Longlea Limited

Longlea 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?	Requires Improvement

Summary of findings

Overall summary

Longlea Nursing Home is registered to provide accommodation and nursing care for up to 22 people. During our inspection there were 20 people using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

We previously inspected the service on the 16 August 2014. The service received an overall rating of 'requires improvement'. We rated the service good in the domains of 'responsive' and well-led. However, we had concerns with the service's recruitment processes. Staff training was not up to date and people's confidential information was not protected.

During this visit we found the service had addressed all the concerns found at our last inspection. However, we found there were aspects of the service's practice that placed people at potential risk of harm. For instance, staff were knowledgeable about the signs of abuse and what would constitute a safeguarding concern and attributed this to the training. However we noted there were no records of actions taken by the service when people sustained unwitnessed injuries. The service's safeguarding policy was not updated and did not give staff up to date guidance on how to handle suspected abuse and what to do when unexplained injuries were found. We made a recommendation for the service to seek guidance on how to complete body maps, when people sustained unexplained injuries.

The service did not ensure there were sufficient staffing levels to meet people's care and support needs at night time.

There was no structured support was in place for new staff who required additional help when undertaking the service's induction program. We made a recommendation for the service to seek current guidance on how to provide additional support to new staff that require it.

People's social needs were not always being met. Staff did not have enough time due to work pressures, to organise meaningful activities and people's desire to go out on day trips was not realised because the service's minibus was being used by the maintenance team. This meant people's well-being was negatively affected because meaningful activities in the service were limited and was not always person centred. We have made a recommendation for the service to seek current guidance on meaningful activities that promotes people's health and well-being.

The registered manager did not receive appropriate supervisory support and there was no contingency plan was in place in the event the registered manager was not able to work. The provider did not consistently act on the feedback given by people who used the service. Policies and procedure were not always reviewed

and kept up to date. This meant there was a potential for people to receive unsafe care. The service did not analysis trends or triggers when accidents occurred.

People and relatives described staff as kind, caring, considerate and patient. People said staff treated them with respect and protected their dignity. Staff demonstrated a good understanding of people's care needs; family histories and preferences. People and their relatives said they were involved in decisions about their care. People's preferences and choices for their end of life care were clearly recorded, communicated and kept under review.

People, their relatives and staff felt the service was well led due to the leadership of the registered manager. Staff felt supported in the job roles and was aware of how to report any poor work practices or concerns. The service carried out regular audits to improve the quality and the safety of the service.

People and their relatives felt the service ensured they were kept safe from abuse. Care records contained individual risk assessments which showed potential risks and what action staff should take to minimise them. Medicines were administered to people safely.

People and their relatives felt staff were sufficiently skilled and knowledgeable to care for them. The majority of staff received appropriate supervision. People's rights were protected because staff understood the issues of consent, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant when people lacked mental capacity to take particular decisions the service ensured, any decision made on their behalf was in their best interest and the least restrictive. DoLS allows people to be legally deprived of their liberty so they can receive treatment, when it is in their best interest under the MCA.

People said their nutritional needs were met and spoke positively about their dining experience. Comments included, "I will go into the dining room for lunch. The food is quite good" and "X (family member) looks healthy enough so trust that they (staff) look after their nutrition and hydration."

People had access to healthcare services and appropriate referrals were made when there were changes to people's needs. This was supported by review of care records.

People said the care they received was specific to their needs. Staff understood what the term person centred care meant and how they should put this into practice. Care and risk assessments were regularly reviewed to ensure people's care and supports needs were met. People were satisfied with the service and said they had nothing to complain about. Staff knew how to handle complaints. We reviewed the complaints register which showed complaints were responded to appropriately.

We found a number of 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 this 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

There were aspects of the service that was not safe.

People were not safe because there were no records of action taken by the service when people sustained unwitnessed injuries.

People were placed at potential harm because the staffing levels at night time were inadequate.

