Four Seasons
Birchdale

Inspection report

Moore Street
Old Sunderland Road
Gateshead
Tyne and Wear
NE8 3PN
Tel: 0191 477 6777
Website: www.fshc.co.uk

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Ratings

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

Overall summary

This was an unannounced inspection carried out on 26 November 2014.

We last inspected Birchdale in April 2013. At that inspection we found the service was meeting all its legal requirements.

Birchdale Care Home provides accommodation for up to 63 people who need support with their personal and health care. The home mainly provides support for older people many who are living with dementia. The home also provides general nursing support to some people.

The home is a large, purpose built property. Accommodation is arranged over three floors and there is a passenger lift to assist people to get to the upper and lower floor. The home has 63 single bedrooms all with an en-suite facility. There were 26 people living at the home at the time of our inspection.

There was a registered manager in place, however the registered manager was not available at the time of inspection. A temporary manager was running the home. A registered manager is a person who has registered with

Summary of findings

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.

Although people said they felt safe and they could speak to staff. Comments included; "Safe, yes, the staff are so nice to me and pleasant." Another person commented; "I feel very safe and if I was not happy I would let them know." We found there were not always enough staff on duty to provide individual care and support to people and to keep them safe as staffing levels were not maintained.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

The necessary checks were carried out to ensure the building was safe and fit for purpose.

Staff knew people's care and support needs but detailed care plans were not in place to help staff provide care to people in they wanted. They were also not available to give staff guidance to provide consistent care to people who displayed distressed behaviour. Information was not available for all people with regard to individual preferences, likes and dislikes. We found records did not all accurately reflect people's care and support needs.

People said staff were kind and caring. Comments included; "Staff are very pleasant and helpful." "The carers are very pleasant." "Staff keep me up to date with the care and; "If I want anything doing they will do it." Staff responded patiently to people's requests for assistance. They spoke warmly to people and noticed when people needed any help.

Menus were varied and a choice was offered at each mealtime. Staff were sensitive when assisting people with their meals and the catering staff provided special diets which some people required.

Birchdale was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training and had a good understanding of the Mental Capacity Act 2005 (MCA) and Best Interest Decision Making, when people were unable to make decisions themselves. Staff were provided with other opportunities to receive training to meet people's care needs.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed. People received their medicines in a safe and timely way.

People had the opportunity to give their views about the service. There was regular consultation with people and their family members and their views were used to improve the service. A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided.

We found two breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010 in relation to staffing levels and records.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Most aspects of the service were safe. Although people told us they felt safe we found systems were not all in place to ensure their safety and well- being at all times.

People's medicines were managed appropriately.

People were sometimes at risk because sufficient staff were not always on duty to provide supervision and care to each person.

Staff did not have guidelines to safely manage distressed behaviour and provide consistent care to people.

Other checks to protect people were in place. Staff were appropriately vetted. Regular checks took place to make sure the building and equipment used to transport people were safe and fit for purpose.

Requires Improvement

Is the service effective?

The service was effective. Staff were well supported to carry out the role and they received the training they needed.

People's rights were protected. Best interest decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

People received appropriate health and social care. Other professionals were involved to assist staff to make sure their care and treatment needs were met.

People's nutritional needs were met and specialist diets were catered for.

Good

Is the service caring?

The service was caring. Relatives and people we spoke with were complimentary about the care and support provided by staff.

People's rights to privacy and dignity were respected and staff were patient as they provided support.

There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views and wishes of people who are not able to express their wishes.

Relatives said they were involved and kept informed about their relatives care and any change in their condition.

Good

Is the service responsive?

The service was not always responsive to people's needs. Written information was not always available for all people to make staff aware of the person's individual preferences, likes and dislikes

Requires Improvement

Summary of findings

People did not always receive support in the way they needed because staff did not have detailed guidance about how to deliver people's care. Care plans did not provide detail of people's care and support requirements.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good

The service was well-led. The registered provider had made changes to strengthen the management team to improve the running of the home.

People were positive about the changes. They said communication was good and they felt they were listened to.

Staff said they had more information and record keeping had improved to help them meet people's care and support needs.

The registered provider monitored the quality of service provided. They had introduced improvements to ensure that people received effective care that met their needs.

Birchdale

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 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.

We did not request a Provider Information Return (PIR) before we undertook the inspection, due to the late scheduling of the inspection. A PIR 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.

This inspection took place on 26 November 2014 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist nursing advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people. The specialist advisor helped us to gather evidence about the quality of nursing care provided. We undertook general observations in communal areas and during mealtimes.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. During the inspection we spoke with 10 people who lived at Birchdale, four relatives, the deputy manager, six support workers, the activities co-ordinator, two catering staff, the temporary manager and regional manager.

