Park Avenue Healthcare Limited

Park Avenue Care Centre

Inspection report

Park Avenue Care Centre
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Park Avenue Care Centre provides care and accommodation for up to 51 older people living with dementia. At the time of our inspection, there were 49 people using the service.

We undertook this unannounced inspection on 25 August 2017 Park Avenue Care Centre due to concerns raised relating to the way the service managed and responded to incidents. We carried out a responsive comprehensive inspection to check that people were safe at the service.

The service was last inspected in July 2016 and was rated Good. At this inspection we found three breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have rated the service requires improvement.

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.

Risks to people were not always adequately managed to keep people safe. Risk assessments were carried out and identified risk of harm to people and management plans put in place. However, management plans were not comprehensive in all areas of risk identified to ensure people were protected from avoidable harm associated with them. Staff were not deployed properly to meet the individual needs of people in a way that kept them safe.

Regular spot checks and audits took place to identify any shortfalls in the service. However, we found these did not always detect areas that needed improvements.

Record of incidents and accidents was maintained. These were reviewed by the registered manager but we found that patterns and trends were not always identified and lessons learned from them to improve the service.

Recruitment procedures were robust and ensured only suitable personnel worked with vulnerable people. People's medicines were managed in a safe way. Only qualified nurses administered medicines to people. The recording, storage, and disposal of unused medicines were effective and done in line with good practice. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. The registered manager took actions to respond to allegation of abuse in line with organisation's procedure.

Staff understood their responsibilities within the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People consented to their care and support. Staff were supported through induction, supervision; appraisal and training to enable them to effectively meet people's needs. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. The service

liaised with relevant professionals to ensure people received appropriate support and care that met their needs.

Staff were kind and compassionate to people. People told us staff treated them with kindness and respected their dignity. Staff knew people well and understood their needs and preferences and told us they were cared for as they wanted. People using the service and their relatives were involved in their care planning and these were reviewed and updated regularly to reflect people's current needs and circumstances. Staff encouraged and supported people to maintain the relationships which mattered to them.

People were supported in line with their wishes at the last stages of their lives. People's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status was up to date and known to staff. The home had been awarded the 'Platinum' status with The National Gold Standards Framework Centre in End of Life Care for the high quality care they provide.

People were engaged in activities they enjoyed to occupy them and enable them to relax and socialise. People who were unable to join in group activities received individual based activities.

People knew how to complain if they were unhappy with the service. The manager investigated and responded to complaints and concerns appropriately.

The service worked closely with the local authority and with local services to improve the experiences of people.

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 safe. Risks were assessed and management plans devised but were not detailed and sufficient in all areas of risks identified in order to reduce harm and keep them safe. Staff were not deployed well to ensure people received the support they needed to keep them safe.

Staff had received training in safeguarding vulnerable people from abuse. They understood the various forms of abuse that could occur, the signs to look for and how to report any concerns.

People received their medicines in line with their prescriptions. Medicines were managed safely including storage, recording and administration.

Recruitment practices were safe. Staff deployed to work at the service underwent checks to ensure they were suitable to work with people.

The environment was safe and well maintained. Health and safety checks took place.

Is the service effective?

Good

The service was effective. The service supported staff through training, support and coaching to develop the skills, competence and confidence to appropriately respond to people or situations which may be challenging or difficult.

Staff told us they received regular support and supervision; including clinical supervisions. Staff had completed training in core areas of care delivery.

People consented to their care, and where required, relatives and professionals were involved in the decisions. People's rights were protected in line with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff and the manager understood their responsibilities under MCA and DoLS.

People's nutritional and hydration needs were met. People told

us they enjoyed the food provided at the service.

Relevant healthcare professionals were involved to maintain people's well-being and health.

Is the service caring?

Good

The service was caring. Staff were kind and approachable, and treated people with respect and dignity. Staff knew people well and understood their needs. People were involved in planning their care and their views were taken into account.

People were supported to maintain relationships which mattered to them.

