

Mrs Melba Wijayarathna

Southdown 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 24 and 25 November 2015 and was unannounced. At our last comprehensive inspection on 1 and 9 April 2015 we found breaches of six legal requirements relating to safe care and treatment, person-centred care, the need for consent, safeguarding people, meeting nutritional and hydration needs, employing fit and proper persons and submission of statutory notifications. We issued a warning notice for the breach relating to safe care and treatment. We undertook a focussed inspection on 15 July 2015 to follow up on the warning notice and found that the necessary action had been taken to address our concerns. During this inspection we looked at the other five breaches to check whether the provider had taken the necessary action to meet legal requirements.

Southdown Nursing Home provides accommodation, nursing care and support to up to 29 older people. At the time of our inspection 20 people were using the service, some of whom were living with dementia.

The service is owned by an individual provider who also fulfils the manager's role. It does not therefore require 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 2008 and associated Regulations about how the service is run.

Summary of findings

We found that the previous concerns and breaches identified at our comprehensive inspection on 1 and 9 April 2015 had been addressed. However, we found additional breaches relating to safe care and treatment in regards to medicines management, maintaining people's privacy and dignity, good governance and in relation to the service's CQC registration requirements. You can see what action we have asked the provider to take at the back of the main body of the report.

Staff were knowledgeable about the risks to people's safety. Risks assessments had been undertaken and management plans were in place. Staff were knowledgeable about recognising signs of potential abuse and how to report these concerns. However, medicines management processes were not robust enough to ensure adequate stocks of medicines were kept at the service to enable people to receive their medicines as prescribed.

People's privacy and dignity was not always maintained. People were not always supported to wear clean clothes. People's independence was not always encouraged and supported.

People's care records had been updated. Support plans provided information about people's needs and information was included about people's hobbies, interests and preferences, however, we were unsure about how this information was used to provide an individually tailored service. There was a lack of activities at the service, and a reliance on relatives to enable people to access the local community.

The manager undertook checks on the quality of the service, however these were not robust enough and sufficient systems were not in place to check the quality of all areas of service delivery.

The provider was not adhering to the requirements of their registration. They had not submitted statutory notifications in regards to DoLS assessments and had not displayed ratings previously awarded, both within the home or on their website.

Staff recruitment processes had improved to ensure staff were suitable to work. Staff had relevant experience and the manager undertook checks of their suitability. There was a rolling training programme in place. However, some of the newer staff had missed some of this training. The manager informed us staff had received the required training at their previous jobs but we saw no evidence to support this. Induction processes were not robust and we made a recommendation to the provider about following national guidelines in relation to the induction of new staff.

Assessments had been undertaken to establish people's capacity to make decisions about their care and the support they received. People were supported in line with the Mental Capacity Act 2005 and best interests meetings had been held for people who did not have the capacity to consent to their care. The manager had arranged for people to be assessed to establish whether they required a Deprivation of Liberty Safeguard (DoLS). DoLS ensures that people are only deprived of their liberty to receive care and treatment when this is in their best interests.

People's nutritional needs had been assessed and those at risk of malnutrition received the support they required. Staff were aware of who had specific dietary requirements and how they were to be supported. Staff supported people to access health services and weekly GP rounds were held.

The service was taking part in the 'Vanguard' initiative to aid smoother transitions and continuity of care when people moved between health and social care services.

There were processes in place to ensure complaints and concerns raised were dealt with. The manager reviewed all complaints and incidents to ensure appropriate action was taken to support people.

Staff felt supported by their manager, and their views and opinions were listened to. There were regular staff meetings and staff received individual supervision and appraisals.

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?

Some aspects of the service were not safe. Medicines management processes were not robust enough to ensure appropriate stocks of medicines were kept at the service so people did not run out of their medicines.

Recruitment processes had been improved to ensure appropriate staff were employed at the service. There were sufficient numbers of staff to keep people safe.

Staff were knowledgeable about the risks to people's safety and how to manage those risks. Staff were able to recognise signs of potential abuse and would report these to ensure people were kept safe and free from harm.

Requires improvement



Is the service effective?

Some aspects of the service were not effective. Some staff had received training whilst at the service to ensure they had the knowledge and skills to support people. Other staff informed us they had received this training at a previous job but the manager was unable to confirm this. Induction processes did not take account of good practice guidance.