We observed care and support in communal areas and looked in the kitchen and six people's bedrooms. We reviewed a range of records about people's care and how the home was managed. We looked at care plans for six people, the recruitment, training and induction records for four staff, five people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and their relatives, the maintenance book, maintenance contracts and the quality assurance audits that the registered manager completed.

We reviewed other information we held about the home, including the notifications we had received from the provider about deprivation of liberty applications, safeguardings and serious injuries. We also contacted commissioners from the local authority and clinical commissioning group who contracted people's health and social care. The local authority commissioners told us they had suspended the admission of people with nursing needs to the service from 18 July 2014 until 11 November 2014, as the service was not meeting its contractual obligations with regard to the provision of nursing care. We spoke with the local safeguarding team who had concerns the service had under reported safeguarding concerns before July 2014.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Due to some people's complex needs we were not able to gather their views. Other people said they felt safe and they could speak to staff. Comments included; "Safe, yes, the staff are so nice to me and pleasant." Another person commented; "I feel very safe and if I was not happy I would let them know." People told us they would feel confident to speak to staff about any concerns if they needed to.

We had concerns there were not enough staff on duty to ensure the safety and well-being of people who used the service. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The local authority safeguarding team told us 17 safeguarding incidents had been reported between April and November 2014 about aspects of care provided to people who lived at Birchdale. Only 20% of them had been raised by the service, the others had been raised by people such as visiting health professionals and local authority commissioners. They concerned health issues such as medicines, tissue viability and nutrition. The alerts had been investigated and where they were substantiated the necessary corrective action had been taken. As a result of the safeguardings the registered provider had strengthened the management team by recruiting a deputy manager with a clinical background.

Staff training records showed staff had received safeguarding training which had been provided by the organisation. The deputy manager told us staff were to receive updated local authority safeguarding training to ensure they were all aware of the multi-agency procedures and to understand the roles of the different agencies. Staff we spoke with at the inspection had a good understanding of safeguarding and knew how to report any concerns. They were able to tell us how they would respond to any allegations or incidents of abuse and were aware of the lines of reporting within the organisation.

We checked the management of medicines. People received their medicines in a safe way. Up-to-date policies and procedures were in place to support staff and to ensure medicines were managed in accordance with current guidance. People had 'medicine capacity' assessments in place to record if they were able to administer their medicines independently or needed support. We observed a medicines round on the ground floor and saw the worker remained with each person to ensure they had swallowed their medicines. Medicines records were accurate and supported the safe administration of medicines. We found that there were no gaps in signatures and all medicines were signed for after administration. All medicines were appropriately stored and secured. Medicines were not used inappropriately to control distressed behaviour. The deputy clinical manager said; "I always have a good rationale for administering 'when required' (PRN) medicines."

Risks to people's safety had been assessed by staff and records of these assessments had been made to minimise the risks. These assessments included for falls, swallowing, nutrition and the use of bedrails to keep people safe.

The regional manager told us staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times. We spoke with staff about staffing levels at the home. Some told us that more staff would be appreciated. On the day of inspection there were six support workers and the deputy manager to provide support to 26 people. This did not include the acting manager. Due to the layout of the building and some people's high dependency needs we observed there were not enough staff to provide direct care and support to people in a safe and timely way.

To one lower ground floor unit that accommodated six males, some whom had distressed behaviour we saw there was one female support worker. Support plans showed at times people on this unit required the assistance of two support workers when they were distressed. We heard two people who were distressed and agitated. We observed people had to wait longer for assistance as only one staff member was available. The staff member had to ask for relief to go off the unit as they were feeling under pressure and the activities person provided support. On another unit, that supported two people who were confined to bed, there was one support worker. Both of the people required two members of staff for assistance for regular positional changes and other moving and assisting requirements. This meant the worker had to get assistance from another area of the home, thus reducing another unit's staff numbers. Staff did not always get a break as the relief member of staff was supplied from another unit which in turn left only one staff member to work on the unit that supplied the member of staff.

Requires Improvement

Is the service safe?

A unit for people who lived with dementia provided two staff members to support nine people. We observed at lunchtime on this unit, people had to wait for assistance as only two members of staff were available to assist four people to eat and at the same time serve the meal to the other five people. This meant people had to wait to be assisted to eat, after their food had been served, and other people had to wait a longer time in between courses as people were assisted to eat.