The service provided care for people in the final stages of their life in line with their wishes.

Is the service responsive?

Good

The service was responsive. People received care and support that was planned and delivered in a way that met their individual needs. People participated in activities they enjoyed.

People knew how to complain if they were unhappy about the service and their complaints were responded to, in line with the provider's procedure.

Is the service well-led?

Requires Improvement

There were a range of audit systems in place but these did not always identify shortfalls in the service. Lessons were not always learned from incidents so they can be used to improve the service.

Staff told us they had the leadership support they needed. The service worked closely with the local authority and with local services to improve the experiences of people. □

Park Avenue Care Centre

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by two inspectors and was supported by a specialist advisor 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. The specialist advisor was a registered nurse who specialised in dementia care.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. Notifications are information providers are required to send to us about significant incidents that took place in the service. We also liaised with a local authority service commissioning team and safeguarding team.

During the inspection we spoke with four people who use the service, four relatives, six care workers, three registered nurses, the registered manager, and the area manager. We also spoke with a dietician who was visiting people at the service.

We looked at 15 people's care records, medicines administration record (MAR) charts for the 49 people using the service at the time of our visit. We reviewed six staff files including record of supervision and recruitment. We also checked other records relating to the management of the service including complaints, health and safety and quality assurance systems.

After the inspection, we spoke to a member of the community mental health team involved in supporting people at the service to get their feedback.

Requires Improvement

Is the service safe?

Our findings

Risks to people were not always appropriately managed to minimise avoidable harm that may occur. Assessments were carried out and highlighted risks to people's physical and mental health. Areas examined included skin integrity, moving and handling, pressure sores, malnutrition, choking, falls and mobility. We saw that comprehensive management plans were in place to support people at risk of pressure sores, malnutrition, mobility, falls and other areas in relation to their physical health conditions. For example, people at risk of developing pressure sores had a tissue viability nurse involved in caring for them. They also had the right equipment such as pressure relieving mattresses and cushions and where required a repositioning plan in place.

However, we noted that risks relating to behaviours that challenged were not always managed in a way that kept the people presenting such tendencies and others safe. We saw that assessments identified risks associated with people's behaviours and a management plan put in place. Information about people's histories and patterns were highlighted in their care plans and how these influenced their day to day behaviour. For example, one person's care plan noted that they liked to help others and when this help is resisted this person becomes challenging in their behaviour. We reviewed the Antecedent-Behaviour-Consequence (ABC) analysis for one person sent to us after our inspection. This highlighted events that could lead and trigger the person's behaviour. However, it did not clearly provide guidance for staff to follow to prevent and reduce future occurrences. It stated that the person might express challenging behaviour while supporting them with personal care but it did not detail guidelines for staff to follow to prevent this risk. It also stated that the person might react to loud noise and shouting in the home but it did not state how staff could anticipate her behaviour as a result and take action to prevent it.

We also reviewed record of incidents in the service from November 2016 to the date of our visit and found that there had been 12 incidents which related to challenging behaviours posed by people. Eight were connected to one person. We saw that the service had involved a dementia consultant and the local mental health team to provide support and guidelines to manage this risk. The person's medicines had been reviewed by a mental health professional. They had also made recommendations such as supporting the person with some 1-2-1 time to engage them in activities they enjoyed so as to occupy and distract them. A floor guard had also been installed to alert staff when the person was wandering at night. However, we found that the service had not fully implemented the recommendations made by professionals. For example, on the day of our visit we did not see this person receiving 1-2-1 support time and was not engaged most of the time during our visit to ensure they were occupied.

We noted that the behavioural management care plans in place for people whose behaviour challenges focused on actions to take to react to events rather than on action to take to minimise such events from occurring. The registered manager told us about the plan they have to engage this person in activities such as meeting and greeting visitors to the home, laying the table, folding napkins and arranging flowers but these had not been implemented. We were concerned that adequate steps have not been fully taken to manage risks to people and all options explored to keep people safe.

