to some of the issues following our previous inspection.

The provider had taken into account what local authority staff said to them and agreed to staff receiving training and support.

People had the option to participate in recreational activities that they enjoyed.

Equipment was provided to promote mobility and independence.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

A manager was registered with us as is required by law. The registered manager knew they were legally accountable on a day to day basis to provide a service that met people's needs and kept them safe.

Staff told us that they felt supported. Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Audit systems were not as robust as they needed to be. We identified repeated shortfalls in medicine management systems.

Lessons had not been fully learnt regarding the management of falls. The required action was not always taken when people fell to prevent reoccurrence.

Requires Improvement

Newbury Manor

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 24 November 2014 and was unannounced.

The inspection team included one inspector, a pharmacist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience in caring for older people.

Before our inspection we reviewed the information we held about the home. We looked at notifications that the provider had sent to us. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We attended a meeting with the local authority contracting and safeguarding teams and key staff from Sandwell NHS Clinical Commissioning Group (CCG) (both of these agencies fund placements and monitor the care, safety and overall service provided) who gave us up-to-date information regarding the home. The provider completed a 'Provider Information Return' (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make.

On the day of our inspection we spoke with 18 people who lived at the home, five relatives, eight staff (which included nursing, care, catering and reception staff) the new manager and the current registered manager. Some people's needs meant that they were unable to verbally tell us their experiences of living at the home. We spent the majority of our inspection time in communal areas observing daily routines and the interactions between staff and the people who lived there. This helped us understand the experiences of people who were not able to speak with us. We looked at the care files for three people, medicine records for 14 people and recruitment records for two staff. We also sampled six questionnaires that the provider had asked relatives to complete to give their view about the service provided.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection of June 2014 we found that medicine management systems were not safe. For example, we found that the medication records were not being maintained to confirm that people had been given their medicine as it had been prescribed by their doctor. We also found that medicines were not being stored safely at the correct temperatures. We found that although the management of medicines had significantly improved since our last inspection further improvements were needed regarding for example, record keeping practices.

We observed some poor administration practices taking place during the lunchtime medicines administration round. We saw that administration records were referred to prior to the preparation and administration of the medicines but the administration records were being signed before the medicines had been given.

We found people were not always supported to administer their own medicines. Two people told us that they would like to administer their own medicines but they had not been given the opportunity to do so. The registered manager told us that they did not know why the people had not been assessed to see if they were safe to administer their own medicines. After our inspection we asked the acting manager for clarity about this situation. They told us that at the time of our inspection no assessments had been completed to determine if the two people wanted to or were safe to administer their own medicines. One person did administer their medicines. However, we found that there was a lack of monitoring to ensure that they were taking their medicines as they had been prescribed and to prevent them being at risk of ill health.

We looked at the records for people who were having medicinal skin patches applied to their bodies. Instructions state that the patches must be applied to a different area of the body each time. The records we looked at did not always confirm that the patches had been applied to different skin areas. This showed that the provider had not taken the appropriate steps to ensure that staff applied the patches correctly to prevent adverse skin reactions or irritation.

We looked at the disposal records for medicines that were no longer required by the service. The records showed that these unwanted medicines were being disposed of safely.

We found that the information available to the staff for the administration of when required medicines were robust enough to ensure that the medicines were given in a timely and consistent way by the nurses. One person said, “They do give me my medicines at the right time”.

Medicines were being stored securely, and at the correct temperatures. Medicines requiring cool storage were being stored at the correct temperature and so would be effective.

We saw records to confirm that some risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. We saw that there was a range of equipment available so that people could be moved from one position to another safely. Staff told us that they had been trained to use the equipment and felt competent to do so. We observed staff during the day using hoisting equipment, we saw that they did this safely. However, although accident and near miss records were made we did not determine any learning from these. Monthly analysis of accidents did not capture the action that should be taken to prevent further incidents. We determined from records and speaking with staff that one person had fallen from their bed twice. We did not see that any action had been taken to prevent this happening again. The registered manager did not know why staff had not acted following this incident and agreed that action should have been taken to prevent future falls and potential injury.

