Countrywide Care Homes Limited

Clumber Court Care Centre

Inspection report

Bolham Lane
Retford
Nottinghamshire
DN22 6SU

Tel: 01777700823

Date of inspection visit:
05 November 2018
08 November 2018

Date of publication:
18 January 2019

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**

Summary of findings

Overall summary

Although risks to people's safety were identified we found some risks did not have the guidance for staff on how to reduce the risks. We also found measures assessed as required for people to reduce risks were not always followed and were not were not correctly supported. On the first day of our inspection we found people were not always supported by staff in sufficient numbers to keep them safe.

People living at the service were protected from harm as the provider had robust processes in place to ensure their safety. Staff supporting people were aware of their responsibilities in relation to protecting people from abuse. They had received appropriate training to support their understanding of any safeguarding issues. The registered manager reported any issues of concern to both the CQC and the local safeguarding teams and worked in an open and transparent manner. There were clear processes in place to ensure lessons were learnt following any incidents or events.

Medicines were managed safely and people were protected from the risk of infection through good hygiene practices and staff knowledge of reducing the risks of cross infection.

People's needs were assessed using effective evidenced based assessment tools such as nutritional and skin integrity assessment tools. These could then be used to provide clear guidance for staff to assist them gain a good understanding of an individual's needs and offer the most effective support to people. However the care people received was not always person centred as their supporting care plans lack sufficient detail following the assessments to support staff to meet people's individual needs.

Staff were supported with appropriate training for their roles.

People were supported to maintain a healthy diet, with staff showing good knowledge of people's nutritional and health needs. They received support to manage their health needs through well-developed links with local health professionals. The environment people lived in was a well maintained safe environment which met their needs.

Staff sought consent from people before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however, the documentation in relation to the mental capacity assessments lacked detail and the registered manager began to address this during the inspection.

People at the service, and relatives were treated with kindness and care by staff who supported people with respect and dignity, and developed positive relationships with people in their care.

People could maintain relationships with people who were important to them and relatives felt their views and opinions about their loved one's care were listened to.

People were supported to take part in a range of social activities to prevent isolation. People were asked to be involved in planning regarding their end of life care so that their wishes were known. There was a complaints procedure in place and people knew who to complain to should they have any issues.

The service was well led, the registered manager was visible and supportive towards people, their relatives and the staff who worked at the service. The quality assurance systems in place were used effectively to monitor performance and quality of care. The registered manager responded positively to changes and used information to improve the service and care people received.

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 always safe.

Although the risks to people's safety were assessed, the measures identified to reduce the risks to people's safety were not always followed. There was also insufficient guidance to help staff to reduce the identified risks. There were times when there was not enough staff to provide appropriate support for people. However, people were protected from possible abuse as staff were aware of their responsibilities in keeping people safe. Their medicines were managed safely and they were protected from the risks of infection as staff followed safe practices.

Is the service effective?

Good

The service was Effective.

People were supported by staff who received appropriate training and supervision. Their needs were assessed using nationally recognised assessment tools. The environment people lived in met their needs and adaptions were made where required. People made decisions in relation to their care and support, and where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005. They were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was Caring.

People were supported by staff who were kind and caring, and showed a good knowledge of their preferences and choices. They and their relatives were supported to be involved with the development of their care. People had access to advocacy information should they require this, and staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive individualised care person centred care as their care plans lack sufficient details to guide staff. People did have access to a range of social activities, they had access to information in a format which met their needs. Where appropriate, people's wishes for end of life care were discussed and plans of care were in place. People and their relatives were supported to raise issues or complaints, and staff knew how to deal with concerns and complaints.

Is the service well-led?

Good

The service was well led.

The registered manager worked to support the people, relatives and staff at the service. There were monitoring auditing processes in place to analyse aspects of care to monitor the quality of care people received. People were involved in giving their views on how the service was run. Staff felt supported, had a good understanding of their roles and could provide feedback and make suggestions for improvement.

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

This comprehensive inspection took place on 5 and 8 November 2018 and was unannounced.

Before the inspection, we reviewed information we held about the service, which included previous inspection reports and notifications they had sent. A notification is information about important events, which the provider is required to send us by law. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

The inspection was undertaken by one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has used or has experience of this type of service. During the inspection, we spoke with nine people who used the service, six relatives, eight members of staff, the deputy manager, the registered manager and the regional manager. We also spoke with a visiting health professional.

We looked at the records relating to nine people who used the service. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for all staff, staff records, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Although the risks to people's safety had been identified, some risks did not have the guidance for staff on how to reduce these risks. A person had been assessed as a high falls risk, the risk assessment noted the person often lowered themselves to the floor and crawled around. There was no information to guide staff on how to deal with these behaviours. One member of staff we spoke with told us the person became agitated if staff tried to support them so they just left them to get up themselves and monitor them. There was no information about this aspect of the person's care needs in their care plan.

