Tamaris (South East) Limited

Peartree House Care Home

Inspection report

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14 June 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and was carried out over four days on 3, 9, 10 and 14 June 2016.

At the last inspection completed on 9 March 2015, the service was asked to improve their systems to check and maintain the safety and suitability of the building and there was no registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission to manager 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.

At this inspection there was a registered manager at the home. However improvements had not been made to the maintenance of the environment.

Peartree House is a care home that provides residential care for people living with dementia. It is registered for 55 people. At the time of inspection there were 34 people using the service.

We found safety issues around the outside garden area of the building and we asked the service to take immediate action. There were also areas within the building that were in need of maintenance and refurbishment. The auditing systems were not effective because the provider had failed to take action in a timely manner on areas of concern identified by these checks.

People and their relatives felt the service was safe and staff were skilled in giving care. Staff were knowledgeable about safeguarding and whistleblowing. The service had safe recruitment practices and there were enough staff to support people with their needs. Staff received training opportunities and new staff received an induction programme of training. Staff also received regular supervisions and appraisals. Medicines were managed safely. People had an assessment of their needs and risk management plans were in place to mitigate risks.

Staff were knowledgeable about people's dietary requirements and people had a choice of food and fluids from a varied and nutritious menu. People had access to healthcare professionals as they required it. Staff knew how to deliver personalised care and were knowledgeable about people's preferences. There was a variety of activities on offer which included activities away from the home.

The service worked within the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were knowledgeable about when they needed to obtain consent from people and about how to maintain people's privacy and dignity whilst maintaining their independence.

The provider had systems in place to check the quality of service provided. People and their representatives were able to give feedback through quality surveys and meetings. Staff attended regular team meetings to

receive updates and guidance on giving effective care.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe because there were safety issues with the outside garden area which required immediate action. The premises were not maintained to a safe standard.

Staff were knowledgeable about keeping people safe and how to report concerns. Safe recruitment checks were carried out and there were adequate numbers of staff to support people's needs.

People had risk assessments done which included plans to mitigate risks. There were systems in place to manage medicines safely and effective auditing of these systems was done.

Is the service effective?

Good

The service was effective because staff received training and were knowledgeable about core areas of care. People were able to choose the food and drink they had and the service catered for special dietary requirements or requests.

The service had worked in partnership with the local authority to carry out capacity assessments, make best interests decisions and applications for deprivation of liberty in line with legislation. The service obtained consent from people before delivering care.

People had access to healthcare as they needed it.

Is the service caring?

Good

The service was caring because staff had developed good positive relationships with people and had a good understanding of their needs.

People were treated with respect and their privacy, dignity and confidentiality were promoted. Staff encouraged people to maintain their independence and offered choices.

The home had a calm, relaxed and pleasant atmosphere.

Is the service responsive?

Good

The service was responsive because people had comprehensive care plans which included the person's wishes and preferences. Staff were knowledgeable about people's likes and dislikes.

There was a range of activities on offer inside and outside the home which people could participate in.

People and their relatives knew how to make a complaint if they were dissatisfied with any aspect of the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led because the provider did not take action in a timely manner when issues were identified from the auditing systems.

There was a registered manager in post and staff and relatives confirmed they were approachable. Staff received regular supervisions and appraisals.

The service had systems to monitor the quality of care and support in the home and to obtain the views of people using the service, relatives and representatives about the quality of the service.

Peartree House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 3, 9, 10 and 14 June 2016 and was unannounced. One inspector and an expert-by-experience visited on the first inspection day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. Two inspectors visited on the second day and one inspector visited on the third and fourth day. Before the inspection we looked at information we already held about the service. This included details about its registration, previous inspection reports and notifications the provider had sent us.

During the inspection we spoke with three people using the service, three relatives, two visiting health professionals and the host local authority to gain their views about the service. We spoke with ten members of staff including the regional manager, registered manager, a team leader, four care staff, an activities co-ordinator, a cook and a member of the housekeeping staff.