People and their relatives felt the service ensured they were kept safe from abuse. Staff were trained and understood their responsibilities in regards to safeguarding.

Is the service effective?

Requires Improvement

The service was not always effective.

People received care and support from staff who were not always appropriately inducted. There was no structured support in place for new staff who required additional help when undertaking the service's induction program.

People and their relatives felt staff were sufficiently skilled and knowledgeable to care for them.

People's rights were protected because staff understood the issues of consent, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People and relatives described staff as kind, caring, considerate and patient.

Staff demonstrated a good understanding of people's care needs; family histories and preferences.

People's preferences and choices for their end of life care were clearly recorded, communicated and kept under review.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People expressed a desire to go out on day trips but this did not happen. This was because the minibus out of use to the service as it was being used by maintenance staff. This meant people's social well-being was being negatively affected.

People's care and risk assessments were regularly reviewed and kept up to date.

People were satisfied with the service and said they had nothing to complain about. We reviewed the complaints register which showed complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not well-led.

People's welfare and safety was potentially at risk because the provider did not make provisions for the registered manager to receive appropriate supervisory support. There was no contingency plan put in place in the event the registered manager was not able to work.

People were not always listened to because the provider did not consistently act on the feedback given by people who used the service.

There was a potential for people to receive unsafe care because policies and procedures that ensured staff worked in line with current guidance, were not always reviewed and kept up to date.

Longlea 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 19 & 20 June 2016 and was carried out by an inspector 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.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. 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. We also looked at all the information we have collected about the service.

We were unable to speak at length to some of the people who used the service, due to their capacity to understand or communicate with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We spoke with four people, three relatives of people who used the service; two care workers; the registered manager, and the regional manager. We looked at three care records; three staff records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on the 6 August 2014 we found concerns relating to the service's recruitment process as reference checks were not carried out consistently. There were no clear systems for checking expiry dates for medicines.

During this visit we found, safe recruitment and selection processes were in place to protect people who lived in the service. We reviewed staff files and found relevant checks were undertaken. This included criminal record checks and obtaining references before staff were able to work for the service. This ensured there were suitable staff to work with vulnerable adults.

People said staff administered their medicines in a safe way and this was further supported by relatives. Comments included, "They (staff) take care of X's (family member) medication and makes sure they take it" and "X (family member) would not be able to remember to take their medication, so I am happy that they (staff) administer it to X."

People's medicines were managed so that they could receive them safely because staff ensured they carried out the relevant checks. This included checking to see if all medicines had not expired. A review of the service's 'medicine/medical products stock check' showed there was a clear audit trail that captured all medicines brought into the service, with checks and balances. We noted daily medicine room and fridge temperatures checks were up to date. We noted registered general nurses (RGN) competency assessments were undertaken to ensure all RGNs were competent to administer medicines.

Body maps were in place for people living in the service. These were used by staff to record any observable body injuries that may appear on a person's body. We noted some body maps did not record actions taken when injuries were found or if appropriate agencies were notified. This was found in three records reviewed. This had the potential of placing people who used the service at risk of harm because there was no documented evidence to show appropriate action was taken when injuries were identified.

We recommend the service seek current guidance in relation to the completion of body maps and what to do when unexplained injuries are found.

Staff were knowledgeable about the signs of abuse and what would constitute a safeguarding concern and attributed this to the training they received. They told us they would report any concerns immediately to the nurse or manager. The service had a safeguarding policy in place. We noted it did not clearly record the procedures staff should follow if they suspected abuse had occurred or what to do if they found unexplained injuries. The last time the policy was reviewed was in 2012. This meant there was a potential for people to be harmed because the service had not ensured the safeguarding policy reflected current safeguarding legislation.

There were not sufficient staff to meet people's support needs at night. Staff members gave varying comments in regards to this. Comments included, "There is enough staff, as long as no one is sick", "I think

we need one more staff member as it takes time caring for people" and "Yes, definitely not when working the night shift because getting everyone ready for breakfast can get chaotic."