All of the people we spoke with told us that they felt safe at the home. One person said, “The staff are good. They put me in the hoist so I do not fall. There are staff around in case I need them”. Another person said, “I do feel safe here. Better than when I was at home”. A relative told us, “I have no concerns. I know they are safe and well”.

People who lived at the home and their relatives told us that the people who lived there were protected from harm and abuse. One person said, “I feel safe here. No one has ever done or said anything that I do not like.” A relative told us, “I have never seen anything bad. The staff all seem nice. In fact they are very patient with people.” No people we spoke with told us that they felt intimidated, threatened or were ill-treated. All staff we spoke with told us that they had

Requires Improvement

Is the service safe?

received training and regular updates in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. Staff told us that they felt confident that they could raise concerns about people with the registered manager and nursing staff and they would be acted upon. We had received some formal notifications from the registered manager about concerns they previously had. They had also told the local authority safeguarding team about their concerns. This showed that the registered manager followed formal processes to ensure that any concerns could be dealt with to protect the people who lived there from abuse.

The people who lived there had mixed views about staffing levels. Most people told us that in their view there were enough staff. However, three people told us that there were not enough staff at certain times for example, during early to mid-morning. One person said, "I think there are enough staff". Another person said, "We do have to wait particularly in the morning, we could do with an extra one". Another person told us, "Overall there are enough staff but there is always room for more especially when they are busy". Staff also had mixed views about staffing levels however, the majority told us that there were enough staff. We saw that a high number of people required a hoist to move them safely. Two staff were required to move each person when the hoist was used so during those times, during early morning and straight after breakfast, staff availability was limited. Our observations later in the morning and afternoon showed that staff were less rushed. We saw that they had more time to interact and chat to people. The provider had a tool that they used to calculate staffing levels. The registered manager told us that they would review staffing levels again and if needed they would adjust them accordingly. We found that effective systems were in place to cover staff leave. One staff member said, "I am here on my day off. They asked me last week to cover today for someone who is on holiday. It works well".

We found that safe recruitment systems were in place. We checked two staff (one nurse and one care staff) recruitment records and saw that adequate pre-employment checks were carried out. This included a check to ensure that the nurse was registered with the Nursing and Midwifery Council (NMC) which confirmed that they were eligible and safe to practice. All staff we asked confirmed that checks were carried out before new staff were allowed to start work. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there.

Good

Is the service effective?

Our findings

People and their relatives all told us that in their view the service provided was effective. One person said, “It is good here. I like it. They do a good job”. A relative said, “They are looked after well here. I have a comparison because they were in another home before. This one is much better in every way. I would recommend it to anyone”. All staff we spoke with told us in their view they provided a good service to people. One staff member said, “We care for people well here”. We looked at compliments that the provider had received. The compliments thanked staff for the care provided and highlighted relatives satisfaction with the overall service provided.

Adequate training would ensure that staff had the knowledge to look after people appropriately and safely. People we spoke with told us that they thought that staff had adequate training. One person said, “They give me the right care”. Another person said, “They seem to know what they are doing”. All staff we spoke with confirmed that they had received training in a range of areas and that they felt competent to carry out their role. All staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. We saw from records that supervision, appraisal and induction processes were in place which confirmed what staff had told us. One staff member said, “I started here less than a year ago. I had induction to inform me about policies and procedures. Staff introduced me to the people here and I worked alongside experienced staff before I was allowed to work alone. It was a good process and it worked for me”.

People and relatives confirmed what staff had told us regarding the assurance of non-restrictive practices. One person said, “They encourage me to go out to the shops and bank on my own and I do. That’s the good thing here we have freedom. Better than the last place I was in”. The registered manager had followed guidance and had made referrals where they felt there were Deprivation of Liberty Safeguarding (DoLS) issues. The local authority had approved a DoLS application for one person. The registered manager was fully aware that the approval was time specific and the date by which the next review was needed. The majority of staff we spoke with and asked about DoLS did have a basic understanding of what this meant and their responsibilities to ensure that for example, the way that they cared for people and people’s daily routines were as non-restrictive as possible. Following our inspection the registered manager sent us an updated training matrix. This highlighted that not all staff had received DoLS and Mental Capacity Act (MCA) training. The registered manager since our inspection has confirmed by email to us that the local authority has offered this training. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