We observed care and support in communal areas and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed care and management records which included policies and procedures, medicines records, training records, four staff files, five care files, quality assurance and maintenance records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the environment in which people were provided with care was not always safe. During this inspection we found issues with the environment had not improved. Outside one of the doors leading to the garden area surrounding the building was an uncovered skip which was filled with rubbish and building materials. This was a risk of harm from the contents falling or from sharp edges of the contents if anyone wandered outside without staff support. There were two fire escape staircases leading down from a disused part of the building which were covered in moss and rusting, accessible to people who may slip and injure themselves. We also noted that one person's bedroom door opened out into the garden area onto a raised concrete platform. There was no barrier surrounding the outside perimeter of this concrete platform to prevent people from tripping or falling over the edge.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people receiving care were not being mitigated. We asked the provider to take immediate action on the above issues and since the inspection the skip in the garden has been covered, the fire escape stairs have been made safe and there is now a safety barrier surrounding the raised concrete platform.

During the inspection we observed that most windows were single-glazed and several window frames were rotting and damaged. Further deterioration in the window frames could people at risk of injury from the glass panes falling out. The outside of several exterior doors leading from the building into the garden area were also damaged and rotting. The rotting state of the window and door frames would make corridors draughty and rooms difficult to keep warm in the winter. Some people were given an extra heater in their room to combat this issue. Inside the building we observed that bathrooms and toilets were in need of refurbishment as they were uninviting with paint peeling and difficult to make clean. Paintwork on bedroom doors had become damaged from wheelchairs and walking aides.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the premises were not been properly maintained to ensure they were safe for people to live and work in. We spoke to the regional manager about the building issues and they said, "Yes, I'm aware of all the issues with the building. [Registered manager] keeps pushing to get things done. Basically it's not fit for purpose."

People told us they felt safe. Relatives and visiting health professionals told us they felt people were safe. For example, one person said "I have never been frightened by anything or anyone here." We asked people if they thought there were enough staff on duty. One relative said "There always seems to be enough." Another relative said, "Yes, always someone around." A third relative said, "Yes, but could do with more." Two people said, "They are getting a bit short staffed here, we are noticing that."

There were adequate numbers of staff available to keep people safe. Staff told us, "Yes, we have enough staff, we work together as a team and we work very well together." We reviewed the rota and saw there were six members of staff on shift during the day which included a senior member of staff. At night there were

three members of staff on shift including a senior staff member. We observed that people were not left waiting for assistance and call bells were responded to in a timely way.

We saw there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof if identification, completed a health questionnaire, had produced confirmation of their legal entitlement to work in the UK where appropriate and references were provided to show their suitability to work. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people and there was a system to regularly update these.

The safeguarding and whistleblowing policies gave clear guidance to staff and were up to date. We saw from staff training records that staff had up to date training in safeguarding adults and whistleblowing. Staff were knowledgeable about recognising signs of abuse and how to report concerns. For example, one member of staff said, "If you see someone doing something [abuse], you report it to the manager, person in charge, regional manager or CQC. Another member of staff said, "We have a duty of care to the residents. If there's things I was not happy about, I would take it further to the manager or person in charge. I would have it documented, record it [and take to] the regional manager, complaints department, CQC or local authority." A third member of staff said, "If I notice any abuse report it to the manager, regional manager, head office, the police, the local safeguarding team, and the family afterwards."

We saw from people's care records that risk assessments were done and included risks associated with moving and handling, falling, pressure wounds, malnutrition, choking and emotional well-being. The risk assessments detailed the level of risk and measures in place to prevent and minimise the risk of harm. These were reviewed monthly and were up to date.

The home had effective arrangements in place for storing and administering medicines for people. Medicines were stored in a medicines trolley inside a locked room and the area was kept clean and tidy. At the time of inspection there was no covert medicine being administered, nobody was administering their own medicines and no controlled drugs were prescribed.

There was an up to date policy in place for the management of medicines and staff showed a good understanding of safe and effective administration of medicines. Training records showed all staff had completed e-learning for medicines administration. Staff designated to handle medicines also received annual training from the supplying pharmacy. At the time of inspection it was only senior staff who were designated to handle medicines. Records showed that before staff were able to administer medicines unsupervised they were assessed by a qualified nurse.