Most of the people and relatives we spoke with thought there were enough staff to meet their care and support needs. We heard comments such as, "Staff are mainly regular on both shifts", "There are enough staff, I usually see the same people" and "There don't seem to be that many (staff)."

During our visits we observed the registered manager took a 'hands on' approach in the management of the service. This meant a lot of their time was spent supporting staff with care tasks. For example, we observed them dispensing medicines at lunch time. The registered manager also told us service employed a part time cleaner (three days per week) and whilst awaiting recruitment of the new cleaner (four days per week) the manager and a member of the maintenance team have worked to cover these shifts to maintain the home's cleanliness.

A review of staff rosters covering 9 May 2016 to 22 May 2016 showed there was adequate staff to cover the morning and afternoon shifts. However, this was not the case for night shifts where there was only one nurse and one care worker scheduled to meet the needs of 22 people. We noted although people's dependency needs were reviewed regularly. The service did not review the staffing levels at night. A review of care records showed there were a number of people who, due to identified risks, would require more than one staff to assist them. This meant people were potentially at risk of harm during the night as there was not enough staff to meet their care and support needs.

This is a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People and their relatives felt they were safe from abuse. Comments included, "I feel very safe. Generally speaking we are mostly women", "Safe, yes. Care is very good considering the state I was in when I arrived. It's not institutionalised. Just observe how they (staff) look after everyone, never a cross word", "Yes, very safe. There are no risks I haven't had any accidents", "I have nothing to feel unsafe about. There are no risks everything is positive", "Yes X (family member) is safe. We've had no incidents or accidents" and "Yes very safe. X (family member) had no accidents since they have been here."

People were protected and their freedom was supported and respected because the service managed risks to ensure people's safety. Care records contained individual risk assessments which showed potential risks and what action staff should take to minimise them. These covered areas such as risk of pressure sores; falls; malnutrition or dehydration and were regularly reviewed and kept up to date.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on the 6 August 2014 we found not all staff had received up to date training in the areas of food hygiene, health and safety, fire training, infection control and dementia.

During this visit we found the majority of staff were up to date with all the training identified. Staff spoke positively about their training experience. Comments included, "I am up to date with training. I have enough time to process the information given" and "I am up to date with all my training. The dementia training I attended recently really gave me a view of how people living with dementia felt." A review of the staff training matrix for RGNs, ancillary staff and care workers supported what staff had told us.

We noted the service used the Skill for Care's Care Certificate to induct staff. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. It applies to all health and social care staff. This showed staff received learning to enable them to fulfil the requirements of their role.

New staff had to undertake a three month induction program. Staff spoke about how beneficial the induction program was. Comments included, "The induction booklet had to be completed over three months. I liked it because it helped me to understand my job role" and "I received an induction. It helped me to know how to care for people and the responsibilities I had."

We noted not all staff had completed their induction within the timescale. This was the case for one staff member who had been working for the service for approximately six months. The registered manager told us this was because English was not the staff member's first language and they required more time to complete the booklet. However, the registered manager could not show us how the staff member was being supported and how their care practice was being monitored during this period. This meant there was a potential for people to receive inappropriate care as inductions for new staff was not always being monitored effectively.

We recommend the service seeks current guidance on how to carry out inductions for staff who require additional support.

People and their relatives felt staff were sufficiently skilled and knowledgeable to care for them. Comments included, "Yes sufficient for what I require", "Yes definitely (sufficient skills). They all (staff) take care of us" and "Yes very skillful and helpful."

The majority of staff received appropriate supervision. We noted group supervisions were undertaken. For example, records of meetings held covered complaints and what staff should do to identify changes in people's health.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

People's rights were protected because staff understood the issues of consent, mental capacity. Staff knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. This was clearly recorded in people's care records to ensure staff acted in accordance with the requirements of the MCA.

People can only be deprived of their liberty so that they can 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. We found the registered manager had submitted DoLS applications appropriately to the local authority.