These concerns amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not deployed well to safely meet the needs of people. A relative told us, "…there is a serious shortage of staff. At weekends there is one nurse covering two floors, more often than not and two carers of each floor when it should be three." Another relative said, "Usually there are enough staff but I have seen occasional shortage and they have to get an agency in." Four out of the six staff members we spoke with told us that they were not sufficient on duty to meet people's needs and to support people in a safe way. A staff member said, "We are not enough definitely especially on the top floor where there are difficult residents with challenging behaviour. No staff wants to work there because it's too much." Another staff member told us, "We are three on this floor. Most of the people here require two staff to care for them. So when we are busy looking after people in their rooms there is no staff around to keep an eye on the others. It will be good to have an extra person on shift to check on people and monitor them so that they are not wandering into other residents rooms."

Our observation matched what staff had told us. We saw that some people required the support of two staff members to attend to their personal care, repositioning and managing situations and people whose behaviours challenged staff and others. We observed that people were in the lounge on some occasions unsupervised. People who would benefit from close supervision or 1-2-1 monitoring did not always get this. For example, people who displayed behaviour that challenges or who wandered were not always monitored to reduce the risk they pose to themselves and others. In the event they required prompt action or intervention from staff this would be unlikely. The service had not ensured that staff were deployed effectively to ensure people's needs were met in a safe way.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the rotas and it showed each unit was led by a qualified nurse and supported by care staff. The level on the rota matched the number of staff on duty at the time we visited. We also looked at the staff planning tool. This was based on dependency level such as high, medium and low. It also made provision for night-time care and support for social and recreational activities. We noted it had not factored support people needed from staff in managing their behaviour. We spoke to the registered manager and area manager about this and they told us they were not convinced that additional staffing would reduce the risk associated with people's behaviours but were happy to review this and take appropriate action.

The service continued to maintain effective recruitment and selection procedures to ensure that only staff who were deemed suitable to work with vulnerable people supported them. We looked at the recruitment records for six care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Qualified nurses were also checked against the database with the Nursing and Midwifery Council to ensure they had not been disqualified from practice.

People continued to be protected from the risks of abuse and neglect. Staff were knowledgeable in identifying the different types of abuse, signs to recognise them and mechanism in place to report their concerns appropriately. Staff told us they believed the registered manager would take necessary action to address any concerns raised to protect people. Staff told us they would not hesitate to whistle-blow if they felt people were at risk and management had not taken required actions to keep people safe from abuse. Record showed that the registered manager had responded to incidents of abuse in line with their procedure. They had also notified the local authority safeguarding team and CQC.

People's medicines continued to be managed and administered in a safe manner. This included the way medicines were received, stored and disposed. Only trained and qualified nurses administered medicines to people. We observed a staff nurse administer medicines during our visit. They checked medicine administration record (MAR), prescription and labels on the blister packs to confirm the medicine was for the right person. They also confirmed the right dose and method of administration before they dispensed the medicines. We saw that medicine administration record (MAR) charts were correctly and clearly completed. Medicines audits also took place to identify any discrepancies and record showed medicines were accounted for. Medicines were stored securely and safely. Controlled drugs received extra security measures. Medicines which required storage at a temperature controlled environment were kept in a fridge and the fridge temperature was regularly monitored.

There were on-going and comprehensive health and safety checks and maintenance of the building. Equipment were also regularly checked to ensure they were functioning properly and safe to use. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the home's water supply, gas and maintenance checks had also been carried out. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. Records showed checks of water temperatures were completed and were within the recommended safe water temperatures. Safety inspections of hoists, lifts and window restrictors had also been conducted.

The home had a fire risk assessment and people using the service had a personal emergency and evacuation plan (PEEP) plan in place in case of fire. Fire drills had been carried out, testing of the fire alarm and equipment were completed by the registered manager. Records showed that some fire drills were conducted during the night and weekends and any action or improvement identified was noted and discussed with staff to ensure they understood the fire procedure effectively. Evidence also showed that staff had undertaken training on how to use fire equipment and their confidence and skills tested through practice sessions.