Improvements had been made and the staff supported people in line with the Mental Capacity Act 2005 and in line with Deprivation of Liberty Safeguards. Staff had reviewed people's nutritional needs, and ensured those at risk of malnutrition received the support they required.

Staff supported people to access healthcare services. The GP regularly reviewed people's health needs.

Requires improvement



Is the service caring?

Some aspects of the service were not caring. People's privacy and dignity was not always maintained. People were not consistently supported to ensure they were well presented and clean. People were not always supported to be independent with daily tasks.

Staff were aware of people's communication needs and supported them with their cultural and religious needs.

People were supported to make decisions about their end of life care and people's preferences about their end of life support were recorded in their care records.

Requires improvement



Summary of findings

Is the service responsive?

Some aspects of the service were not responsive. Improvements had been made to care records and there was better recording of assessments and care plans. Information had been gathered about people's interests, hobbies and routines, however, for some people we were unsure about how this information was used.

There was a lack of activities held at the service and staff relied on relatives to enable people to access the local community.

There were processes in place to investigate and deal with complaints, and we saw that complaints previously raised had been resolved. People's relatives had been asked for their feedback about the service through the completion of satisfaction survey. Previously there had been relative's meetings to obtain regular feedback, however, these had not been held for many months.

Requires improvement



Is the service well-led?

Some aspects of the service were not well-led. The management team undertook checks on the quality of the service, however these were not always robust and did not sufficiently identify and address the concerns we found.

The provider did not always adhere to the requirements of their registration with the Commission. Statutory notifications were not always submitted and ratings awarded were not displayed within the home or on their website.

Staff felt supported by their manager, and felt their views and opinions were listened to. Staff meetings were held to share ideas about the service.

The service was participating in the 'Vanguard' initiative. This initiative supported people to experience smoother transitions and coordinated care when accessing both health and social care services.

Requires improvement



Southdown 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 24 and 25 November 2015 and was unannounced. The inspection was carried out by one 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.

Prior to our inspection we reviewed the information we held about the service including statutory notifications received. We also spoke with a representative from the local authority.

During our inspection we spoke with seven people, one person's relatives, and six staff. We reviewed three people's care records, reviewed staff recruitment, training and supervision records, and medicines management processes. We also reviewed records relating to the management of the service including audits, incident reports and complaints. We undertook general observations and used the Short Observation Framework for Inspection during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we spoke with one visiting healthcare professional and four people's relatives.

Is the service safe?

Our findings

People told us they felt safe at the service. One person's relative told us "Yes, definitely" in regards to their family member being safe at the service. Another person's relative said the person was "as safe as they possibly could be."

Nevertheless, we found that people did not always receive their medicines as prescribed. On the first day of our inspection we saw that one person missed one dose of two of their medicines. For another two of their medicines they were given the last tablet in stock. The manager liaised with the person's GP and pharmacy to ensure additional stock of these medicines were delivered to the service so that the person did not miss any more of their medicines, and we saw that these were in stock on the second day of our inspection. Robust medicines management processes were not in place to ensure appropriate stocks of medicines were kept at the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The rest of the medicines we checked were in stock and people had received these medicines as prescribed. Medicines administration records (MAR) had been completed accurately. We saw that people received their antibiotics as prescribed and 'when required' medicines when needed. Medicines were stored securely and processes had been introduced to ensure safe disposal of medicines. We observed that the nurse was regularly interrupted when administering medicines. This meant that medicines took longer to administer and there was a greater risk of medicine errors occurring. We spoke with the manager about this and they said they were reviewing medicines processes to ensure staff had protected time to administer medicines.

At our comprehensive inspection on 1 and 9 April we found that staff recruitment checks were not robust and did not sufficiently check staff's previous employment and references. Two staff had started work since our previous inspection. We saw that recruitment checks were undertaken to ensure staff were suitable to work at the service. Staff had previous experience of working within a care setting and had undertaken training relevant to their role. References were obtained from previous employers to check new employee's suitability. The manager told us these were obtained over the telephone and we saw records of the references received. However, for one staff

member the manager was unable to locate the required documentation. We informed the manager of the importance of keeping accurate staff records and they told us they would locate and file the required paperwork. Criminal records checks and a person's eligibility to work in the UK were also undertaken. The service was now meeting the legal requirements in relation to the recruitment of staff.