The people and relatives we spoke with told us that they or their family member were given the opportunity to consent to or refuse care. We saw that an assessment had been undertaken for most people to determine their mental capacity. Where it was determined that a person lacked capacity staff involved family members or healthcare care professionals to ensure that decisions that needed to be made were in the persons best interest. One relative told us, “They do involve us in decisions about their care which is good. They have dementia and cannot always understand or decide”. During the day we saw that staff gave people the opportunity to consent to their care. We saw that staff gave an explanation to people before they used the hoist or gave them their medication. We saw that one person nodded their agreement to be hoisted and all people took their medication willingly. One person said, “The staff ask us first they don’t just make us do things we might not want to”.

People and relatives told us that when there was a need the staff had made referrals to external healthcare professionals for assessment and to prevent a condition worsening. This included the GP, dietician and speech and language therapist. Records that we looked at confirmed that people had access to dental and optician services. One person said, “I saw the optician not long ago.” A relative said, “They always get the doctor if they are not well”.

Mealtime experiences met people’s needs and preferences. We saw that the dining room was a pleasant room for people to eat their meals. Tables were attractively laid and condiments were available on the tables. We saw that breakfast time was flexible to meet people’s preferred rising times. One person said, “I like to eat my meals in my bedroom and that is what I do”.

All people we spoke with were very happy with the choice and standard of meals provided. One person said, "The food is very good. I had scrambled egg on toast for my

Good

Is the service effective?

breakfast. I love that". Another person said, "We have choices and the food is lovely". At lunch time we saw that one person did not want the meals on the menu. Staff offered them a range of options. However, they were adamant that they wanted a jam sandwich. We saw that staff gave them their sandwich. The person was smiling and looked happy eating their sandwich. We observed the lunch meal time and our Expert by Experience sampled a meal. The meals were served in an attractive way and were appetising. One person said, "The quality of food is very good".

People told us that staff had a good knowledge regarding people's nutritional, hydration and special dietary needs. One person told us, "For my breakfast they know I have to and like to have very runny Weetabix because of my poor swallowing. We saw that their Weetabix was served as they had described it should be. Later we saw the person speaking with catering staff. They told us that they spoke with the catering staff every morning and told them what meals they required that day. They said, "They provide me what I want and need to prevent me choking". We spoke with the catering staff. They had a good knowledge of what should be provided regarding special dietary needs for example, diabetic diets. They gave us a good account of how they added butter, cream and cheese to some foods to prevent weight loss. We saw that staff supported people to eat and drink. They sat next to them and gave them the time they needed to eat and drink at their own pace. During the day we saw that hot and cold drinks were offered regularly and staff encouraged people to drink to prevent them suffering ill health from a lack of hydration. We saw that snacks were offered between meals which included homemade cakes with fresh fruit toppings, yogurts and biscuits. One person said, "I really enjoy a yogurt. It is a healthy snack".

Good

Is the service caring?

Our findings

People and their relatives all told us that in their view staff were caring. They described the staff as being, "Kind", "Caring" and "Lovely". One person said, "They are all so kind". A relative told us, "The staff are very patient and caring. They are kind to me as well". We observed staff interactions with the people who lived there were caring and kind. We saw that staff took time to greet people and ask them individually how they were. We saw that people responded to this by smiling and engaging with staff. We saw that where people were anxious staff gently touched their arm to give comfort and reassurance.

We spoke with a visitor who told us that their relative loved their pet dog. The visitor was so pleased that the provider had given permission for them to bring the dog to the home to see their relative. They said, "They love the dog. It will mean so much to them". This showed that the provider promoted compassion in care.

People we spoke with told us that they felt that staff knew them and their needs well. One person said, "The staff know what I like and don't like and look after me well". A relative said, "The staff take an interest in people. They ask them what they like and what they prefer and that makes a positive difference to their lives. They are very good". Records that we looked at had information about people's lives, family, likes and dislikes. This provided staff with the information they needed about people's preferences and histories to give them some understanding of their needs. All staff we spoke with were able to give a good account of people's individual needs and preferences. This showed that staff knew the importance of providing personalised care to people to ensure that they were cared for appropriately and in the way they wanted to be.

