Brookview Nursing Home Limited

Brookview Nursing Home

Inspection report

Holmley Lane, Dronfield, Chesterfield, S18 2HQ
Tel: 01246 414618
Website: www.example.com

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Ratings

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

Overall summary

This inspection took place on 15 January 2015 and was unannounced.

Brookview Nursing Home provides accommodation, nursing and personal care for up to 57 older people and younger adults, including people living with dementia and physical disabilities. At the time of this inspection there were 52 people using the service.

There was a registered manager in post. 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.

Prior to the inspection we received two complaints stating that the home was short-staffed during the evenings and at night. One complainant said that if a member of staff 'called in sick' they were not replaced.

During the inspection we received numerous concerns from people who used the service and their relatives about staffing levels. People told us staff were not always available at the times they needed them. People said this had resulted in them not being able to get up or go to bed when they wanted to, being late for meals, and missing an activity.

Summary of findings

People who used the service told us there were not enough staff available to support them in the mornings, after lunch, at nights and at weekends. Relatives said there were not enough staff in the mornings and at weekends.

We observed lunch being served. We saw there were not enough staff available to provide sufficient support for everyone who needed it. Some people's meals went cold as they waited for staff to assist them. And some people had to wait up to 50 minutes for their meal to be served.

During the inspection we also found that improvements were needed to record keeping. Daily records, in particular, had a number of gaps so it was not clear if people's plans of care had been followed. Gaps in care records put people at risk of not receiving the care they need as staff cannot provide continuity if they do not have an accurate record of what care has already been provided.

There were arrangements in place to regularly assess and monitor the quality of the service. However audits had not picked up gaps and other issues in care records. Nor had they identified that people's care was being delayed due to insufficient staffing levels. This meant that the audit system was not fit for purpose.

People told us they felt safe living in the home and felt that their possessions were safe. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the well-being of any of the people who used the service.

Meals were well-presented and appetising and people had a choice of dishes. People had mixed views on the food but said there was usually something they liked on the menu.

People told us their health care needs were promptly met and relatives informed if they were unwell. People had access to a range of health care professionals and a local GP ran a 'surgery' at the home once a fortnight. This meant people didn't have to travel to an outside surgery for appointments if they didn't want to.

People said the staff were hardworking, kind, patient, and caring. They also told us both they and their visitors were always treated with respect. There was a friendly and inclusive atmosphere within the home with visitors coming and going and joining in with activities.

People were involved in making decisions about their care. People were dressed in clothes they had chosen, and were clean and well-presented.

People had personalised plans of care and told us staff responded to their changing care needs.

The people who used the service, relatives, and health and social care professionals were involved when care was reviewed.

People told us there were a variety of regular activities on offer and they knew the activities co-ordinator who consulted with them about what activities they wanted. Everyone we spoke with told us they had enjoyed the recent trip to a stately home.

People knew who the registered manager was and said they would speak to her if they had a concern. Records showed that some changes and improvements had been made to the service in response to people's suggestions.

We found 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

There were not enough staff on duty to meet people's needs promptly.

Medication was safely managed. Staff knew how to protect people from abuse.

Improvements were needed to the provider's infection control policy.

Is the service effective?

Good

The service was effective.

People had a choice of meals which were well-presented and appetising.

People's health care needs were promptly met and they had access to a wide range of health and social care professionals.

Some staff had still not had training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were unclear as how to best support people to make decisions.

Is the service caring?

Good

The service was caring.

People told us they got on well with the staff who they said were kind, hardworking, patient, and caring.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and were involved when their care was planned and reviewed.

There were regular one-to-one and group activities on offer. People were consulted on what activities they wanted.

People told us staff listened to them if they raised a concern and tried to do something about it.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The home had a friendly and welcoming atmosphere. People told us the registered manager and staff were approachable and supportive.

Summary of findings

People had been asked for their views on the service and changes and improvements made in response.

Improvements were needed to record keeping to ensure that the care people received was properly documented.

Improvements were also needed to the provider's quality assurance system to ensure that shortfalls within the service were identified.

Brookview 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.

This inspection took place on 15 January 2015 and was unannounced.

The inspection team consisted of two inspectors 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. Our expert-by-experience had expertise in the care of older people.

Before the inspection we reviewed the 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.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with nine people who used the service and five relatives. We also spoke with the registered manager, area manager, six members of the care staff team, and two visiting professionals.

We observed people being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at seven people's care records.

Requires improvement

Is the service safe?

Our findings

At our last inspection on 10 April 2013 we found that the provider had not checked that nurses employed at the service were still registered to practice with the Nursing and Midwifery Council (NMC).