At the ground floor there were nine people, some whom were confined to bed or chose to spend time in their room. Most of them required two staff to provide support to them, so when staff were busy with a person other people had to wait. Staff on the units said it would be good to have another staff member on duty each day as they had to help out on the lower ground floor unit, where there was one worker, with people's moving and assisting needs. This meant when staff were busy people had to wait or were left unsupervised and when people displayed distressed behaviour staff did not always have time to attend to them in a timely way as they were assisting other people. We spoke to the temporary manager and regional manager about our concerns with regard to the staffing levels and we were told this would be addressed.

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the home. We spoke with members of staff and looked at four personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. A newly appointed staff member said; "I was asked to supply the names of two referees and a disclosure check was completed before I started work in the home."

The provider had arrangements in place for the on-going maintenance of the building and a maintenance person was employed. Repairs were carried out promptly. Records we looked at included; maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose.

We had concerns with the cleanliness in areas of the home. There was an odour of urine on the ground floor unit identified at the time of inspection.

The carpets in the main hallways were also shabby and showing signs of wear and tear.

We considered that improvements were necessary to ensure a clean and well maintained environment in all areas of the home.

Good

Is the service effective?

Our findings

Staff were positive about the training opportunities provided. One staff member said; "I received induction training when I started, to tell me about the job." Another said; "New staff get good support here, we all help each other." And; "I'd like to do advanced first aid training." And; "I've been offered the opportunity to do a diploma in health and social care."

Staff said they received regular supervision from the management team, to discuss their work performance and training needs. One person said; "I just had a meeting three weeks ago." Staff told us they were well supported to carry out their caring role. They said they had regular supervision every two months with the acting manager or deputy manager and could approach them at any time to discuss any issues. They also said they received an annual appraisal to review their work performance. They said there was a good atmosphere in the home and they felt well supported by colleagues and senior staff.

The staff training records showed staff were kept up-to-date with safe working practices. The deputy manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as; dementia care, continence, palliative care, falls prevention, oral care, catheter care, wound care, distressed behaviour and a syringe driver workshop. They had also received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

The newly appointed deputy manager had introduced changes in the home and purchased appropriate equipment, to strengthen and improve the clinical care of people. This was to ensure people received effective care, based on best practice. Through the deputy manager's supervision nursing staff were equipped with the knowledge and skills to carry out their roles and responsibilities more effectively to meet people's general nursing needs. Equipment had been purchased/replaced that included; a syringe driver, a camera to photograph wound assessments/progression of healing, a sphygmometer for blood pressure measurement. A calibration of the weighing scales for the accurate weighing of people had also taken place.

CQC monitors the operation of the DoLS. DoLS are part of the MCA. These are safeguards put in place by the MCA to protect people from having their liberty restricted without lawful reason. We checked with the regional manager and deputy manager that DoLS were only used when it was considered to be in the person's best interests. They were aware of a court judgement that extended the scope of these safeguards. We found as a result, that a number of applications were being considered and three people were currently subject to such restrictions.

Records showed assessments had been carried out, where necessary for people's capacity to make particular decisions. For example; a best interest decision was in place, as required by the MCA , because a person no longer had the mental capacity to understand the risks involved with not taking their medicines.

During the inspection we observed there was a relaxed and calm atmosphere in most areas of the home. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

We checked how the service met people's nutritional needs. People had food and drink to meet their needs. Meals were well presented and people said the food was "fine", "plenty to eat" and they were offered a choice. Comments included; "I get sick of beans and I get something else." Another person said; "No problems with food, if I ask for something I get it." And; "The food's getting better." People were offered regular drinks and snacks throughout the day in addition to the main meals. Staff knew about people's dietary and nutritional preferences. A 'diet notification' form was completed with people, where possible, and given to the catering staff to ensure they were aware of specific dietary needs. We saw this information corresponded with people's nutritional care plans that identified requirements such as the need for a modified diet. The chef was aware of people's different nutritional needs and special diets were catered for.

People's weights were checked on a regularly basis so action could be taken when necessary and referrals made to relevant health care professionals, such as, GPs, dieticians and speech and language therapists. There were food and fluid charts in place where people had been

Good

Is the service effective?

identified as being at risk of malnutrition and dehydration. This meant people's food and fluid intake was monitored and action could be taken promptly if concerns were identified.

People's healthcare needs were met as records showed staff received advice and guidance when needed from specialists such as; physiotherapists, speech and language teams, tissue viability staff and occupational therapists. People had regular access to the GP or district nurse when appropriate. A person commented; "I often see the doctor and if I need anything I get it." Records were kept of visits and any changes and advice was reflected in people's support plans. For example, advice was available in one person's support plan from the speech and language team. A person who was at risk of poor nutrition was visited by a tissue viability nurse every six weeks as they were also at risk of pressure damage to their skin due to possible poor nutrition and hydration.