The manager informed us the nurse in charge undertook environment safety checks each shift and informed the manager of any concerns raised. However, we observed that some areas of the environment were not safe for people to use. Two lights were not working meaning corridors were dark and could make it harder for people to see where they were going. We observed that there was wiring exposed in a toilet, ripped carpet on the stairs that posed a trip hazard and the upstairs office which contained a number of hazards as well as confidential information was accessible to people using the service and others. We informed the manager of our concerns and they amended them during our inspection to ensure a safer environment was provided.

Staff were aware of the risks to people's safety and how to keep them safe and free from harm. Staff undertook assessments to establish risks people faced including who was at risk of falling or developing pressure ulcers. These assessments were regularly reviewed to ensure they reflected the current risks to people's safety. Staff ensured people had the required equipment to minimise these risks, including mobility aids. Staff were aware of how to transfer people safely. Staff ensured people received the care they required after a fall including regular observation and taking them to hospital if required.

Staff were knowledgeable in recognising signs of potential abuse and ensured that any concerns were recorded and reported. The manager liaised with the local authority's safeguarding team if they had any questions or concerns. Some staff were unsure of how to raise a safeguarding concern directly with the local authority safeguarding team, but told us they would find out this information if they needed to raise any concerns. Staff were aware of whistleblowing procedures and how to escalate their concerns if required.

There were adequate staffing levels to keep people safe. One person told us, "We've got plenty of staff." Staff responded quickly to call bells and were available to

Is the service safe?

support people. The number of staff available could be increased if people's needs increased, such as when their health deteriorated or they were receiving end of life support. There were sufficient staff to cover annual leave

and training requirements. The service used one agency staff member. The manager ensured this was the same staff member so they gave consistency to the care provided and were familiar with people and the service.

Is the service effective?

Our findings

People's interests and rights were promoted because staff adhered to the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. The 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).

At our comprehensive inspection on 1 and 9 April 2015 consent to care and treatment was not always sought in line with legislation and guidance. The provider told us some people did not have the capacity to make decisions, however MCA assessments had not been undertaken to establish this and the Act had not been followed in regards to making best interests decisions for people. People were sometimes deprived of their liberty without the correct procedures being put in place.

At this inspection 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 that people were supported in line with the MCA. People were involved in decisions about their care and their decisions were respected. The service involved people's relatives and other health professionals to make decisions within people's best interests if they did not have the capacity to make their own decisions. Information was included in people's care records if a power of attorney had been allocated to make decisions on people's behalf and the service ensured they were involved in decisions made.

The manager had arranged for people to be assessed to establish if a deprivation of liberty safeguard was required to keep people safe. Some people had been assessed as requiring a DoLS and the staff supported people in line with the conditions of their DoLS. The service handbook provided staff with information about the MCA and DoLS,

however, some staff had limited knowledge about this legislation. The manager informed us they would discuss MCA and DoLS at the next staff meeting. The service was now meeting the legal requirements in relation to the need for consent.

At our comprehensive inspection on 1 and 9 April 2015 the provider did not actively seek people's views on menu planning. People's specific requests in regards to meal choices were not always met. People did not have personalised nutritional risk assessments and management plans in place meaning people may have been at risk of malnutrition.

At this inspection we found malnutrition risk assessments were included in people's care records and care plans instructed staff about how to support people with their nutrition and hydration. Staff were knowledgeable about people's dietary requirements and any specific dietary needs they had, for example, if they required a soft diet or a low sugar diet due to their diabetes. Staff monitored people's weight and liaised with healthcare professionals if they had any concerns. We saw people were offered food and drink throughout the day, however, these were at set times during the day. People were offered a choice of meals, however, people told us they were not able to contribute to what was on the menu. One person said, "I've never been asked for my opinion." A relative told us the main meal at lunchtime was "very good" but that at times the evening meal could be "bland". The service was now meeting the legal requirements in relation to meeting the nutritional and hydration needs of people.

Staff supported people with their health needs. The service was taking part in a local initiative called 'Vanguard' which involved both social care and healthcare services. Part of this initiative involved a weekly ward round by the allocated GP. This enabled staff to review each person and to monitor and identify health needs regularly, to ensure people received the support they required and preventative care. Staff supported people to have their primary healthcare needs met, and organised for a dentist, chiropodist and optician to visit people at the service. Staff organised for people to access additional healthcare services in an emergency and if they had concerns about a person's health. One person's relative told us staff kept them well informed about any changes in the person's health.