This meant that the provider did not have suitable arrangements in place in order to ensure that persons employed were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the registration of all nursing staff had been checked annually and confirmation of registration status from the Nursing and Midwifery Council website had been printed out as evidence of the checks.

At our last inspection we also found the provider did not have safe arrangements in place for the handling and safe keeping of medicines. This was because records for people prescribed skin patch medication were incomplete. Protocols for 'as required' (PRN) medications were not in place for people who needed them, and on one occasion the system to report a medication error had not been followed.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection medication record keeping had improved and the correct documentation, including 'patch check records', were in place for people who had been prescribed skin patch medication.

Records also showed that people who were on PRN medication had protocols in place for when the medication should be given. For example if people diagnosed with dementia were unable to tell staff they needed pain-relief medication staff used 'pain charts' to determine this. This meant they assessed if the person was in pain by looking at factors such as breathing, negative vocalisation, facial expression, and body language. This helped staff to make consistent decisions on whether it was in the person's best interests to give them their medication.

The registered manager said that staff had undertaken training so that they knew to report any medication errors to the person in charge of the home without delay. Staff then followed a set procedure to ensure people were safe. Records showed that audits of medication records and stock checks were carried out weekly and monthly to check that people had received their medicines as required. The registered manager said if any problems were identified she addressed this through staff training and supervision.

People we spoke with who took medication told us they received their medication on time and received support if they needed it. One person said. "I'm not very good at swallowing so the nurse gives me my pills one at a time and waits for each one to go down."

All the people who used the service and all the relatives we spoke with told us they did not think there were enough staff to deal with people's needs at all times. People who used the service told us there were not enough staff available to support them in the mornings, after lunch, at nights and at weekends. Relatives told us there were not enough staff in the mornings and at weekends.

We received numerous concerns from people who used the service and their relatives about the impact they felt this had. Most people who had concerns said they thought the impact was worst in the mornings. For example, one person told us, "I didn't get down here [to the dining room] till 10.30 this morning to have my breakfast. But now I won't be able to eat my lunch because I'm full." Another person commented, "In the morning you have to wait your turn and it can be ages before you can get downstairs."

People told us they did not always have a choice about when to get up and go to bed because it depended on how busy the staff were. One person said, "I like to go to bed early sometimes, but you just have to wait until the carers have time to see to you." One person told us they wanted to get up around 10 to 10.30am every day, but staff could arrive any time from 8am to 12 noon. This person told us they had recently missed a craft activity in the morning because the staff had arrived at their bedroom at 11.30am and by the time they reached the lounge the activity had finished.

Requires improvement

Is the service safe?

People were also concerned about staffing levels at weekends and during the night. One person said, "It's hit and miss at weekends and it's getting worse." Another person told us, "If you'd have come on Saturday you would have seen there were hardly any staff around and everything was late." And another person said, "The nights are the worst – there's not enough staff to go round."

People told us they often had to wait for assistance. One person said, "I usually wait from 15 minutes to an hour before someone comes after I press my buzzer, so I always leave plenty of time if I need something." Another person told us, "Usually someone comes when I press my buzzer after about 5 minutes, but sometimes it's much longer and I waited for an hour recently."

One person said they were worried about other people in the home who needed more support than they did. They told us, "I don't need a lot of help myself, but other people need a lot of help and there are not enough carers to help them."

We observed lunch being served and saw that some people needed help with their meals in terms of prompting and encouraging, but there were not enough staff available to provide sufficient support for everyone who needed it. Several people in the dining room and lounge area ate very little of their meals, which went cold as they waited for staff to assist them.

On the day of our visit we were told that lunchtime was around 12.45pm. We saw that people were in the dining room waiting for their meal for a long time and that by 1.20pm only a handful of main meals had been served. Several people were still waiting for their meal at 1.35pm. Desserts started to be served at 1.55pm in the dining area and 2pm in the lounge area.

Prior to the inspection we received two complaints stating that the home was short-staffed during the evenings and at night. The provide investigated the first complaint and found it to be unsubstantiated. The second complaint, which was similar on content, was followed up at this inspection.

Two staff told us they thought staffing levels were usually satisfactory, but said there was occasionally a problem getting cover if staff were unavailable at the last minute.

We discussed staffing levels with the registered manager. She said staffing numbers in the evening and at night had been increased in December 2014 and records evidenced this. She said there used to be three care workers and a nurse on duty at night, but there were now four care workers and a nurse. She said that if one of these staff were unavailable at the last minute and she could not get cover she let the home run with the original three care workers and a nurse as she felt this was manageable. She said that day time staffing levels were not, and never had been, an issue.