People told us and staff confirmed that they encouraged people to select what they wanted to wear each day and supported them to express their individuality. For example, staff knew that one person liked to wear clothes that matched. The person said, "I like to dress like this" and pointed to the clothing they were wearing that day. All staff we spoke with gave us a good account of people's individual needs regarding their appearance.

We found that people's privacy, dignity and independence was promoted. All staff we spoke with were able to give us a good account of how they promoted dignity, privacy and independence in every day practice. One staff member said, "We always make sure that we cover people up when providing personal care". We observed that staff ensured that toilet doors were closed when they were in use. We also saw that staff knocked on people's bedroom doors, and where possible waited for the person to respond, before attending to their care. One person said, "They never come into my room without knocking the door and asking me first". Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. We saw that people responded to this by looking at the staff member, smiling and talking to them. One staff member told us, "We always encourage people to do as much as they can for themselves". A person said, "In the morning the staff only do what I cannot. I prefer to do as much as I can myself". This showed that staff promoted peoples dignity and privacy and promoted their independence.

Good

Is the service responsive?

Our findings

Records we looked at and staff we spoke with confirmed that before a person was offered a place at the home a full assessment of needs was completed. This was confirmed by people and relatives we spoke with. One person said, "They asked me lots of questions about me". A relative said, "They asked us questions about their illness and the care that they needed". The assessment information was then used to form a care plan. These processes and records enabled the registered manager to decide if they could meet the person's needs and informed staff how to care for the person appropriately and safely. One person said, "They do talk to me about my care and I am happy". A relative said, "My [person's name] would not fully understand what their needs were. The staff talk to me about it. The care is good".

All people and relatives we spoke with told us that staff consulted with them about their care, preferred routines and changes to their condition. This showed that the provider was responsive to people's preferences, wishes and changing needs. One person said, "I told the staff that I want my family to choose and put out for me the clothes I wear each day. From then on my family always chose my clothes". Relatives told us that the staff had been responsive to information given to them to ensure that people's needs were met in the way they preferred. One relative said, "Care has been altered and adjusted since they have been here to meet their changing dementia needs".

We found that the provider had listened to what we said to them during our previous inspection about for example, staffing issues and medication safety. Although we found that some further improvements or reassessments were needed overall risks to the health of the people who lived there had decreased.

People told us that recreation at the home was satisfactory. One relative said, "There seems to be a fair bit going on for people to be involved in and enjoy". We saw that a staff member was employed to concentrate on people's recreational needs. We found that staff had good links with the local community and a range of external providers went to the home regularly. During our inspection staff from a nearby leisure centre provided a group exercise session. After the event one person who lived there said, "I did not really want to join in. The staff did not tell me I had to, but encouraged me to. I am so glad they did. We had so much fun". The person was laughing and smiling when they told us about this experience. Entertainers also went to the home regularly to perform. One relative said, "They are usually quite reserved. When I came here the other night I could not believe my eyes. They were up singing using the microphone. They really enjoyed it". We saw that one person was engaged in one to one painting session. They told us that they liked painting. The new manager told us that they were aware that there was room for improvement regarding recreation. They told us that they had started to introduce new ideas for people who had varying degrees of dementia. They told us and showed us the 'rummage baskets' that had been purchased. The aim of the rummage baskets was people to rummage through the various items to promote discussion, fun and their wellbeing.

None of the people or relatives we spoke with had made a complaint. However, people and the relatives we spoke with told us that they would not hesitate to speak of any dissatisfaction or complaints they may have. One person said, "I am happy. If I was not I would go to the manager". One relative said, "Oh don't worry if we were not happy we would go straight to the top". We found that relatives knew how to access the complaints procedure as some complaints had been made. We saw that records were made of the complaint, a letter to the complainant and the outcome of any investigation. This gave the people who lived there assurance that their complaints would be investigated and managed appropriately.