Is the service effective?

New staff undertook an induction to enable them to familiarise themselves with the service and the people using the service. This included shadowing more experienced staff and reading the service's policies and procedures. However, this was not robust and did not incorporate good practice guidance. The manager organised a rolling programme of training for staff to ensure they had the skills and knowledge to support people. Staff had recently completed training on first aid, fire safety and health and safety. Staff had also received training on supporting people with dementia, supporting people who displayed behaviour that challenged staff and recording. Some of the new staff had missed the previous training. The manager told us staff had received the required training during previous jobs, however, the manager did not have certificates and had not seen documented evidence of this training. Some staff had not received safeguarding adults training within the last two years. The manager told us this was scheduled and staff would receive this training soon. Nursing staff undertook

medicines management training provided by the local pharmacist. The manager told us they undertook competency checks to ensure nurses followed good practice in regards to medicines management, however, these checks were not documented.

Staff had supervision from their manager which gave them the opportunity to discuss their performance, highlight their strengths and to obtain further support for areas requiring improvement. Staff told us they found supervision sessions to be helpful. But some staff wanted them to be more frequent. Staff also received an annual appraisal to review performance and discuss further objectives and learning plans. We saw that any concerns regarding staff performance were discussed during supervision and appraisals.

We recommend that the provider considers nationally recognised good practice including the Care Certificate to induct staff new to a caring role within adult social care services.

Is the service caring?

Our findings

One person's relative told us, "The staff are lovely. Everybody does their best." One person said in regards to staff, "We have a laugh." We observed staff speaking to people politely and checking whether there were anything they needed. However, one relative told us their family member had been spoken to rudely by staff which had upset them. Another relative told us they "couldn't fault the staff" and they were "always helpful" and "kind" but that the staff did not always have the time to spend with their family member and reassure them.

Despite some of the positive feedback we received about staff from people and their relatives, we found that people's dignity was not always maintained. One relative told us they had concerns that staff were not supporting people as regularly as they would like, to change their clothes and have their continence needs met. We observed that some people had spilt food down their clothes. The staff had not supported the people to change their clothes and during the day we saw that further food and drink had been spilt. We observed during lunchtime for some people, who had their meals in the lounge areas, that the tables were not placed close enough to them which meant they had to lean over to reach their food. This led to some people spilling their food when trying to eat. Whilst on some occasions staff supported people to change, this did not always happen. One person's relative told us their family member had spilt their breakfast down their jumper and staff had supported them to get changed before going to a hospital appointment.

One person's relative told us that they had concerns that their relative's oral hygiene was not being maintained. We discussed this with staff and on the second day of our inspection a dental hygienist visited the person to review their oral health.

People's privacy was not always maintained. The doors to people's bedrooms had a glass panel. On the first day of our inspection as we walked past a person's bedroom we could see they were receiving support with their personal care. We brought this to the manager's attention and they told us they had arranged for the glass panels in all bedroom doors to be covered with a frosted covering and we saw this was completed during our inspection.

People were not always supported to maintain their independence. We observed at lunchtime that staff were assisting one person to eat their meal. When staff left them to attend to someone else's needs the person started to eat their meal independently. When the staff returned they went back to assisting this person rather than allowing the person to eat independently. We also observed this with a second person. They had been eating independently at the start of the meal and then a staff member came to take over and assist with eating which meant the person's ability to eat independently was not respected.

This was a breach of Regulation 10 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014.

Staff offered people choices and involved them in day to day decisions about their care. Staff told us they asked people for their preferences and information about their daily routines. They asked people prior to undertaking tasks and supported them in line with their wishes. This included involving them in day to day decisions such as what people wanted to wear.

Staff were aware of people's communication needs. Two people using the service had limited English. Staff used prompts sheets and gestures to communicate with them. Their family, or translators if their relatives were unavailable, were used to discuss more complex information about the service or the care they received. Another person's records informed staff to speak to them slowly and in short sentences to aid understanding.