People and their relatives gave positive feedback about their dining experience and told us their nutritional needs were being met. We heard various comments such as, "The chef is very good here", "I don't think I need to worry about nutrition", "I will go into the dining room for lunch. The food is quite good" and "X (family member) looks healthy enough so trust that they (staff) look after their nutrition and hydration."

An observation of a lunch period showed people were provided with meals that met their nutritional and hydration needs. The meals presented looked appetising and were well balanced. There were ample staff to support people with their meals if they required it. For example, a staff member was seen showing a person how they could get more food on their fork. The staff member gently encouraged the person to eat more food. People had a choice where to eat. We noted some people remained in their rooms, others sat in the lounge whilst other chose to eat at the dining table.

The chef was aware of people's dietary needs. They kept a list which captured people's dietary needs; allergies; portion size and likes/dislikes. This ensured people were given meals that met their individual needs and preferences.

Where people were identified at risk of malnutrition or dehydration care records showed nutritional screening assessments undertaken. This gave staff specific instructions on how to ensure people's nutritional and hydration needs were met. Food and fluid intake charts reviewed were up to date.

People had access to healthcare services and appropriate referrals were made when there were changes to people's needs. A staff member told us "If I see changes in someone's health, I will immediately notify the nurse and the manager, they will then make the necessary referral." This was supported by our review of care records. Doctor's review charts showed dates of GP visits; the reasons for visits; treatments given and any other medicine changes. Involvement from any other professionals was also recorded in people's care records.

Good

Is the service caring?

Our findings

At our previous inspection on the 6 August 2014 we observed a health professional reviewing a person's care in a communal area where other people and visitors could hear what was being discussed.

During this visit, we observed no interactions between people and health professionals visiting the home in the communal areas. Information relating to people's care was treated confidentially and respected by staff.

People and relatives said they were very happy with the care provided. Comments included, "They (staff) are kind and caring. No one is ever rushed, they have so much patience", "They (staff) are kind and caring, and more than that" and "They (staff) are sweet and kind and everything. Always around to help me if needed."

This was supported by our observations. Staff were kind, considerate and caring. Throughout our visit we observed them interacting positively with people and people appeared to be comfortable and pleased to engage with them. Staff gave us examples of how they supported people with their care. They knew people's preferences and family histories. A review of people's care records confirmed what staff had told us and demonstrated they had a good understanding of people's care and support needs.

People and their relatives were involved in decisions about their care. Care records showed staff involved family members in decisions relating to people's care. For instance we noted a telephone call was made to a family member to discuss a DoLS application. Minutes of multi-disciplinary team visits showed amongst the health professionals involved, people and their family members were also present. One person commented, "My family have legal power of attorney so they oversee my care with me and help with any decisions." A relative confirmed they and their family member were involved in care decisions but went on to comment, "It can be very hard sometimes as X will only say a few words."

Staff promoted people's independence. They told us people were encouraged to do much as they could for themselves. For instance, one staff member gave an example of asking a person if they could wash their face and if the person was not confident to do this, they would then assist. This was supported by people we spoke with who talked about how independent they were. Comments included, "I get myself ready now but was never embarrassed to ask when I needed help" and "I still manage most things myself."

People said staff were respectful. Comments included were, "Both staff and those in the office are very respectful" and "They speak to me in a respectful way saying things like, "Hello X, how are you today?" A relative when discussing their family member told us, "They (staff) do tell X (family member) off because X swears but this is always handled respectfully."

Staff ensured people's privacy and dignity was protected. They told us doors were closed; curtains were drawn and people's body parts were covered when personal care was undertaken. This was supported by people and relatives we spoke with. One relative commented, "People's dignity is definitely protected. There is a woman in this morning who is washing and cutting hair. X (family member) will be going soon. This

makes X feel good. She likes to look nice."