People's needs were discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. A staff member commented; "I started at 2.00pm, now that (name) is here I now get a handover." A handover of information took place between the deputy manager and nursing staff and support workers. The information was verbal and written and it was detailed. It focused upon people's needs such as medicines, nutritional needs, DoLS/ best interest outcome, feedback from health care professionals, hospital and family visits. At the handover we heard one person who displayed distressed behaviour was discussed to explore if the distress was related to a behavioural or to a physical health need. As a result of the discussion, plans were put in place for the person and to obtain the involvement of the community multi-disciplinary health care team.

The environment met the needs of the people who lived at the home. Corridors were wide and bright. Memorabilia, pictures and photographs were available on the dementia care unit that people could relate to. For example, pictures of local scenes and past events. There was signage to help people identify their own rooms and to help them maintain some independence as they moved between their room and communal areas. People's rooms were personalised and some had been re-decorated and furnished according to their particular wishes.

Good

Is the service caring?

Our findings

People were complimentary about the care provided by staff. They said staff were caring and they felt comfortable with them. Comments included; “The staff are kind and caring.” One relative commented; “I visit every day and I’ve come into my wife’s room to find a care worker sitting talking to my wife and holding her hand.” Another relative said; “Staff are very pleasant and helpful and everything about (name)’s care is fine.” A person who lived at the home said; “The carers are very pleasant and will sit and talk to me and explain what they want to do.” And; “Staff keep me up to date with the care and If I want anything doing they will do it.” Another person said; “The staff are okay.”

We observed the interactions between the staff and people who lived in the home. Staff talked and engaged with people in calm and quiet way. They were enthusiastic and made time to talk to people. A staff member encouraged a person to sing, as the person enjoyed singing, whilst gently holding their hand. Staff bent down as they talked to people so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. For example; “Do you want me to take your drink?”

Staff approached people discreetly, without drawing attention to the request and asked if it was alright to offer support and offered them assistance to go to the lavatory. Another person was supported by staff to change position in their chair and this was done without drawing attention to the person’s difficulty. Staff responded compassionately and patiently to requests for assistance. They spoke warmly to people and were quick to notice when people needed any help. For example; “Good morning, (name), how are you, are you okay, can I put your back rest up.? Staff made themselves available to people and checked if they needed any assistance in their rooms.

Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as two plates of food, two items of clothing. They also observed facial expressions and looked for signs of discomfort.

People’s privacy and dignity was maintained. We saw that staff knocked on people’s doors before they entered their rooms and they asked for permission to carry out personal care tasks. At lunchtime people received a meal of their choice and appropriate support was provided by staff either in people’s rooms or in the dining rooms. Tables were set with table cloths and menus were available. Support workers were helpful and assisted people to eat or provided prompts of encouragement. Staff chatted with people as they helped them and the atmosphere was calm and relaxed. People ate well and appeared to enjoy their food.

There was information displayed in the home about advocacy services and how to contact them. Advocates can represent the views and wishes for people who are not able to express their wishes. No one had an independent advocate at the current time as people had relatives involved. Relatives told us they were kept informed of any changes in their relatives care. One person commented; “Communication has improved.”

Requires Improvement

Is the service responsive?

Our findings

People commented there were activities and entertainment. One person said; "I do not always get involved in group events but instead the activities person will do some hand care for me." Another person said; "I'll not go to music this afternoon as it's too noisy."

We found records did not all accurately reflect people's care and support needs with guidance for staff to deliver care and support in the way the person wanted. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's needs were assessed before they moved into the home to ensure that staff could meet their needs and that the home had the necessary equipment to ensure their safety and comfort. Records confirmed that preadmission assessments were carried out before people moved into the home.

Staff at the service responded to people's changing needs. One staff member told us; "Since the new manager started care plans are much better. This helps to make sure people get the right care at the right time." The service consulted with healthcare professionals about any changes in medicines. We saw that staff made daily notes about each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's care plans that were up-dated monthly. The monthly care plan review however did not always provide a detailed summary of the person's progress and only stated; "No change to current plan of care."

Information was not available for all people about areas such as key events in their life, work history, spirituality and hobbies and interests. This meant information was not available to give staff some insight into the interests of a person when the person could no longer communicate it themselves. The activities person told us they were collecting information from people and their families to produce a pen picture of the person about their history, preferences and likes and dislikes. We saw some of these pen pictures were available in people's bedrooms to remind staff of their life story.