People were supported with end of life care. People were involved in decisions about the care they would receive and were involved in developing advance care decisions. We heard from a visiting healthcare professional that staff were receiving additional training so they could support people with developing advanced care plans. We saw that people's preferences in regards as to where they wanted to receive end of life support were recorded, and it was identified whether the person wanted to be resuscitated or not should they become very ill. Information was included about funeral arrangements and who people wanted involved in end of life decisions. People receiving palliative care had 'coordinate my care' documents in place which was used to inform all healthcare professionals involved in the person's care about their end of life choices. Staff were

Is the service caring?

working with colleagues from a local hospice and were in the process of applying for accreditation with the Gold Standards Framework, which promotes good practice in end of life care.

Is the service responsive?

Our findings

The provider did not have robust arrangements to make sure people's needs were appropriately assessed so action could be taken to meet the identified needs. At our comprehensive inspection on 1 and 9 April 2015 we found that care plans were not updated regularly and there was a risk that people were receiving care based on out of date information that did not take their changing needs into account. Daily records kept of people's care did not always indicate that care was delivered in accordance with individual care plans. We found that some care plans lacked detail about how people were to be supported. We found that there were not sufficient activities available and staff did not routinely support people to take part in activities outside the home. We found that the service did not always support people with their religious needs.

At this inspection information had been obtained to enable personalised care to be delivered. This included information about people's interests, hobbies, previous occupations and those important to them. However, for some people we were unable to see how this information was put into practice to tailor the service to people's preferences and interests.

We found there was still a lack of activities at the service and staff relied on relatives to enable people to access the community. One person told us, "There's nothing to do downstairs or [anyone to] talk to." Another person said, "Oh no, we never go out." The service had received feedback from relatives through the completion of satisfaction surveys that there was a lack of stimulation and engagement with people through the completion of activities. The service had since implemented an afternoon activity and we observed some people engaging in bingo during our inspection. However, apart from this afternoon activity session there were few activities being held, which could lead to people feeling bored and isolated. One person's relative said, "I don't think they do any activities at weekends - we've never seen any." The service continued to not meet people's social and recreational needs and be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans had been reviewed and provided clear and detailed information about people's care needs. Staff assessed people's needs and produced care plans for each identified need, outlining what support was required and

how this support was to be delivered. 'At a glance' sheets were being developed to provide one page summaries of people's needs and key information about them which would enable staff to easily access information about people.

People's care plans provided clear detailed information to staff about how to support people with certain diagnoses and what signs to look for to indicate a nursing or health need. For example, for people with diabetes staff were aware of what was a 'normal' blood sugar range for the person and what signs to look for that the person was experiencing high or low blood sugar levels.

Information was included in people's care records about what upset them and how they were to be reassured if upset or anxious. We observed staff reassuring a person who had become upset and spending time with the person to try and understand why they were upset and how this could be resolved.

We found staff supported people to practice their faith and to celebrate religious festivals. Christmas decorations were displayed and a Christmas party had been planned. One person's relative told us their family member was looking forward to the Christmas celebrations. The manager had organised for a local choir group to come in around the Christmas period to sing carols with people. Staff were aware of people's culture and backgrounds. Staff supported people to participate in events related to their culture, for example, celebrating Chinese New Year.

The manager asked for relative's feedback through the completion of satisfaction surveys. The majority of the responses we viewed were positive about the care and support provided, however, relatives felt improvements could be made regarding the activities on offer. The service previously held meetings with people and relatives to obtain their feedback on an ongoing basis, however, these had not been held for a number of months.

There was a process in place to review and respond to complaints. We reviewed the complaints made since our previous comprehensive inspection in April 2015 and saw that all concerns raised were investigated and dealt with appropriately. Information was provided to complainants about how to escalate their concerns if they were not satisfied with how their complaint had been handled. One person's relative told us they had raised some concerns with the manager and "They always do their best to rectify

Is the service responsive?

issues.” Two people’s relatives told us the majority of the concerns they raised had been dealt with. However, they were concerned that some of the improvements required relating to the environment had not been identified by staff.

Is the service well-led?

Our findings

People were not protected against the risks of poor care because the provider did not have effective quality assurance systems. The manager reviewed the quality of the service through the completion of audits, however these were not effective and had not identified our concerns regarding medicines management, treating people with respect and dignity and the continued breach of the regulation regarding person centred care.