The assessment noted the person could stand and sit independently and had a walking frame which they often forgot to use. During our visit we saw the person getting up from their chair, they were very unsteady and used furniture to support them as they walked, the person was wearing no shoes and ill-fitting trousers that kept falling down. The person also appeared agitated during the morning. At one point a member of staff brought a wheelchair and supported the person out of the communal area, but at another point the person lowered themselves to the floor and crawled around until unsteadily climbing on to a chair. Staff appeared to ignore both the person's agitation and behaviours throughout the morning, the person was not offered shoes, or a walking frame, which later in the day we found in the person's room. staff did not not assist the person with their clothing despite an issue being identified by them on three occasions during the morning of our visit

We found the measures in place to reduce risks were not always checked to ensure they were correctly managed. For example, one person required a special mattress to reduce the risk of pressure damage. We saw the mattress was in place but was not set correctly for the person's weight, this reduced the effectiveness of the mattress in reducing the risk of skin damage for the person.

We also saw one person who had recently been admitted to the service had been assessed as at high risk of skin damage. Their assessment noted they required repositioning every two hours. During the morning we saw they had not been repositioned for a period of four hours when they were sat in the main lounge. We discussed this with the registered manager who told us they would address the issue with staff.

There were times when people living with dementia went into other people's rooms. Staff told us the people who spent time in their rooms with the doors open had sensor mats in place, so if people went into their rooms staff would be aware. However, we witnessed one person going into another person's room and staff were not alerted. We discussed this with the deputy manager who told us they would undertake the necessary checks to ensure the sensor mats were checked and placed correctly, so staff would be alerted if people went into other people's rooms to safeguard people.

A further person's nutrition risk assessment noted they required supervision when eating and required lightweight crockery and cutlery. During our inspection we noted they did not receive the support identified in their plan. At one meal we observed they were given normal crockery and cutlery and they were not supported to eat their meal. We saw the person had been given a full cup of tea that was then too heavy for them to support and they spilt some of the tea. The above issues show that the risks to people's safety were

not being managed. Both the lack of information, and the failure to follow information, in people's care plans meant staff were not providing safe care.

People's views on staffing numbers were mixed. One relative we spoke with told us, "At times they could do with more staff, as they are always busy." Another relative told us the staff had increased after they had made a complaint but they had noticed the staff numbers had decreased again. They told us they were aware that the number of people using the service had gone down and staff had been reduced as a result, but they told us the numbers of people using the service had gone up, and the staff numbers had not increased.

Some staff we spoke with told us they felt there was enough staff to meet people's needs, but other staff told us there were not always enough staff. One member of staff told us there was many people who needed two members of staff to support them, the staff member worked on both floors of the service and told us the first floor had the greater number of people whose needs were high, and staff always needed to monitor the communal areas due to the behaviour patterns of some people. The staff member did not feel the staffing levels were enough to support this. Another member of staff told us they were aware the company used a dependency tool to establish staffing levels. But they said, "I don't think the tools really show the needs of people. People don't always get the attention they need." The staff member told us many people were mobile but were living with dementia, and these people required close monitoring to ensure they were safe from harm. The member of staff told us this was difficult to achieve at different times during the day with the staff on duty.

Our observations throughout the morning on the first day showed that the first-floor communal area was often busy and people were not always monitored effectively. Although there were staff in the lounge there was sometimes only one member of staff, and they were not monitoring individuals. Some people were invading other people's personal space and this caused anxiety for people. We were required to intervene on one occasion and redirect one person to prevent them from disrupting another person's activity.

The lunchtime period on the first floor was not well managed as people were sitting for a long period of time before they were served their meal. One person who had been sat at the table for half an hour had not been served their lunch. Staff were not aware the person had not had their main course and we needed to intervene to ensure the person was served this. Following this the person eventually received their meal.

The above issues show the service is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Failing to provide safe care and treatment.

We spoke with the registered manager who told us the staffing levels were assessed using the company's dependency tool. They completed this monthly, or sooner if necessary, and the head office then told them how many staff should be on duty to meet the needs of the people at the service. Following our first days' visit the registered manager re-submitted the company's dependency tool as there had been an increase in people admitted to the service. On the second day of our inspection the staff numbers had increased to meet the needs of the people at the service.

The registered manager used safe recruitment processes to ensure people were supported by fit and proper staff. We saw staff records contained evidence of appropriate references with any gaps in employment explained. The registered manager used the Disclosure and Barring Service (DBS) checks for potential staff members. The DBS helps employers make safer employment decisions as any criminal convictions will highlighted through this check.

People were protected against the risks of abuse as staff understood the types of abuse people could be exposed to, and how they should manage any concerns they had. People we spoke with felt comfortable with staff, who they trusted. Staff we spoke with told us they had received training to help them identify the different types of abuse. Staff told us the management team would deal with any concerns they had and they were also aware they could report any concerns to the local safeguarding teams or CQC. We saw the registered manager had raised concerns in this way when they found safeguarding issues. They had also worked with the local teams to undertake investigations into any areas of concerns.

People could be assured staff would administer their medicines safely. One person we spoke with said, "Oh yes, they give me all my tablets and make sure I take them." The service used an electronic system of recording the medicines administered. There was information available for staff about how each person preferred to take their medicines, and any allergies they had in their electronic records. People's medicine records also contained a photograph of the person to aid identification and prevent errors. Medicine records indicated people received their medicines regularly as prescribed. Staff received training in medicines administration and their competency was checked regularly.