People's preferences and choices for their end of life care were clearly recorded, communicated and kept under review. For instance, we noted advance care plans helped people to prepare for the future and discuss areas in regards to end of life care that was important to them. 'Do not attempt resuscitation' orders (DNAR) which were documents signed by doctors, that instructed medical professionals not to attempt cardiopulmonary resuscitation (CPR), were included in each advance care plan, where applicable. We saw evidence of family involvement in these decisions. Training records confirmed staff had undertaken the relevant training.

Requires Improvement

Is the service responsive?

Our findings

People's social needs were not always being met. Social activities care plans recorded the types of social activities people enjoyed. The registered manager told us care workers were responsible for facilitating group and one to one activities. We noted there was one group activity a day such as bingo; puzzles; foot spa; nail care and a hair dresser visited the service once a week. We found because staff had specific care tasks to complete there was not enough time for them to plan meaningful activities or review the activities that were currently on offer. A review of the service's 'quality assurance responses' dated March 2016, showed people thought further improvement could be made with more regular outings in the minibus. The registered manager told us due to some building works being carried out by the provider the minibus was currently being used by maintenance staff. This meant people's well-being was being negatively affected because meaningful activities in the service were limited and was not always person centred.

We recommend the service seeks current guidance on meaningful activities that promotes people's health and well-being.

'Initial care plans' recorded people's care needs upon admission into the service. These captured areas such as communication needs; dietary requirements; social and spiritual needs; mobility needs and end of life preferences. These entailed discussions with people and their family to ensure the service could meet their needs.

People said the care they received was specific to their needs. This was supported by our review of care records which showed care plans were person centred and developed according to people's individual needs. For example, 'new resident choices interview' captured people's preferences over a number of areas. Such as, how they liked to be addressed; what time they would like to wake up, foods they enjoyed eating; whether they liked baths or showers; social activities they enjoyed and whether they had a preference for a male or female care worker. This showed people were supported to have care plans that reflected how they wanted their care, treatment and support to be delivered.

Staff understood what the term person centred care meant and how they should put this into practice. We heard comments such as, "People are different so it true their will also have different needs", "It's about what people want and I ensure I provide care that is in line with what they say they want" and " We (staff) make sure we meet people's individual needs and do not treat people in the same way." This was supported by care records which were written in a person centred way.

Arrangements were in place to ensure people's individual care needs and risk assessments were regularly reviewed and kept up to date. For instance, 'resident review' forms showed dates meetings with people and their family members took place and the areas of care discussed. These were signed and dated by people where applicable, their family members and the registered manager.

People said they were satisfied with the service and had nothing to complain about. Comments included, "I have had nothing to complain about so nothing has needed to be dealt with" and "I never had to complain.

They are just wonderful." Relatives who had complained to the service told us their complaints were resolved to their satisfaction. This was confirmed by a review of the complaints register which showed complaints were responded to appropriately. The service's complaints policy and procedure was visibly displayed. Staff knew how to handle complaints.

Requires Improvement

Is the service well-led?

Our findings

We noted although there were systems in place to support care staff, there was no records to show how the registered manager's development needs were being met and they had not received appropriate on-going supervision to ensure their competency was maintained.

The provider did not ensure there was sufficient suitably qualified, skilled and experienced staff to ensure they could meet people's needs in the registered manager's absence. The registered manager informed us the deputy manager had left the service in January 2016. We noted there were no suitable arrangements put in place to support the registered manager. This was further supported by a review of the 'monthly manager report' dated 2016. This highlighted the registered manager's concerns of not being able to take annual leave, due to there being no suitable experienced staff to manage the service. We saw no action had been taken by the provider to address this concern. This meant people's welfare and safety was placed at risk because there was no contingency plan put in place in the event the registered manager could not attend work.

This is a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There were some aspects of the service's quality assurance systems that were not effective. The provider did not respond without delay to areas of concerns identified in plans developed to improve the quality of the services provided. A review of the 'monthly managers' report' dated April 2016 highlighted the lack of access for people to have regular access to the minibus for social activities, as an area of concern. In the report the registered manager had made a request for a budget to be made available to employ an activities co-ordinator as staff were limited to what activities they could do, due to current work pressures. We saw no records of the provider responding to this request. We saw the same issue had been identified in a 'monthly managers' report' dated October 2014. This meant people's enjoyment of social and community life was negatively affected.

