Abbey Ravenscroft Park Limited

Abbey Ravenscroft Park Nursing Home

Inspection report

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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 8 April 2015 and was unannounced which meant that nobody at the home knew about the visit in advance.

Abbey Ravenscroft Park Nursing Home is registered to provide accommodation and nursing care for up to 67 older people. The home had a registered manager in place. 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.

We found that there were some shortfalls in the storage, and recording of administration of medicines within the home and records of monitoring and assessment of people's needs.

Summary of findings

Staff said that they received good support from the home's management, but they were not receiving regular supervision and appraisal sessions in line with the provider's own policies.

Staff were available to meet people's health and care needs. People spoke highly of the care and treatment that they or their relatives received, and we observed that people's privacy and dignity was protected effectively. Their consent was sought before care or treatment was provided, and they were consulted about the way the service was run.

Staff understood people's likes and dislikes regarding their care and treatment needs. People using the service, relatives and staff said the registered manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and their relatives felt confident to express any concerns, so these could be addressed.

The home was maintained to a high standard of cleanliness and was in a good state of repair. Some improvements to the home environment were underway including installation of a second lift and provision of an activities room in the garden.

We received mixed comments about the food within the home, but this was being addressed by the management.

At this inspection there were three breaches of regulations relating to medicines, staff supervision and care records. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. People's medicines were not always managed properly and safely.

People had individual risk assessments to identify risks and manage them. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

Recruitment procedures were in place to determine the fitness of staff to work in the home, and there were sufficient staff on duty to meet people's needs.

Is the service effective?

Requires improvement

The service was not always effective. Staff did not receive sufficient supervision and appraisal to support them in their role, but they did receive appropriate training to provide them with the skills and knowledge to care for people effectively.

People received effective support to meet their health care and nutritional needs. People were referred to the GP and other health care professionals as required.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported, and protected people's privacy and dignity. People's communication needs and equality and diversity needs were met.

People and their representatives were supported to make informed decisions about their care and support.

Is the service responsive?

Requires improvement

The service was not always responsive. Care plans were in place outlining people's care and treatment needs, however there were some gaps in assessment and monitoring records of people's needs.

People could take part in organised activities within the home, and there were plans to improve the choice of activities available.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People using the service and their relatives were encouraged to give feedback on the service and there was a complaints system in place.

Summary of findings

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service people received.

The registered manager promoted an open and transparent culture in which people were encouraged to provide feedback.

Abbey Ravenscroft Park Nursing 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.

The last inspection of the home took place in July 2013 looking at care and welfare and supporting staff, and the home was found to be compliant with these regulations.

This inspection took place on 8 April 2015 and was unannounced. The inspection was carried out by an inspector, a specialist professional advisor who was a nurse with knowledge of older people's needs, 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.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were 52 people living at the home on the day of our visit. During the visit, we spoke with nine people who lived at the home and three relatives visiting the home. We also spoke with three nurses, six care staff (including a member of the night staff), an activities coordinator, the registered manager and the director. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We also looked at a sample of eleven care records of people who lived at the home, seven staff records, twelve people's medicines records, and other records related to the management of the service.

Following the inspection we spoke with six relatives of people living at the home and two health and social care professionals by telephone.

Requires improvement

Is the service safe?

Our findings

People told us that they felt the home was a safe place in which to live, they told us "It's safe as houses," "Its very secure," "The home is immaculate. Dirty cups are taken away," and "It always smells nice." However our findings indicated that there were some unaddressed areas of risk.

Medicines in the clinical rooms were stored securely, however on the morning of our visit we found that the medicines refrigerator on the first floor (in the lounge/diner area) was unlocked although it contained prescribed medicines. There were no medicines stored in the refrigerator on the second floor, however staff said there was no key available, and it was occasionally used to store antibiotics when needed. This placed people at risk of accessing medicines without supervision. During the inspection there was no record of the second floor medicines room temperature being monitored daily in March and April 2015. This was found and provided as evidence after the inspection.