Good

Is the service effective?

Our findings

Staff did not have the skills and competence to support people appropriately with their needs. Staff told us they had completed training in areas considered as mandatory by the organisation. Training records showed that staff completed the Care Certificate which is the benchmark for the induction of new care staff when they joined the organisation. Records also confirmed that staff received on-going training in areas such as moving and handling, health and safety, infection control, first aid and mental capacity. Records indicated too that staff were supported to gain and develop their knowledge and skills in specific areas required to enable them to support people effectively.

Staff were supported through training and regular coaching to develop their skills and confidence in dealing with behaviour that challenges. Record showed that some staff had completed training in managing challenging behaviour and there was a schedule in place for the rest of the staff team to complete it by the end of September. We found from speaking to staff that their knowledge and skills in dealing with challenging situations were mixed. One member of staff told us, "I will like to know how to keep myself and the residents safe when there are challenging situations." Another member of staff said, "I feel worried about dealing with people with challenging behaviours. I don't have the confidence and skills." A third member of staff confirmed they had received training in this area but told us, "I have done the training but I don't feel confident. I could do with more training and support." A fourth staff told us, "We do have training on dementia but I don't think it's enough. I want to learn how to deal with difficult situations so I don't make things worse."

We spoke to the registered manager and area manager about our findings and they told us that they booked relevant trainings to equip staff with the skills needed. They also assured us that they had employed a dementia consultant to provide on-going support and coaching to staff to help improve their confidence, knowledge and skills to be able to deal with challenging situations appropriately and safely. After our inspection, we received evidence to show that all staff had now completed the course and they were receiving regularly support from a specialist consultant. We will follow up on this at our next inspection.

Staff told us they received regular supervision to do their jobs. One staff member said, "I meet with my unit manager every two months for supervision. Another member of staff said, "I feel well supported. If I have any concern about the resident or my work I can discuss it with the unit manager or [registered manager] they help me out. Staff also confirmed they receive annual performance appraisal. We noted however those records were not always updated. For example, in one staff file there were no supervisions in the file for 2017 and for another staff file, there were three supervisions for 2017. The registered manager told us they recently had changes with their administrative staff that was catching up with the filing system. Nurses we spoke with confirmed they had clinical supervision delivered by the clinical manager. We saw records for these were up to date.

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

The service continued to comply with their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). 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).

People consented to their care before it was delivered. Relatives and relevant professionals were involved to make best interests decisions where required after mental capacity assessments had been carried out in relation to making specific decisions. The service had access to advocacy service they can liaise with should a person need an independent advocate to represent their views. The registered manager and staff understood their responsibilities under the MCA and DoLS. DoLS applications were made to the relevant supervisory body where it was deemed necessary to maintain the person's safety. The service maintained records of DoLS authorisations and reviewed the conditions attached to these regularly to ensure people's rights were protected.

People remained supported to meet their nutritional and hydration needs. One person said, "I enjoy both the breakfast and suppers." One relative said, "[Relative] seems to enjoy the food provided. They eat it all." We completed an observation during the lunch time and saw that there was good interaction with the staff and people. The catering and care staff team communicated well so both teams knew people's dietary needs and requirements. Those who required pureed or soft food received it. Choices were offered. People's care plans indicated their nutritional and dietary requirements and the support needed at meal times. People who required assistance to eat received the support they required. People had access to snacks, fresh fruits and drinks throughout the day.

People had access to a range of professionals to meet their healthcare needs. Care records showed input from health and social care professionals including optician, audiologist, mental health team, occupational therapist and palliative care nurse. We saw the GP visited the home for a regular session each week. The home had a good working relationship with the supplying pharmacist who visited the home when needed. During the inspection, a dietician had come to see some people about their dietary needs and they told us the home liaised effectively and followed their plan. We spoke to the community mental health team involved in the care of people and they also confirmed the home liaised well with them.