The registered manager also said she did not use a 'dependency tool' to calculate staffing levels, but relied on her own observations, records, and feedback from the people who used the service, relatives, and staff. She said both she and the area manager were of the opinion there were enough staff on duty during the day, and to her knowledge this had never been an issue.

However due to the high number of concerns about staffing levels we received from the people who used the service and relatives, the complaints we received, and the delays we witnessed in people getting their meals, it was evident that staffing were levels were not sufficient to meet people's needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. The registered person did not ensure that, at all times, there were sufficient numbers of staff on duty.

Prior to the inspection we received two complaints that the home environment was unclean and staff did not follow infection control procedures. During the inspection we checked the premises, including all communal areas, some bedrooms and some bathrooms. The provider employed housekeeping staff and we found that all the areas we checked were clean and fresh.

People told us they felt safe living in the home and felt that their possessions were safe.

We looked at how staff protected people and kept them safe. The provider's safeguarding (protecting people from abuse) and whistleblowing policies included guidance for staff about what to do if they had concerns about the welfare of any of the people who used the service. Staff said they had read and understood both these policies.

Staff also told us they had undertaken training about safeguarding and understood the signs of abuse and how

Requires improvement

Is the service safe?

to report any concerns they might have. The registered manager told us safeguarding issues were discussed during staff meetings and supervisions so the people who worked at the home had the opportunity to express any concerns they might have about people's safety.

Records showed that when a safeguarding incident occurred the registered manager took appropriate and swift action. Referrals were made to the local authority and other relevant agencies and CQC was notified of these. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own, in order to protect people.

Following an incident in 2013 when a person left the home unsupervised the management team took action to make the premises more secure. Fire doors were fitted with alarms that sounded through the nurse call system. This meant that staff were alerted if a person tried to leave the building through a fire door. There had not been any further incidents of this nature since that time.

People's care records included appropriate risk assessments. These were reviewed regularly and covered areas of activity both inside the home and out in the wider community. The advice and guidance in risk assessments was being followed. For example, when people needed two staff to assist them with their mobility, or particular equipment to keep them safe, this was being provided.

During out inspection we observed that some staff providing care were wearing false nails. Nationally recognised guidance does not support the wearing of false nails due to the increased risk of cross infection. We checked the provider's infection control policy to see whether their policy included information about this and found that it did not.

Within the provider's infection control policy detailed guidelines were also not included for staff to follow on what products should be used to deal with spillages of body fluids, or for decontaminating beds pans, urinals or commode pans. In addition the guidance for staff on how to properly decontaminate their hands lacked detail. We brought this to the attention of the registered manager who agreed to review the policy and update it where necessary.

Good

Is the service effective?

Our findings

At our last inspection on 10 April 2013 we found that not all staff had undertaken Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) 2009 training.

This was a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some staff had still not had this training, although the registered manager said they were booked to attend courses on the MCA and DoLS in March 2015. She said MCA and DoLS had been discussed with the staff and they understood the basics and knew when to report any issues to her.

People's care records contained details of mental capacity assessments that had been undertaken which related to individual decisions people needed to make. We also found that where people lacked capacity to make decisions, best interest meetings had been held. Five people had DoLS authorisations in place. The registered manager said that when advice and support about deprivation of liberty was needed she contacted the local DoLS team

People told us they thought that the care staff were skilled enough to meet their needs and knew what their needs were. One person said "I've got quite complex needs and the carers are very good, they know what I need." Another person said "The staff are good and they know what they're doing."

Records showed staff had completed a range of courses designed to provide people working in health and social care with the skills they needed. This included training in moving and handling infection control, first aid, and personalised care. Staff were also booked on a series of courses to refresh and update their skills.

People who used the service and relatives had mixed views about the food. Some people said they liked it. Others were less positive. One person told us, "The meals were bad but they have got better." A relative said 'The meals always smell nice'.

People told us they had a choice of two main meals and there was usually something they liked on the menu. One person said, "Sometimes I don't like what's on offer, especially on Friday when it's fish and chips, but I can always have a baked potato or an omelette instead."

On the day of our visit the hot meals at lunch time looked appetising. Meals were well-presented. Soft drinks were served with the lunch and people told us they had enough drinks served during the day.

We looked at people's care records to see how their nutritional and hydration needs were met. We found that when changes in a person's condition had been identified in the daily records, these changes had not always been reflected in their plans of care. For example one person's weight had slowly decreased between July and December 2014. This had not been reflected in their plan of care. We also found that some people had diabetes and their diet and nutritional plans of care did not contain any reference to the condition.