We observed staff giving the lunchtime medicines and found this was done accurately. Each person's medicine record sheet had their photograph so staff could identify who should receive each medicine. The staff member responsible for administering the medicines wore a tabard with the words, "Do not Disturb", so they would not be interrupted. This ensured that the risk of medicine errors was minimised. The medicines administration records (MAR) sheets were accurately completed and reasons for not giving people their medicines were recorded. We heard the staff member explaining to each person what their medicines were for.

Where medicines were prescribed to be given 'only when needed' or where they were to be used under specific circumstances, individual when required protocols were in place. The protocols gave administration guidance to inform staff about when these medicines should and should not be given.

Daily checks on the medicine stock were done by staff when administering. The registered manager also did a monthly medicine audit to check medicines were stored appropriately and the medicine administration records were completed accurately. We found these records to be detailed, up to date and enabled the manager to identify what corrective action needed to be taken and the date of completion.

Good

Is the service effective?

Our findings

Relatives told us they felt staff had the skills needed to care for their family member. Staff confirmed they had regular opportunities for training. One staff member said, "Yes there is [training]" and another staff member said "Oh yes. Particularly with this manager. Every day is just training." The training matrix showed staff had received mandatory training in the core areas of care, for example, in moving and handling, infection control, first aid and fire safety. We saw the home used a computer system to record staff training which flagged up when staff were due to do refresher training.

Records showed that staff received a twelve week induction programme when they began employment during which they shadowed experienced staff and completed e-learning. The registered manager told us that all new staff now completed the Care Certificate and this was confirmed by a member of staff who had recently commenced employment. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. The registered manager and two staff members had recently completed training to be Care Certificate coaches.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us everybody using the service needed a level of supervision that may amount to deprivation of liberty, for example, having a key pad on the front door to prevent people from leaving freely without staff support. We saw the service had worked in partnership with the local authority to complete relevant capacity assessments and best interest's decisions. This showed in which instances people were not able to make important decisions and the decision reached by the multi-disciplinary team was clearly written. Where appropriate, DoLS authorisations were in place or the service was awaiting the outcome of applications made.

Records showed that people or their representatives had consented to care plans. Staff demonstrated a good understanding of when they needed to get consent from people. For example, one staff member said, "When you need to do something for them, like personal care, they might not be ready, you just have to leave them and try another time." Another staff member told us, "Ask them before you do [care task]. Tell them what you are going to do."

People and relatives told us the food was good. For example, one person said, "The food here is wonderful." Two people said, "Oh yes very good." A relative said their family member always said, "Oh the grub's lovely." We observed lunch on two days and saw the atmosphere was generally relaxed and people chatted to each other as they ate. People chose where they wanted to eat their meal and were offered a choice of drink, condiments and desserts. One person told us this was always the case and said, "Oh yes, they are very good like that here." We observed staff came down to people's level and explained to them what was on their plate. People who needed support were given it and staff sat next to them as they gave the support.

Nutritious menus were varied with choices for breakfast, lunch and dinner. However, at lunch and dinner there were only meat and fish options on the menu. We raised this with the chef who explained they offered vegetarian choices to people who did not wish to have meat or fish. The activities coordinator asked people in the morning what they would like to eat for lunch using food pictures to help them to choose and their choice was recorded on a menu sheet to be given to the chef. Menus were decided with people in the service twice a year. The chef explained they asked people the foods they liked and put menus together. This information was also gathered through surveys.

The chef told us they used sweeteners in desserts so that people with diabetes could have some and they put minimal salt in people's food so they could add extra if they wanted. The kitchen and care staff had a good understanding of people's dietary requirements including cultural or religious needs and they knew who needed soft food.

The service had a good supply of fresh fruit and vegetables and all meals were cooked fresh within the service. Food was stored safely and was labelled with the date when it had been opened. There were separate sinks for washing hands and cooking utensils.

People told us they had access to healthcare professionals as they required it. For example, two people said, "Oh yes and the Doctor comes here once a week." One relative told us, "Yes, whenever she has been unwell she has been seen straight away. She had a problem with her leg and they took her to doctor straight away" and another relative said, "They have a GP that comes here every Tuesday."