The provider had taken into consideration people's individual mobility needs. We saw that equipment was available to prevent mobility restrictions. A passenger lift was available that enabled people to move between floors and hoisting equipment was available that enabled people to be safely moved from one place to another. One person said, "If they did not use that (the hoist) I would not be able to move out of bed or my bedroom. I would fall. It is good they have that".

A church was situated near to the home and representatives from that and other local churches visited frequently. Two people told us that they went to church regularly. One person said, "I enjoy going to the church services. I also like going to the church for coffee morning to meet other church people". Staff told us that where people wanted this they secured religious input from the

Good

Is the service responsive?

person's preferred religious denomination. This showed that staff knew it was important to people that they were supported and enabled to continue their preferred religious observance if they wanted to.

The provider had welcomed local authority 'quality team' staff to work with the staff at the home. The quality team had/ were going to provide some training for staff in different areas. This showed that the provider had been responsive to local authority suggestions for improvement to better the lives of the people who lived there.

Requires Improvement

Is the service well-led?

Our findings

The provider had a clear leadership structure which staff understood. People and relatives we spoke with told us they were happy with the way the home was run. People we spoke with knew the manager by name and felt that they could approach her if they wanted or needed to. One person said, "The manager is approachable". A relative said, "The manager is usually around when we come and visit. When she is not the nurses are in charge. So we know who we can go to if we need to".

The provider had taken action to ensure that managerial support was provided to lead the service. A manager was in post and was registered with us as is the legal requirement. However, during our previous inspection the registered manager told us that they lacked clinical knowledge as they did not have a nursing qualification. They had taken action to address this by appointing a nurse qualified manager. This person confirmed that they will apply to us to be registered. Once that has been confirmed the current registered manager will stay active in the home but relinquish their role as registered manager. This decision had a positive impact on the home. People we spoke with all knew the new managers name. They told us that the new manager was visible as they were frequently 'out on the floor' engaging with them and observing. During our inspection we saw the manager interacting with people. One person said, "Look at her. She is helping give the meals out. That is really good. We have not seen a manager do that before". One staff member said, "The new manager is very good. We can ask her things as she is nurse qualified and she can give us advice".

We found that support systems were in place for staff. Staff told us that management were very supportive. One staff member said, "We do have support. There is always someone we can go to if we need help and advice. All staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone.

During our previous inspection in June 2014 we identified that further improvement was needed to promote people's safety and wellbeing concerning medicine management. We had a meeting with the provider who gave us assurance that systems would be implemented to ensure that people were safe. During this, our most recent inspection, we found that medicine systems still were unable to give assurance that people would not be at risk from ill health. We also found that records concerning falls prevention were not detailed enough to give assurance that lessons had been learnt and action had been taken to prevent reoccurrence. We found that staff had not taken action when it was known that one person had fallen over their bedrails. This highlighted that improvement and leadership still needed to be strengthened in some areas to promote the safety and wellbeing of the people who lived there.

The new manager was aware of positive research outcomes and had purchased two dolls for 'doll' or 'cuddle' therapy to promote calmness and comfort. Some experts have found that this kind of therapy, 'May bring back happy memories of parenthood and make seniors feel useful and needed'. We observed two people cuddling the dolls. They both looked happy and content. One person said, "I love the doll. I Like holding it". For one person the staff had noted, which was confirmed by our pharmacist when they looked at medicines, that they had needed much less calming medicine since the doll therapy had been introduced. This showed that introducing the therapy had a positive impact on people's wellbeing.

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "I did whistle blow a while ago. I was treated as I should have been. The manager took notice and the issue was dealt with". We found that the provider had taken action where staff did not work to the standard that they should. Time and support was given to engender improvement. Where improvement was not made the provider had at times made the decision that the staff member could no longer work there.

We found that systems were in place that enabled people and relatives to make their views known about the running of the home. We saw meeting minutes and people confirmed that regular meetings were planned for people and their relatives to raise issues and give their views on the service provided. During a meeting a group of people had said that they would like to go out for a Christmas pub lunch. The new manager told us that plans were being made for that to happen.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.