Good

Is the service caring?

Our findings

Staff remained caring and considerate to people and their needs. People and their relatives told us staff cared for them in a kind and compassionate manner. One person told us, "They [staff] are all good to us. They are kind." One relative told us, "They give her a lot of attention, with sympathy." Another relative said, "Yes they are very kind in dealing with some of her challenging behaviour."

We observed lots of positive interactions between staff and people using the service. Staff knew people well and were friendly towards them. They addressed people by their preferred names. We saw staff provided reassurance to people who were restless and disturbed. Staff knew how to brighten people's moods and make them cheerful. Staff shared jokes with people and reminded them of things that made them happy. We also saw staff checking on people who were cared for in their rooms to make sure they were comfortable. Staff demonstrated understanding of people's situations and cared for them with empathy and thoughtfulness.

Care records showed people, their relatives and where necessary an external advocate were involved in planning people's care. Care records also specified people's likes, dislikes, preferences and routines and their communication needs was also included. Staff showed they understood people's needs and cared for them accordingly. One relative told us, "My [relative] is unable to communicate but if they make a noise to indicate something was unpleasant staff would acknowledge that and ensure it is done differently next time." We saw staff communicating with people in the way they understood. We also observed staff attending to people in line with their requirements as stipulated on their care plans.

People's privacy and dignity remained maintained. We saw staff knock on people's doors before entering. Staff spoke to people appropriately using dignified terms and language and in a respectful tone of voice. Staff understood the importance of maintaining people's dignity and individuality. They confirmed they had received training in dignity in care.

The service was open to visitors so people's relatives and friends were able to maintain contact with them as they choose. We saw relatives spend time privately with people in their rooms. Some took a walk around the garden and some others did activities with their relative in the communal area. Staff told us they also supported people to make phone calls to relatives and friends on their request.

People received the end of life care they wished. Care records included people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status and staff members we spoke to knew about this. These documents were well completed with the involvement of people, where possible. Where appropriate, people's relatives and their GPs were involved in the decision making. The home had effective joint working arrangements with the St Christopher's palliative care team to provide end of life care to people that met their individual needs and requirements. The home was awarded the 'Platinum' status with The National Gold Standards Framework Centre in End of Life Care. This was in recognition of the high standard of care provided to people in this area. An extract from the certificate reads, "Staff in this home are compassionate,

enthusiastic, caring and happy. They were all so keen to talk to me I could have spent all day just listening to their enthusiasm and passion for providing excellent care from admission through to end of life and beyond."

Good

Is the service responsive?

Our findings

People's care and support was planned and delivered in an individualised way. Staff had an understanding about person-centred care. One member of staff said, "Person-centred care was when you put the person in the centre, consider needs, wants, choices." Another member of staff explained that, "People have different care needs and you give care the way they want it."

Record showed that pre-admission assessment was completed before people moved in. Care plans were drawn from the information gathered at this stage. Care plans covered various areas such as physical and mental health needs, personal care, social and emotional care needs. People were supported according to their care plans to meet their individual needs. For example, one person was supported to maintain their physical health. Staff knew signs to look at for in the person to know they might be unwell. Staff explained that if a person was presenting an unusual behaviour like feeling confused they would let the nurse in charge know who would carry out a urine test to check for infection and the result would determine the next course of action. We saw that care plans were regularly reviewed and evaluated to ensure people received care appropriate to their needs. Handover meetings also took place between each shift. Both the nursing and care staff used this meeting to update and discuss people's current needs and circumstances.

People participated in activities they enjoyed. During our inspection, a member of staff accompanied people to the gym and exercise class run by the in-house physiotherapist. The physiotherapist explained that programme had helped improved people's balance and reduced the number of falls people experienced in the home. The service arranged a number of activities in the home such as pottery classes and an African drums sessions. Some of the pots made by people using the service were displayed in the reception area. The registered manager told us that as part of the National Citizen Programme, they had young people who came into the home and spent time with people using the service. The activities they were involved with included flower arranging, quizzes and a show in the afternoon. The registered manager told us they arranged day trips and had BBQs when the weather was warm enough.