Medicines were administered by nursing staff, who had undertaken the appropriate training. We observed medicines being administered appropriately during our visit. Medicine Administration Records (MAR) included a current photograph of the person, and allergy alerts, and liquids in use were dated when opened in line with safe practice. Controlled drugs were also stored and administered appropriately. However we found that one person's MAR showed that they had not been given a prescribed medicine since 26 March 2015, and this was recorded as out of stock. Following the inspection the manger advised that this was a recording error as the medicines had been discontinued by the person's GP. We also noted that there was a duplicate entry for the administration of two medicines to a person living at the home twice from 31 March 2015 until the day of the inspection. As the medicines were administered from controlled dosage packs, it was unlikely that this person was given too much medicine, but it was of concern that MAR charts were not being appropriately checked before administration. This placed people at risk of unsafe administration of medicines. These issues were brought to the attention of the nurse in charge and the registered manager who undertook to address them immediately.

A significant number of people were prescribed as and when (PRN) medicines for anxiety or challenging behaviour. However there were no written protocols in place for when these medicines should be administered to ensure that they were not given more frequently than necessary which might lead to excessive sleepiness or other inappropriate side effects.

We found records of one medicines error in a person's care file, however it was not dated, and did not specify how the error was addressed. Following investigation by the provider organisation we were informed that this error had been reported at the time, and was resolved appropriately. However we were concerned that this incident had not been recorded in the incident file, to ensure that lessons were learned from this error.

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

People told us that medicines were given on time. One person noted "They are always on time," and a relative told us their spouse's medicines were provided "dead on time." People who required pain relief told us that this was provided without delay.

Staff members told us that they had received safeguarding training recently and we saw certificates to confirm this. Staff were able to describe the signs and symptoms of abuse. They were aware of the procedure for reporting concerns and whistleblowing.

During our visit we observed one person exhibiting behaviour that challenged the service, and staff members addressing this calmly and without confrontation. Relatives and health professionals did not have any concerns about the safety of people living at the home. People and their relatives told us that they could talk to staff or the registered manager if they were worried about anything. However we were concerned to find that one person who had a history of making unsubstantiated allegations about staff members, did not have a protection plan in place to address this. We reported this to the registered manager who undertook to address this without delay.

We looked at records of two people's personal monies kept for safekeeping in the home, and found that these were recorded appropriately to protect people from financial abuse in line with the home's policy. A minor discrepancy in one record was resolved during the inspection.

Requires improvement

Is the service safe?

Risk assessments in people's care records enabled risks to be managed effectively, and these were reviewed at least monthly. For example there were risk assessments in place for managing and preventing pressure sores, falls, poor nutrition and diabetes, with care plans in place to reduce the risks. First aid kits were available in the home and staff were able to describe how they would manage particular emergencies in the home.

People living at the home, their relatives and staff members told us that there were enough staff available to ensure people were well cared for. Although some staff noted that their workloads often meant that they were unable to get involved in activities with people in the home. We looked at the staffing rotas for the previous month. These indicated that there was a nurse on each floor during the day, with five care staff on the ground floor, four care staff on the first floor and two care staff on the second floor. Another 17 rooms had been added to the home since the previous inspection, and the registered manager said that an extra staff member had been added on the ground and first floors since December 2014. At night two nurses, and six care staff covered the home. Staff said that sickness and absences were usually covered effectively, with agency staff rarely used. The registered manager advised that the home was fully staffed but they were in the process of recruiting more staff, as the home further expanded.

Safe recruitment procedures were in place to ensure that staff were suitable to work with people. We looked at four staff files of newly recruited staff members. We saw evidence of people being checked for fitness to work. There were copies of disclosure and barring checks which showed that staff did not have a criminal record, written references, identity checks, copies of employment histories and qualifications, application forms and interview notes maintained in the files.

Staff were observed to use personal protective equipment (gloves and aprons) when carrying out personal care tasks. The home was clean, tidy and odour free. People's personal equipment such as wheelchairs were clean and fit for purpose. People spoke highly of the home's cleanliness, as one person told us "If there are two bits on the table, they're put in the bin and taken away." We observed appropriate cleaning records including carpet cleaning in place for the home. Two relatives mentioned that the carpet in one of the lounges was worn and in need of replacing and we informed the registered manager of this.