People's feedback for service improvement was not taken into account and acted upon. During our visit we observed the carpet in the lounge was stained. We noted in the 'summary of March 2016 quality assurance responses' relatives also had commented about the 'poor aesthetic' appeal of the carpet in the lounge. A review of 'monthly managers reports' showed the stained carpet in the lounge had been raised by the registered manager as an issue since October 2014. This meant people felt they were not being heard as the provider had not taken appropriate action without delay.

The service did not always use relevant nationally recognised guidance. This was because the majority of their policies and procedures were not reviewed and kept up to date. For instance, the complaints policy and whistleblowing policy was last reviewed in 2013 and the safeguarding policy last reviewed in 2012. This meant there was a potential that people received care which placed their welfare and safety at risk.

This is a breach of regulation 17 (2) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Systems that helped the service to identify and assess risks were not always effective. A review of the 'accidents occurring within the home' dated April 2016 recorded the numbers of accidents that had happened in the month; the week; weekends and at night. It also recorded areas of the home where people had their accidents such as, in their bedrooms; the lounge and the conservatory. However, we did not see any analysis of any trends or patterns captured. For instance, one person had four unwitnessed accidents. The report stated the reason for the accidents was the person was adjusting to the new environment. However, the report did not indicate what particular time of the day the accidents occurred or circumstances. This meant people's welfare and safety were placed at risk because the service did not analysis trends or triggers when accidents occurred.

People and their relatives felt the service was well led. They said this was due to the leadership of the registered manager. Comments included, "The manager is very good and tries to give X time when X is lucid which isn't very often", "All I can say is they are wonderful", "I can't give them enough praise" and "It is managed well. The manager is a very good leader." Feedback from the service's 'summary march 2016 of quality assurance responses' showed family members were happy with the visiting arrangements; felt the home was a happy place and they felt included.

Staff talked about the culture of the service and spoke positively about the registered manager. We heard comments such as, "It's a supportive environment. The manager is absolutely great. She's there and is 'hands on'. We all get on, workers and residents", "It's an open environment, the manager is approachable and there's a good team spirit" and "The manager is approachable and supportive. They check to see if I am fine and I feel I can discuss any concerns with her."

Staff knew how to raise concerns or report wrong work practices (otherwise known as whistle blowing) and said they felt comfortable to do so. Comments included, "If I am not happy and felt it was not dealt with by my manager, I will speak to the manager above them", I am aware of how to whistle blow and would if I need to" and "I will ring head office if I had concerns which was dealt with by the manager."

Communication and message book enabled staff to be kept up to date with changes in the service. We noted RGNs were instructed to check the book regularly.

Monthly audits were regularly undertaken and covered a variety of areas such as, care plans and risk assessments; medicines management equipment; storage; fridge/freezer temperature checks; infection control; and a general laundry audit. These highlighted any required actions and those responsible to complete them.

Basic health and safety checks of the building were undertaken which looked at the floors; staircases; general cleanliness; lighting; electrics and fire equipment. We saw this was regularly conducted and any areas of concern were reported to the maintenance team. This ensured people's health and safety was protected.

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 17 HSCA RA Regulations 2014 Good governance The provider did not respond without delay to areas of concerns identified in plans developed to improve the quality of the services provided. The service did not always use relevant nationally recognised guidance. This was because the majority of their policies and procedures were not reviewed and kept up to date. People's feedback for service improvement was not taken into account and acted upon. Regulation 17 (2)(a),(e),

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were inadequate staffing levels during the night. The service did not ensure there was sufficient suitably qualified, skilled and experienced to ensure they could meet people's needs in the registered manager's absence. Regulations 18 (1), (2)(a)