We saw people receiving one to one based activities such as reading a book or magazine, storytelling, beauty therapy and hand and foot massage which was part of Namaste which the home promotes. Namaste is a sensory care programme provided by staff on a daily basis and it incorporates all the senses of the body and it aims to help people feel loved and comfortable.

People and their relatives told us they knew how to make a complaint. The service had a robust complaints procedure. Complaints records showed that they followed their procedure. Where relevant, they had addressed certain types of complaints under their safeguarding procedure. Complaints received were acknowledged, investigated within the timeframe and written response provided to the complainant. The procedure had details for people to follow to escalate it to the next level if they were unhappy with the outcome.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and staff told us the service was well-run and managed. They also told us the registered manager was open and transparent and listened to their suggestions. People, relatives and healthcare professionals were asked for their views about the service. This was done through relatives meetings and completing questionnaires. We reviewed a sample of surveys that had been completed in July 2017 and noted general positive feedback had been received about the service. Comments from people and relatives included "Do not have to worry about caring for myself. Good food and very pleasant staff, "Nice and peaceful here. People are friendly" and "The home is run very well-friendly and concerned for the people they care for. We are grateful for the attention given to our relative."

Positive comments were also received by healthcare professionals which included "Staff are very attentive to the needs of patients" and "Excellent, caring and knowledgeable staff." There were areas of improvement identified from the feedback. These included music /piano played in the day time and more time spent outside. Relative requested for more staff and social activities for all including people who are less mobile. The registered manager told us they were in the process of putting an action plan together on how they would implement these.

There were systems in place to monitor and improve the quality of the service but these were not effective as they did identify the issues we found. Records showed monthly checks were carried out by the registered manager and any further action that needed to be taken to make improvements to the service were noted and actioned. Bi-monthly regional audits also took place. Areas audited included DoLS, risks, staffing levels, infection control, complaints and medication. We reviewed the audit done in June and noted it had not identified that staff supervision records were not up to date. We also found staffing levels had not been reviewed in line with people's needs and to ensure staff were able to intervene promptly to incidents. One-to-one support time had not been considered for people who would benefit from this level of support to in other to engage appropriately and as such reduce their level of agitation. These issues had not been picked up by the quality checks completed.

The service maintained records of incidents and accidents including falls, medicine errors, and challenging events. These were reviewed and signed off by the registered manager with actions to take to address them. However, we noted that analysis of patterns and trends was not drawn out and appropriate action plan put in place to minimise and reduce future occurrence. For example, we found a number of incidents to people's behaviours that challenged the service. We were concerned that lessons were not learned from these incidents actions were not being identified to help minimise reoccurrences of such incidents and improve upon existing practice to ensure people and staff were safe.

These issues were a breach of Regulation 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager conducted daily 'Dashboard' meetings in which representatives from each area in the service such as kitchen, housekeeping, domestic, nurses and, clinical manager. They used this meeting

to discuss and identify actions that needed to be taken to improve the service for people. We sat in this meeting and observed areas such as people's well-being, accidents and incidents, falls, pressure sores, medication, complaints and any concerns with equipment were discussed. The registered manager told us that any concerns were logged onto the system and this was checked and followed up by the regional directors to ensure any issues were acted upon promptly.

The service worked closely with the local community to deliver services for people. Local schools visited the home and carried activities for people which gave people opportunity to enjoy a wide range of activities. Ministers from local religious groups also visited people to meet the religious needs. The registered manager complied with the conditions of its registration and sent notifications to CQC, 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always managed in a way that kept them safe from harm

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor and assess the quality of service was not effective as they did not identify the issues we found at this inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing level was not sufficient and deployed well to meet people's needs safely.