Requires improvement

Is the service effective?

Our findings

People spoke positively about the support provided by staff. They gave mixed feedback about the meals served, but were very positive about the support with food, and the nursing treatment provided. People told us "It's managed well foodwise," and "I just say I'd like to see the doctor and they say 'when do you want to see her?'"

Staff told us that they felt supported and received supervision in their work with people which was helpful. However records showed that there was some variety in the frequency at which staff received supervision sessions. Most staff had received one or two recorded supervision sessions in 2014, which was below the frequency stated in the provider's policy of at least four times a year. Appraisals had only been undertaken for some nurses within the last year, however none had been provided for care staff within the last two years.

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

People were supported by staff who had the necessary training to meet their needs. Staff who had recently started to work at the home had completed induction training. Training records showed that most staff had completed all areas of mandatory training in line with the provider's policy, and those who had not had been identified and were booked to complete this training. Staff also had specific training on areas relevant to their role such as dementia, pressure sore care and managing challenging behaviour . Care staff had the opportunity to attain a qualification in care. A training matrix chart was used to identify when staff needed training updated. Staff spoke highly of the training provided. A senior health care assistant told us that the provider had sent them on a three day course on dementia, they said "It really changed how I do things - it was a really good course." One of the activities co-ordinators said that they had taken two courses in activities in dementia care, and we saw records to confirm this.

People said they were able to make choices about their care. We observed staff seeking consent before providing care to people. There were assessments available regarding their capacity to make decisions and consent to their care and treatment. Care records made it clear as to whether people had capacity to make these decisions. Staff had received training on the Mental Capacity Act 2005 (MCA). They could explain the process to be followed if they believed that people were not able to consent and make decisions about their care and treatment. We observed that appropriate people were involved in making best interests decisions on people's behalf when needed for example in deciding whether bed rails should be used, or whether they preferred to have their door left open or closed.

One person had a Deprivation of Liberty Safeguard (DoLS) in place as they were unable to go out unescorted, and another person had an application in progress. However we discussed with the registered manager the need to submit applications for a far greater number of people following the most recent Supreme Court Judgement on DoLS. We were concerned to learn from the deputy manager that earlier in the year a DoLS application had been completed for one person in the home, however this had not been submitted to the local authority, and we brought this to the attention of the registered manager who advised that they would ensure that there was no re-occurrence.

Forms were completed in some people's files to "allow a natural death," however as these were not on the legal paperwork for medical professionals not to attempt resuscitation (DNAR), there was a risk that they were not legally binding. It was also not possible to promptly identify who had a DNAR in place, as forms were kept at the back of people's files, which could cause a delay in appropriate action being taken. We notified the registered manager of these issues, and she undertook to resolve them.

We carried out observations during breakfast and lunchtime to see the care people received. Drinks and snacks were served throughout the day and residents were supported or prompted with food or drink as needed. Staff sat at an appropriate height to support people, and did so in an unhurried manner. Specialist adapted cutlery and crockery was available for people who needed this to promote their independence. Where people were on a soft diet, different items of food were pureed separately, giving them more choice about how they ate their meal.

People were offered a choice of meals to order, one day before, however where they wanted an alternative on the day, this was provided. Most people enjoyed their meals, and were positive about the food served. One person said

Requires improvement

Is the service effective?

"they know what we like, but would bring something else if we didn't like it." However six people expressed concerns about the choice of food available. They told us "There's no choice - it's always salmon on Wednesdays," "The lunch has no flavour," and "Every day we have sandwiches for supper so I asked can we have something else?" We relayed these concerns to the home's management, who undertook to review satisfaction with the food served.

People's nutritional needs were assessed and when they had particular needs or preferences regarding their diet these were recorded in their care plan. Their weight was being recorded in their care plans at least monthly and more often if there were concerns.

People were supported to access the health care they needed. They told us that they were able to see their GP when they wanted. Medical care was provided from a local GP surgery which visited weekly. Relatives said that they were kept up to date about their relative's health.