We discussed these issues with the registered manager who said she would review people's care needs in relation to nutrition and hydration to ensure their needs were being met. She also said she would make sure staff had the information and training they needed to support people to have sufficient to eat, drink, and maintain a balanced diet.

People who lived in the home and relatives we spoke with all told us that staff called a doctor swiftly if they were unwell. One person said, "I've had a chest infection and they called a doctor straight away and I got some antibiotics. I'm much better now." A relative told us that staff always rang them if their family member was unwell and a doctor would be called straight away. Another relative told us that they were pleased that the home's staff was supporting their family member to have a medical test at hospital the following week.

Records showed that the people who used the service had access to a range of health care professionals including GPs, district nurses, chiropodists, and opticians. A local GP ran a 'surgery' at the home once a fortnight so people did not have to travel to an outside surgery for appointments if they did not want to.

During our inspection we met with two visiting health care professionals. Both knew the home well and said they were satisfied with the care they had observed. One told us, "No matter what time I come in it's always the same – calm and

Good

Is the service effective?

well organised." They said staff at the home always referred people in need of health care to them without delay. They said the staff worked well with them, and were flexible in how they cared for people because they always put people's best interests first.

Good

Is the service caring?

Our findings

People we spoke with and relatives told us that the staff were hardworking, kind, patient, and caring. They also told us the people who used the service and their visitors were always treated with respect and dignity.

A relative told us that staff were very kind and patient when providing care for their family member who was often resistant to receiving support. They said, "Most of the care workers here know how to deal with [my family member]. You have to give her time and encouragement and they do that." Another relative said, "The staff here are very stretched at times, but they always do their best."

The atmosphere in the home was friendly and inclusive with visitors coming and going and joining in with activities. The registered manager told us that if care workers were going out for the night they often popped into the home on the way so the people who used the service could see them 'all dressed up'. The staff we spoke said they cared for people as if they were their own relatives.

We observed staff supporting people with care and respect. We saw that staff supported people with their mobility appropriately. We saw they transferred people from chairs to wheelchairs safely and reassured people during the process. We also saw that staff communicated well with people, following instructions in care plans. One staff member told us, "You have to speak slowly and clearly to [person's name] and if you do that she understands everything you say."

On the day of our visit we saw that care staff were busy, but polite and courteous to people. We saw that people were given time to mobilise at their own pace and to understand and answer questions. We saw that some people who used the service had chosen to assist with domestic duties. This helped them to keep them independent. One person told us, "I like to help where I can, so I help with the tea trolley and sometimes I help lay the tables."

We spoke with two people who used the service about whether they were involved in the planning of their care. . They both told us that they had a plan of care and that they had been fully involved in both the drawing up of their plans and in the regular reviewing of their care. One person said, "I think it's good that I get a chance to talk to staff about what I need and how things sometimes change." Other people we spoke with told us they did not know they had a care plan, but they were happy they were receiving good care and did not feel they needed to know anything else. Records showed that the people who used the service or their relatives, where appropriate, had signed to say that they understood their plans of care.

We saw that people were dressed in clothes they had chosen, and were clean and well-presented. Several people had recently had their hair done by a visiting hairdresser. Standards of nail care were good and some people had chosen to have their nails painted by staff. Staff were able to explain how they would maintain people's privacy, dignity and independence. Personal care was provided discreetly and staff were seen to be respectful at all times. We saw that staff knocked on bedroom doors before entering and always asked people for permission before they carried out care tasks.

Good

Is the service responsive?

Our findings

People told us staff responded to their changing care needs. One person said, “I’m not so good on my legs now, so the carers have to help me more. They’re very good about it.” One relative said, “When [my family member] began to have trouble eating meals the staff were really good. We discussed it and now she has a soft diet.”

The plans of care we looked at were personalised. People had an assessment prior to admission and this formed the basis of their plans of care. These included information about people’s health and social care needs, likes and dislikes, and preferred daily routines. This helped staff to provide care in the way people wanted it and we observed this in practice.

Records showed that plans of care were reviewed on a regular basis, and mostly updated when people’s needs changed. We saw evidence that the people who used the service, relatives, and health and social care professionals were involved in reviews. The registered manager and staff were knowledgeable about the needs of the people who used the service and were able to tell us who needed extra support at times in order to minimise risk.

During the inspection one person told us they felt they didn’t always get the personal care they wanted when they asked for it. We discussed this with the registered manager who said she was already aware of this person’s concerns and was addressing them.

People said staff listened to them if they raised a concern and tried to do something about it. They told us they would speak to a senior carer or the registered manager if they had a problem and they thought the issue would be sorted appropriately. One relative told us they had spoken to the registered manager about some concerns regarding their family member’s care and these had been dealt with quickly.