Audits were undertaken reviewing the quality of people's care records and medicines management processes. However, the medicines management audit was undertaken monthly and there were not sufficient checks within the month to identify concerns and ensure adequate stocks of medicines were kept. Processes were not in place to follow up concerns identified. For example, a visiting professional highlighted the concern to the manager regarding the person not having their required medicine. The manager had identified they were low in stock for these medicines a few days before but had not followed up to ensure new stock had been delivered. Environment checks were not sufficient to identify the concerns we raised on the day regarding the suitability of the environment. Checks were not robust to review the quality of ongoing care provided to people and it had not been identified that people were not always treated with respect and supported to change their clothes when required. Information had been gathered about people's interests and hobbies but this was not implemented sufficiently to support people with their social and recreational needs. Checks were not sufficient to review how person centred care was delivered and implemented at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 1 and 9 April 2015 we found that the provider did not submit statutory notifications as required in regards to deaths at the service. At this inspection we found that statutory notifications of deaths were submitted. The service was now meeting Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. However, they had not submitted notifications regarding applications to deprive people of their liberty. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider was required to display the ratings awarded at their previous inspections. However, the manager was unaware of this requirement and the rating was not displayed at the service or on their website. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management structure had been reviewed and revised providing additional leadership at the service. Staff were clear about their roles and responsibilities, and who to escalate concerns to when required. The majority of staff told us they felt supported by the manager of the service and felt able to approach them if they had any concerns, worries or questions.

We spoke with a representative from the local authority who told us the management and leadership at the service had been strengthened. They said the manager was open to constructive feedback and had worked with them to address the previous concerns identified. A visiting professional told us the staff, "want to learn" and they were committed to continuous improvement. They said any advice given was listened to and used to improve the care and support provided to people.

Staff told us they felt comfortable expressing their views and opinions, and that the manager listened to their ideas. One staff member told us this included their idea to implement the 'resident of the day' initiative and 'at a glance' documentation. The 'resident of the day' initiative meant each day a person's care and support was reviewed to ensure it was applicable and appropriate to their needs. There were monthly staff meetings. Whilst we saw the agenda of the meetings, the minutes were not available. Therefore we were unable to view the actions from the meeting and whether they were completed. We spoke to the manager about this who stated a record of actions required was kept but they were unable to locate the documentation. A staff satisfaction survey had been completed. We reviewed the findings from the 2015 survey which showed staff felt valued by their manager, felt able to contribute suggestions, and felt their work was recognised by the manager.

Staff recorded all incidents and accidents. The manager reviewed all incidents to ensure appropriate action was taken to maintain people's safety. If required the manager addressed performance concerns with individual staff

Is the service well-led?

members. The manager implemented new processes to minimise the risk of incidents recurring. For example, ensuring one staff member was allocated to support people in communal areas.

The service was participating in the local Clinical Commissioning Group's initiative called 'Vanguard'. This initiative was designed to enable health and social care services to work more closely together and to ensure smooth transitions when people living in care homes have to access both services. A member of the management

team told us about how people were cared for in the home and only admitted to hospital when necessary. To support this process they were using another initiative to aid admission to and discharge from hospital. A 'red bag' had been provided in which the staff included the person's belongings and relevant paperwork so that everything the person would require during their admission and the information hospital staff required to care for and treat the person was accessible.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014: Person-centred care</p> <p>The registered person did not ensure the care provided met service users' social and recreational needs, and was in line with their preferences. (Regulation 9 (1) (a) (b) (c)).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>Regulation 10 of the HSCA 2008 (Regulated Activities) Regulations 2014: Dignity and Respect</p> <p>The registered person did not ensure service users were treated with dignity and respect and were not supported with their independence. (Regulation 10 (1) (2) (a) (b)).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</p> <p>The registered person did not ensure the proper and safe management of medicines because they had not ensured people's medicines were always in stock so they were available to administer to people as prescribed. (Regulation 12 (1) (2) (g)).</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014: Good governance

The registered person did not ensure robust systems and processes were in place to assess, monitor and improve the quality of the service. (Regulation 17 (1) (2) (a)).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments

Regulation 20A of the HSCA 2008 (Regulated Activities) Regulations 2014: Requirement as to display of performance assessments

The registered person did not ensure that the rating provided by the Commission from previous inspections was displayed on their website or in their premises. (Regulation 20A)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

Regulation 18 of the Care Quality Commission (Registration) Regulations 2009: 18 Notification of other incidents

The registered person did not notify the Commission of applications for standard authorisations to deprive a person of their liberty. (Regulation 18 (4A) (a)).