Care records showed that the service consulted relevant health professionals including community psychiatric nurses, diabetic nurses, tissue viability nurses, dentists, opticians and chiropodists about people's needs. One health professional told us "they provide a good response to people's physical wellbeing."

The layout of the home meant that there was lots of natural light in the communal areas, although the windows on the second floor were not at a height that enabled people to be able to look out when seated. The home was not easy to navigate for people with cognitive or visual impairment, with all the corridors being the same colour. Some people had personalised names and pictures on their doors to help people find them.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and respect and staff responded to their views regarding how they wished their needs to be met. They said, “The staff are really kind,” “If your children come, they’re always made welcome,” and “They are very accommodating.” Relatives told us they were made welcome, they said “I call up in advance and they get [my relative] ready to go out,” “We are very pleased with the care he gets there,” “I have nothing but praise for the place,” “They give 100% attention,” and my relative is “obviously very content.”

All people in the communal areas were appropriately dressed. Staff demonstrated a good knowledge of people and their likes and dislikes. We saw staff interact in a caring, responsive, and respectful way with people. We saw staff communicating with people effectively and used different ways of enhancing that communication by touch, ensuring they were at eye level with those residents who were seated, and altering the tone of their voice appropriately.

Staff knocked on people’s doors and wait for a response before entering, mindful of people’s privacy. Staff told us they had enough time to talk to people and recognise their needs. They demonstrated that they respected people’s dignity and promoted their independence. Staff explained what they were doing, and gave information about times of meals and entertainment in a patient and appropriate manner. One person told us “I quite enjoy it. Nice friendly people. They leave you alone to look at the telly, do what you want to do.”

We observed a staff member turning the fan down in the lounge after one person complained of the draught, checking with them whether the speed was correct. Similarly people who were supported with food and drink were treated with dignity with staff saying “ready?” and “done?” as needed. Staff showed an understanding of people's needs with regards to their disabilities, race, sexual orientation and gender. Care records showed that staff supported people to practice their religion, attend places of worship or have services within the home. They also treated people’s relatives with respect and kindness.

A relative told us that staff always welcomed them to the home with a cup of tea and biscuits. They told us “I can’t fault the place. They look after me as well. I was dead against a care home but it was the best decision I ever made.” They said that their relative had an opportunity to try out the home for a week initially, and “They made us so at home.” Relatives praised staff members’ attention to detail in people’s appearance. They told us “They really care for people in that home,” “They are approachable, listen and take you seriously,” and “Overall I am very pleased, I can’t fault the carers whatsoever.”

At the time of the inspection all rooms were single occupancy with en suite facilities. They were in good decorative order and people had personal items such as photographs and had personal soft furnishings and furniture.

People were encouraged to feedback about their experience of care in the home at residents/relatives meetings held on a regular basis. One relative told us that at these meetings they say “is there anything you want or don’t want?”

Requires improvement

Is the service responsive?

Our findings

People were positive about the responsiveness of the service, and said that any concerns they had such as repairs needed were dealt with quickly. One person said “So far so good.” Relatives told us “I’ve no complaints,” and "I can't fault it one bit.” One relative noted that an item of their family member’s clothing needed repair, and when they mentioned it, “it was stitched right away.”

Another said “[my relative] might say ‘I want to go to the toilet’ and they’re here in minutes. When her air bed was a bit dodgy, they noticed and in 24 hours it was changed.”

We found some gaps in assessments and monitoring records for people living at the home. Care records included a care and support plan and risk assessments, daily care records, monitoring charts and activity/social records. Care plans were in place to address people’s identified needs, and were reviewed monthly or more frequently when a person’s condition changed, to keep them up to date. People living at the home and their relatives confirmed that they were consulted about their care when they moved into the home and when their needs changed. This was recorded in people's care records. However we found that one person who was no longer living at the home had been admitted as an emergency without a full assessment being undertaken first, placing them at risk of not having their needs met effectively.