The local authority had set up a pilot programme of 'integrated care' to help prevent hospital admissions and Peartree House was one of the care services participating. The pilot team included a psychiatrist, pharmacist, rapid response nurses, GPs and they gave training to the care staff on recognising when it would be appropriate to request support from them. Visiting health professionals told us this programme was working well, they had, "No concerns," the home were, "Definitely providing good care," and "Have a good picture from staff from the feedback they give."

The building was accessible to people with mobility difficulties. There was a stair lift for people to access their bedroom upstairs and a ramp leading from the building into the middle courtyard. However we found the corridors and wings could be confusing to people living with dementia because they were all decorated in the same colour and with the same layout. This could make it difficult for people to find their way around the building. We recommend the service seeks specialist advice on creating a suitable environment for people living with dementia.

Good

Is the service caring?

Our findings

People who used the service and relatives said the staff were caring. For example, one person said, "They couldn't be better. Never had a problem with anyone taking in what I want. They are all very kind. I can't speak highly enough of the girls, they treat us so kindly." Another person said "Oh yes. I am very happy here. They are very good and very kind to me." A relative said "Yes very. No complaints about the staff at all, they are all incredibly caring. In fact from time to time I ask [person who used the service], 'do you like it in here' to which [person who used the service] says 'I like it very much, I am comfortable and happy here.'" A second relative said "So friendly, got a decent feeling when you walked in and the staff seem very good, they are very calm." A third relative said "[person who used the service] has complete trust in the carers here, if he didn't I would know immediately".

We asked if relatives were able to visit without restrictions and one relative said, "Absolutely. I am allowed to take her for outings including the pub, where she likes to have a lager shandy." One person who used the service said "When my family come here, which they do every week, they put us in a little room and bring us tea & biscuits. They are so very kind."

The service had a 'resident of the day' system where once a month each person was made to feel special. Staff told us this system meant that people had their bedroom deep-cleaned and the chef would prepare a meal of their choice for them. The registered manager told us that care plans were updated for each person when it was their turn to be 'resident of the day'. Care records showed that each person had a named senior and keyworker. A keyworker is a staff member who is responsible for overseeing the care a person receives and making sure the person has everything they need.

Staff had a good understanding of people's needs and described how they had got to know the people who used the service. For example one staff member said, "I remembered all their names so on my second day, I went around saying 'hello' to everyone. Asked the staff who worked here before and read their [people who used the service] care notes," and a second staff member said, "I introduced myself and what I was here to do, made them feel at ease, make them feel comfortable, reassure all their needs will be met, show empathy and care. I set myself goals such as spending half an hour with each of four residents." Another staff member said they, "Work with the same people every day so have a good relationship. Get them settled in as good as you can, see they are comfortable, develop communication, get their confidence that we are going to look after them properly. They fill in a questionnaire of their likes and dislikes which they fill in when they first come in." A fourth staff member told us, "Sit with them and have one-to-one chats. Find out what they like and what they don't like."

During the inspection we saw that people were treated with respect and in a kind and caring way. There was a calm and relaxed atmosphere in the home. We saw that staff took the time to speak with people as they supported them.

People and their relatives told us staff respected their privacy and dignity. One person said, "Yes they do and we get clean clothes every day." A relative said, "Oh yes they very much do. He always has clean clothes on

every day, with never a prompt from me. He also looks and smells clean every day." Staff were knowledgeable about how to maintain people's dignity and said, "Personal care is always given privately. Conversation is always given privately if person wants," "Make sure door is closed. Always knock before you go in. Give them time on their own such as for toileting," "I'll wait outside, try to reassure them," and "When you go to assist them you make sure you close the door so no-one can see."

The service enabled people to maintain their levels of independence. For example, a relative said, "He [person who used the service] has improved 90% since he has been here. When he first came he was difficult and couldn't go to the toilet on his own. Now he can do that himself as well as wash himself too. It is so good to see that."

Staff described how they encouraged people to maintain their independence. For example, one staff member said, "Encourage them to do what they can still do." A second staff member said, "By allowing them to dry themselves. Hold a towel up then wrap towel around them." A third staff member said, "At all times we let them do what they do themselves before we go in." A fourth staff member said, "Encourage them to do things for themselves. Give them the flannel and ask, 'Can you wash your face?' Encourage them to brush their teeth. You don't take away their independence."