Staff knew the individual care and support needs of people, as they provided the day to day support, but this was not reflected in people's care plans. We found they did not give staff specific information about how the person liked their care needs to be met. For example, one person's mobility care plan stated; "….reassure and assist when required." Another stated; "Fully supported with all transfers, requires one care worker to support them." The care plans did not detail what staff needed to do and what the person was able to do to take part in their care and to maintain some independence. The deputy manager said they had undertaken person-centred care plan training, which involved reflecting on person centred practice. They said; "I'm encouraging senior care workers to contribute to care plans." This would enable staff who were involved in delivering 'hands on care' to people to contribute to the care plans.

We had concerns regarding the management of some people's behaviour which could be challenging. Record keeping within the home was not consistent for people who displayed distressed behaviour. Not all the necessary people had care plans to show their care and support requirements when they were distressed. We found care plans were either not in place, or they were vague for people who may show agitation or distress. For example personal hygiene care plans stated; "Can be challenging when receiving personal care requires the assistance of one or two staff." Another recorded; "Depending upon mood and behaviour assistance is needed from two care staff but usually just one." The care plans did not give staff detailed guidance with regard to supporting people when personal care was carried out. Clear instructions were not recorded for staff to follow that detailed what might trigger the distressed behaviour and what they could do to support a person. As staff did not have a care plan that gave information about the interventions required they did not have written information to ensure they all worked in a consistent way with the person, to help reduce the anxiety and distressed behaviour. The deputy manager said plans were in place for one of the people to be referred to the behavioural intervention care team so specialist advice and support could be obtained.

People were encouraged to make choices about their day to day lives. They told us they were able to decide for example; when to get up and go to bed, what to eat, to wear and what they might like to do. One person said; "I can get up and go to bed when I want and I choose what I want to eat."

Requires Improvement

Is the service responsive?

There was an activities programme advertised in reception and throughout the home. People were aware of the programme and spoke positively of the activities which were carried out individually or in groups. One person went out to a luncheon club and a minibus was available to take people out. Outside entertainers regularly visited and included a pet zoo and singers.

People said they knew how to complain. The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure that was available in the information pack they received when they moved into the home. A record of complaints was maintained. Two complaints had been received since the last inspection which had been investigated and the necessary action taken. Staff meeting minutes also showed the complaint's procedure was discussed with staff to remind them of their responsibilities with regard to the reporting of any complaints.

No one we spoke with had formally complained about any aspects of care. All people raised any issues as they arose. One relative commented; "I did raise an issue with the previous manager but it was only when they were on holiday that other staff sorted things out."

Good

Is the service well-led?

Our findings

A registered manager was in place and they had been registered with the Care Quality Commission in December 2010. The registered provider had recently strengthened the management team as a deputy manager had been appointed with a clinical background to provide clinical support and guidance to nursing staff. The provider had been pro-active in submitting statutory notifications to the Care Quality Commission, such as safeguarding applications, applications for Deprivation of Liberty Safeguards and serious injuries.

Staff said they felt well-supported and were positive about the changes since the changes in management. Comments included; "The new manager and deputy are very supportive." And; "There is not a big turnover of staff so it is a good place to work, everyone helps each other and morale is good." Another staff member said; "New staff get good support here. We all help each other." And; "The new manager has made a huge difference. There is better communication, routines are much more organised and this ensures we know what is going on." And; "Communication is getting better."

Staff spoke positively about the approachability and support of the acting manager and staff team. There was evidence from observation and talking to staff that people were encouraged to retain some control in their life and be involved in daily decision making.

Staff commented they thought communication was good and they were kept informed. Staff meetings were held two monthly to keep staff updated with any changes within the home and to discuss any issues. Recent meetings had discussed communication within the home, security, staff performance, staff morale, management changes, staff attitude, people's care and record keeping. An activities committee meeting took place two monthly with representatives of people who lived at the home and their relatives. Meeting minutes showed people had the opportunity to make suggestions and they were acted upon. Plans included; a sensory garden being created, the use of the home's minibus and suggestions for activities and outings.

A newsletter was produced to keep people informed about the home and advertised activities and events for people and visitors. A relatives meeting in October suggested it should also include compliments about staff.

Records showed audits were carried out monthly and updated as required. Audits included checks on; care documentation, medicines, staff training, medicines management, nutrition, skin integrity and falls and mobility. Daily and monthly audits were carried out for health and safety, medicines management, laundry and maintenance of the environment. Minutes were available from monthly health and safety meetings and areas discussed included; moving and handling issues, accident and falls analysis, fire risk, health and safety training and security. We were told audits were also carried out by the regional manager to check on the quality of audits carried out within the service. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **There were not always enough staff on duty and employed to ensure the safety and welfare of people who used the service.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Records did not all accurately reflect people's care and support needs.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.