Food and fluid charts for people at risk of poor nutrition or dehydration were mostly well recorded but daily total amounts of food and fluids were not being completed, and charts did not indicate what the expected minimum requirements were for each person. This is important as it works as a trigger for care staff when to raise concerns to nursing staff as well as informing the review and evaluation of the effectiveness of the care plan. Without recording the total amount of food and fluid people could be left at risk of not having had enough to eat or drink.

We found many gaps in people’s daily care records completed by nurses, with no entries for most people in the last week. These records are required to record the actual care delivered during the course of a shift, and inform the review and evaluation of care provided.

Although the majority of monitoring records were maintained appropriately we found that one person who was assessed as being at high risk of developing pressure ulcers had no prevention plan recorded in their care notes. A person with unstable diabetes, whose care plan stated that their blood sugar levels should be recorded twice daily, had gaps where this was not recorded on two occasions in the last weeks. One person’s blood pressure was not recorded since February 2015 although the chart indicated that this should be monitored monthly. Two people had not had a MUST (nutritional) reviews since February 2015, despite having concerns about their nutrition and having their food and fluid intake monitored. Another person whose weight was increasing well following interventions to address weight loss, had not had their MUST assessment reviewed since October 2014.

The above information was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Personal Emergency Evacuation Plans kept in people’s care files had not been updated since 2013. More recent copies were held in the manager’s office, and we were told that an emergency box was available in reception for easy access in the event of an emergency.

We found some variation in the quality of care plans for people across the home, with more person centred content recorded for people living on the ground floor.

We found good evidence of relevant health care professionals being involved in people’s care in response to fluctuations in physical care and recent diagnostic tests. Monitoring records were in place for people who were at risk of pressure sores, with Waterlow assessments and turning recorded as appropriate. There were also behavioural monitoring records for people who had behaviour that challenged the service. We also found records showing appropriate care of people who had PEG feeds (fed directly into their stomachs).

People we spoke with did not know what a care plan was, and did not think they had seen their own plan, but some relatives were aware of these. The activity/social record was kept separately in people’s own rooms, so that they and their families and friends were able to look at it and it also contained photographs of events they had participated in and outings they had gone on.

We talked to an activities co-ordinator about her role. She said that she or her colleague were in the home every weekday and tried to make sure everyone was involved in some sort of activity.

Requires improvement

Is the service responsive?

We observed her engaging people on all floors throughout the morning with physical exercises involving a ball, including some one to one sessions in people's rooms, and a film was screened for people to watch in the afternoon. She told us that she has a variety of equipment to support people with exercising and always used the activities as an opportunity for a chat with people. She described activities that people enjoyed including walks in the garden, skittles, hoopla, bow and arrows, a game called 'play your cards right,' singing and dancing. Some volunteer students attended on a weekly basis, there was a poetry reading twice a week, and a weekly visit from a dog was arranged for people who liked pets. There were also some trips out arranged including bowling and visits to the pub or garden centres. The manager advised that she was attempting to recruit further activities staff for weekend work.

Records of activities indicated that entertainers were booked regularly, including a recent performance from a ballet school. Other activities scheduled included parties, barbeques, reminiscence, bingo, and arts and crafts sessions. At weekends staff said that played games with people and carried out beauty treatments such as painting their nails. Some people had newspapers delivered and we observed staff delivering them to them in the morning. However although we observed some people being escorted for a walk in the garden in the afternoon, one person told us "There's no one to push me in the garden. They're too busy."

Most people living in the home were not aware of how to make a complaint. They told us "If I had a complaint I would find out the right person to speak to," and "I've never made a complaint. I don't know how to," and "I don't want to get involved in making suggestions." Relatives were aware of the complaints procedure and said that the management were responsive to concerns that they raised. One relative noted "The manager does deal with things, staff inform her, and she sorts things." Copies of the complaints procedure were available in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the registered manager so the situation could be addressed promptly. Records showed that when issues had been raised these had been investigated and feedback was given to the people concerned. Complaints were used as part of on-going learning by the service so that improvements could be made to the care people received.

Good

Is the service well-led?