Good

Is the service responsive?

Our findings

People and their relatives told us they liked the activities on offer. One person said, "We like all the activities here, it is great fun. Yesterday was my birthday and they made me a cake. They also do that for everyone when it is their birthday." A relative said, "They get him to do water painting as he likes that. He has also made cards for me that I have at home. But he is not an activity person in groups, never been like that." Another relative said "[Person who used the service] likes to do the paintings, puzzles, Hula Hoops and Bingo. They also do Barbeques, St Georges Day, Birthday Parties and Easter & Christmas for the residents and the relatives are always more than welcome to attend all the events." and "Oh they do so much for them, even last Christmas they took all those who wanted to, up to the West End to see 'The Lights'. They didn't get out of the bus. I know [person who used the service] so enjoyed that, as did everyone else."

A fourth relative gave an example of how the service was responsive, telling us, "[Person who used the service] has complete trust in the carers. The last time I was here, a carer volunteered to bring him home to have a look at his garden as he had been asking about it. I was really concerned if it was a good idea but I spoke with our boys and only one said it wasn't a good idea. But otherwise we agreed to it. I was so concerned on the day it happened cos if he cried I couldn't let him go back. But he didn't, he was very happy the entire time. I made scones and we had afternoon tea. The Carer said he would return at 16:30. My husband looked at his watch at 16:20 and asked where was [staff member] and I said he would be here in 10 minutes. Sure enough he was. When he left I waved him goodbye and we all agreed it had been a great success."

During the inspection we observed the activities were well engaged by the residents, with much laughter during a sing-song and game playing. We also observed painting classes and bingo sessions taking place. There was an activities board displayed in the main corridor with photographs and a calendar with forthcoming events including people's birthdays.

The service had two activity co-ordinators who worked during Monday to Friday. We spoke with one of the activities co-ordinator who told us they left activities out for the care staff to initiate at the weekends. We reviewed the weekly activity planner which included pamper sessions, arts and crafts, painting, hoopla, puzzles, board games and reminiscence sessions. The service arranged for visiting entertainers which included carol singing, sing-along sessions, a casino, puppet shows and a relative brought her dogs in to visit people. A representative from a local place of worship also visited weekly to pray with people who wished to participate. The activities co-ordinator told us a hairdresser visited every fortnight and we saw there was a room dedicated to this purpose. The activity planner included trips out into the community which included local walks, events at another home run by this provider and events held at a local school. The activities co-ordinator told us they used Dial-a-Ride and community transport and a trip to a farm was planned to take place soon.

Staff were knowledgeable about personalised care. One staff member said, "One-to-one is personalised care unique to that individual. Every single resident is different." Another staff member said, "Giving the right and adequate care for a particular individual. Tailor the care we give to the person's individual need." A third

member of staff said, "Everyone is different. You have to be patient," and another staff member said, "Different approach with everybody. Need to do according to that person and not according to me."

We reviewed people's care files and found they were comprehensive. People's care plans were written in a person centred way and we saw evidence they were reviewed every month. Care records included an initial assessment of health and care needs which included communication, mobility and nutritional needs and in the personal care section, people could express gender preferences. We saw people's favourite foods and dislikes were documented in a 'My choices' book containing who the person likes to spend time with, where they used to live and detailing previous jobs the person had done.

People and their relatives told us they knew how to make a complaint. One person said, "Oh yes, we would tell her [the registered manager] if we had any complaints or concerns, no doubt about it." A relative said, "If I needed to, I would complain in no uncertain terms. I am not fearful but there has never been any need to." Another relative said, "Yes most definitely. If was unhappy I know what I need to do and where to go."

We saw the service kept a record of compliments made and we reviewed seven 'thank you' cards and letters that had been received. Examples of compliments made included, "Thank you for making [person who used the service] respite so enjoyable. I have been able to leave him knowing that he has been well cared for," "Thank you once again for all your kindness," "I will always remember your dedication, your compassion and grace even at the very end knowing that [person who used the service] was in good hands."