The provider’s complaints procedure was displayed in the home. Records showed that complaints were documented and action taken to resolve them where possible. One person said they were still waiting for action on an issue they had raised. The registered manager told us she was in the process of resolving it. If a complaint involved a safeguarding element the registered manager alerted the local authority so they could become involved if necessary.

People told us there were a variety of regular activities on offer, such as bingo, baking, and entertainers. People knew who the activities co-ordinator was and they all said they had enjoyed some interaction with her. Every person we spoke with told us they had enjoyed the recent trip to a stately home and said they would like more trips out. Individual activities were provided for people who were being cared for in bed or otherwise unable to take part in group activities.

The registered manager said the activity co-ordinator was planning future trips and other activities in conjunction with the people who used the service. The activity organiser discussed and planned these in group meetings and on a one-to-one basis with people.

Requires improvement

Is the service well-led?

Our findings

During the inspection we found that improvements were needed to record keeping. Daily records, in particular, had a number of gaps so it was not clear if people's plans of care had been followed. For example, one person needed daily catheter care to prevent infection. Staff told us this was being carried out but as a record hadn't always been made this could not be demonstrated. This meant, for example, that if the person got an infection it would be difficult to find out what had caused this, poor hygiene or another factor.

Another person had high-dependency needs and was mostly being cared for in their room. On the day before our inspection there was a gap of over 13 hours when no entries were made in their daily records, and on the day of our inspection a gap of 11 hours. Although staff again assured us this person had received care during this period it was difficult to substantiate. Gaps in care records put people at risk of not receiving the care they need as staff cannot provide continuity if they do not have an accurate record of what care has already been provided.

We also noted that on some occasions staff recorded that care had been given but did not put the actual time, or they put 'am' or 'pm' instead. This lack of detail did not take into account that some care was time-critical and needed to be recorded to show if care had been provided at the correct time, in order to meet people's needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not ensure that accurate, complete and contemporaneous care records were kept for the people who used the service.

We discussed this with the registered manager who agreed that improvements were needed to care records so staff could demonstrate people's plans of care had been followed. She said she would remind staff of their responsibilities with regard to keeping accurate records and provide further training if necessary.

There were arrangements in place to regularly assess and monitor the quality of the service. The registered manager and area manager carried out weekly, monthly, and biannual audits incorporating all aspects of the home. These were followed by action plans. For example, some areas of the home were in the process of being refurbished after audits had identified the need for this.

However audits had not picked up gaps and other issues in care records. Nor had they identified that people's care was being delayed due to insufficient staffing levels. This meant that the audit system was not fit for purpose.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not ensure that an effective system or process was in place to assess, monitor and improve the quality and safety of the service.

All the people who used the service and relatives we spoke with said they knew who the registered manager was and d that she would speak to her if they had a concern. They also told us they saw the registered manager around the home and she was approachable.

There was a friendly and inclusive atmosphere within the home. Artwork done by people who used the service was displayed in the corridors and communal areas. People had personal possessions and belongings in their bedrooms which gave them a homely feel.

People's relatives and friends helped out on day trips and other events which helped to bring the local community into the home. The home had links with three local churches. Representatives of these churches visited the home and the people who used the service had the opportunity to attend a fortnightly church social afternoon if they wanted to. This helped to make people who used the service people feel part of the local community.

We looked at the results of the last survey carried out in September 2014 to obtain the views of the people who use the service and their relatives. They showed that the vast majority of respondents were satisfied with all aspects of care at the home. All respondents said they were happy to approach the staff and ask for help if they needed to.

Some people who took part in the survey said they thought the menu could be improved. This had also been raised at a 'residents and relatives meeting' where people had asked for 'more variety and bigger portions'. The area manager said that as a result of this finding the menu was reviewed

Requires improvement

Is the service well-led?

and more options included. In addition, three choices of portion size were available for people to choose from. This showed that people had been listened to and changes were made as a result.

Staff told us they were supported and listened to by the management team. One staff member told us, “They know what’s important to the residents and will always try and resolve problems.” They said they attended staff meetings and had individual supervision sessions where they had the opportunity to discuss the home and make suggestions about it. One staff member said, “We have access to the manager 24 hours a day, we can call her any time if we need to.”

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 18 HSCA (RA) Regulations 2014 Staffing **The registered person did not ensure that, at all times, there were sufficient numbers of staff on duty.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not ensure that accurate, complete and contemporaneous care records were kept for the people who used the service.** **The registered person did not ensure that an effective system or process was in place to assess, monitor and improve the quality and safety of the service.**