Our findings

People spoke positively about the management of the home, although five people told us that they were not sure who the manager was. One person said "I came for two days six years ago, and I'm still here. I liked what I saw" "It's well managed," "The manager walks round and you can talk to her," and "She had a cake made for our anniversary." Relatives told us "I'm made very welcome indeed when the manager sees me," "The service is excellent," "The place is run very well indeed, the staff are on the ball," and "I wouldn't give it 100% - I'd give it 150%."

We found that people and their relatives were consulted about the care provided in the home. One relative said that they had spoken up at a residents/relative's meeting and asked where the wheelchair for their family member was, and it came the next day. These were held approximately six-monthly. At the last meeting issues discussed included provision of an extra lift for the home, extending the conservatory, and provision of communication folders in people's rooms. Activities had also been discussed including gardening opportunities for people, and plans for an activity room to be provided in the garden.

Staff told us that the registered manager was very approachable and accessible and that she operated an 'open door policy.' They were very positive about the support they received from the manager and the staff team, and the importance placed on having a work/life balance. They told us that work was shared fairly, and the service was well organised, with supportive managers on hand. Without exception they said that there was a good atmosphere, and effective teamwork, with nurses helping out if care staff were particularly busy. Two staff had been nominated by the home to receive excellence awards from the local authority in the last year.

Two staff members said that they thought that staff from the provider's head office could improve communication, and interact more with staff. Staff meetings were held approximately quarterly, with the most recent held a week before the inspection visit. Issues discussed included the new regulations, health and safety, day and night tasks, and new training.

People living in the home, relatives and staff confirmed that repairs and maintenance to the home environment were undertaken quickly once reported. A fire risk assessment and evacuation plan were in place. Staff told us there were regular fire drills and records confirmed that there were also regular fire alarm checks and servicing of alarms and fire fighting equipment as appropriate. We pointed out a gap in recording of fire alarm call point checks, which occurred when the responsible person was on leave. The manager undertook to ensure that this was addressed so that this would not occur again.

A second lift was currently in the process of being installed and the area was appropriately secured to prevent accidental access whilst work was being carried out. The business continuity plan for the home had recently been reviewed. We saw records of gas and electrical installation safety tests and portable appliance testing as appropriate. An annual health and safety audit was undertaken for the home, however we noted that there was no record of a more frequent routine health and safety audits. This was discussed with the registered manager in the light of a recent serious health and safety incident within the home. They advised that they were reviewing their health and safety monitoring procedures including keeping records of daily building health and safety checks.

We asked the manager how they reviewed the quality of the service. She described audits undertaken. We were provided with records of quality assurance monitoring reports, undertaken three-monthly, care plan audits undertaken approximately two-three monthly, annual food safety and infection control audits, and monthly pressure sore audits.

Incident and accidents were recorded with details about any action taken and learning for the service. Staff said that learning from incidents was discussed at staff meetings and in their training.

The provider undertook a survey to find out people's views of the quality of the care and support they received. The most recent survey results from August 2014 included forms returned by 24 people living at the home or their relatives. The results were largely positive, but learning points included only eight of 24 giving a positive rating for the food provided, and seven of 24 for the variety of activities provided. Actions taken as a result included provision of new menus, and collation of people's food preferences, and plans for the provision of new activities. A new shed had recently been installed in the rear garden, which was to house an activities room. New computers were available with large print keyboards, to enable people

Good

Is the service well-led?

to communicate with their family members and friends by Skype and to use an 'Abbey App' to access a range of internet pages of interest to particular people. New photographs had been produced of different meals available in the home, to aid people's choices in the form of photo menus, although they were not yet in use. The most recent staff survey had undertaken the year previously. however the results were not available to view.

We met with the director of the service who described the expertise available within the organisation and further plans for developing the service. These included provision of ten more rooms for people to live in the home, having a physiotherapist on site, a Japanese garden, a multi-sensory garden and raised flower beds to enable people to participate in gardening.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected by sufficiently rigorous procedures to ensure the proper and safe management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff were not provided with sufficiently regular supervision and appraisal to enable them to carry out the duties that they are employed to perform. Regulation 18(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were some significant gaps in people's contemporaneous records of their care and treatment. Regulation 17(1)(c)