The home had a comprehensive complaints policy. We reviewed the complaints log and saw no complaints had been made since the last inspection. We saw the complaints log enabled the nature of the complaint, when it was responded to and the resolution to be recorded.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection completed on 9 March 2015, we found the kitchen flooring needed to be replaced as it was a trip hazard. A temporary job was done during the inspection to make the area safe and we were told arrangements would be made to replace the entire flooring. New flooring had not been provided by the time of this inspection.The service received approval from head office to replace these on 14 June 2016 during this inspection.

There was a registered manager at the home and they had an auditing system of checking on the quality of the service provided. For example, health and safety audits were done monthly by the registered manager and issues identified were recorded. We saw during the audit done on 28 May 2016, the registered manager had noted the floors and chairs were in a poor condition. The registered manager confirmed the health and safety issues identified were passed to head office but we noted no plan of remedial action had been recorded.

The service held meetings with the residents and relatives to obtain their views on the care and environment within the home. We reviewed the most recent meeting minutes from 8 January 2016 and saw the proposed redecoration of the home with replacement of flooring and soft furnishings was discussed as well as the activities currently on offer. However there was no plan in place with timescales to address the issue of redecoration of the home. The regional manager and registered manager confirmed on 9 June 2016, they were awaiting approval from head office.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not take action to improve the quality and safety of services provided in a timely manner.

The registered manager carried out audits using a tablet device to record any issues and actions taken. The registered manager told us this information could be viewed by senior managers at head office. For example, we saw the registered manager had recorded during a daily walk around on 10/06/2016 that the corridor was dirty and domestic staff were asked to clean the area and wash the curtains. Another example was on 22/05/2016, the registered manager noted staff had not completed the hourly checks documentation. The senior on duty explained it was an oversight due to a resident becoming unwell and going to hospital. The action recorded was the responsible member of staff stayed to complete the paperwork.

Staff and relatives gave positive feedback about the registered manager. One staff member said, "My manager, the door is always open." Another staff member told us, "I like my job, [registered manager] always makes sure everything is done." A third staff member told us, "Fantastic leader, I can't fault her." A relative told us, "Never had any complaints with her [registered manager]. She is very accommodating." Relatives told us, they and other members of their family used the feedback system and liked it. One relative said "I have been asked to complete a Questionnaire a couple of times but I also use the Electronic Performance Monitor in reception."

The "Electronic Performance Monitor" referred to was in the main reception area which was linked to the Care Homes computer systems. The registered manager told us this was a very effective system as it allowed her to get an immediate overview of visiting professionals, relatives and residents' views particularly if they did not wish to speak with her directly and the comments were logged and analysed. For example, we saw the questions referred to views about the décor and cleanliness of the home and staff presentation and manner. We reviewed three questionnaires on the computer system completed by a resident, a relative and visiting professional. We noted that each one had indicated "Don't know" for the décor and standard of the building but had given positive responses for cleanliness and staff presentation and manner as well as indicating satisfaction with the care received.

We reviewed the minutes of the two most recent staff meetings from 5 April 2016 and 3 May 2016. Topics discussed included training, personal care, meals, call bells, the rota, team working, responsibilities, resident of the day and reporting and recording. A separate meeting was held with the kitchen staff twice a year and we saw at the most recent meeting of 13 January 2016 the menus were reviewed and the use of food pictures to help people to make meal choices was discussed. The service also held clinical governance meetings three times a year and we reviewed the most recent one held on 19 April 2016. This meeting included discussions on building maintenance, medicines, infection control, staff communication and documentation.

The registered manager told us staff received supervision five times a year and also had group supervisions and clinical supervisions. Staff confirmed they received regular supervision and we saw evidence of this in staff records. These records showed the topics discussed included training, performance, confidentiality and documentation. We saw staff had received an annual appraisal during January 2016 which included a discussion about the staff member's strengths and goals to be achieved in the coming year.

The provider held regional meetings every two months with their home managers and we saw topics discussed in January and March 2016 included staffing, recruitment, complaints and health and safety. The service also held health and safety meetings twice a year and we reviewed the most recent meeting minutes of 19 April 2016 where the topics included risk assessments, safety issues raised by staff including trip hazards and accidents and incidents.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not maintain the premises to a safe standard for people to live and work in.