People's views on the cleanliness of the service were positive. One person said, "They always keep the rooms nice and clean." A visiting relative said regarding cleanliness, "There is no problem, really it seems clean."

Staff we spoke with were aware of their roles in reducing the risks of infection to people through their practices. They could discuss the appropriate practices in relation to cleaning, managing laundry, the use of personal protective equipment (PPE) and effective hand washing techniques. Throughout the service we saw posters on hand washing techniques and supplies of PPE. The housekeeping staff had cleaning schedules and the registered manager undertook regular checks to ensure the cleanliness of the environment was well maintained. The service followed good infection prevention practices to maintain people's safety in relation to infection prevention.

The registered manager had systems in place to learn from incidents or accidents. They set time aside to discuss any trends with staff to identify ways of reducing future incidents. We saw they had recently looked at the care some people had received at end of life. How the staff had worked with health professionals and families, how staff were supported and what things went well and what could be improved in the future. The registered manager worked to learn from events at the service to improve care.

Good

Is the service effective?

Our findings

Assessments of people's care and support needs were in place. These assessments used nationally recognised and validated tools and assessed needs such as nutrition and mobility to ensure the risks to people's safety were assessed so measures could be put in place to support them.

People we spoke with told us they felt staff had the knowledge and skills to provide them with the care they needed. The feedback from relatives was mixed. Some relatives felt that staff had the relevant skills to provide good care for people. One relative told us they saw staff use hoists to support people and they were confident and safe. The relatives said, "They won't take any chances." A further relative felt staff did not always have the necessary skills to support people living with dementia.

Staff we spoke with told us they undertook training for their roles via e-learning and they had regular updates. We saw staff had undertaken training in areas such as food safety, fire awareness, dementia awareness, health and safety, first aid, infection prevention and safeguarding. Staff also received practical training in moving and handling and fire safety. During our inspection we saw staff using moving and handling equipment safely and staff told us they felt they had the necessary skills to meet people's needs.

One senior member of staff told us they had received specialist training in areas such as diabetes, end of life care and staff administering medicines. One member of staff also discussed the care practitioner course the company ran to support care workers in the senior care role. The training comprised of a number of elements that gives the care practitioner the skills to support people at the service, and the registered nurse on duty. The care practitioners are taught a variety of skills such as how to read blood glucose monitoring for diabetic patients, take blood pressures and manage PEG feeds. This is a method of providing nutrients to people via a tube from their abdomen directly into their stomachs.

Staff we spoke with told us they received regular supervision and found the sessions useful. One senior member of staff told us they undertook supervisions for a group of staff, and the registered manager undertook their supervisions. They told us they found their supervisions useful. This shows the provider worked to provide staff with training relevant to their role to support people in their care.

People we spoke with told us they were happy with the choice of food at the service and enjoyed the foods they were served. One person told us they didn't like to eat meat and they were served suitable alternatives such as fish or a vegetarian option. Another person said. "The food is good and you get a choice when you are at the table so I've got no grumbles." Our observation of meals at the service showed at times and as reflected previously in this report, people did not always receive the support they needed. However, we also saw some good examples of care. One person, who staff told us, had a poor appetite was offered alternatives at mealtimes to encourage them to eat, people who ate in their rooms were provided with the necessary support documented in their care plan. Where people required specialist diets these were supplied. A person who had recently been admitted to the service and had been assessed at their previous placement as requiring a soft diet, had also been referred to the Speech and Language Therapy (SALT) team to ensure their diet was the most appropriate for them. People's weights were also monitored to support

them maintain a healthy weight. Where people had lost weight the staff at the service monitored their food intake and provided fortified diets. This showed the staff worked to meet the nutritional needs of the people at the service.

People told us their health needs were well managed. A relative we spoke with said, "They do call the doctor out if they need to." The relative also told us when their family member had been ill, the staff had called the doctor and telephoned them to let them know. Another relative we spoke with, whose family member had a long-term health condition, told us the staff knew their relation's needs and managed the person's condition well.

Staff we spoke with understood people's health needs and what their responsibilities were if people were ill. Care staff felt the registered nurses and care practitioners were responsive if they had concerns and were quick to manage people's health care needs by seeking advice and support from the relevant health professional.

Should people need to move between services, we saw there was a "grab sheet" that could be printed off so people had the most up to date information on their health care needs. This meant health care professionals receiving the person into their care would have the relevant information to support the person's care.

The environment people lived in was adapted to meet their needs. The provider employed a maintenance person to undertake any maintenance and ongoing repair work at the service. We saw there was an ongoing refurbishing programme in place at the service and we noted improvements since our last visit. This meant people were living in a safe well-maintained environment which met their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with showed an understanding of the principles of the Mental Capacity Act. However, the information in people's care plans around the mental capacity assessments that had taken place lacked detail on how the assessments were undertaken, and who had been involved with the process. We discussed this with the registered manager, who accepted there needed to be more detailed information to support the decisions that had been made around people's mental capacity, and any decisions that had been made in their best interests.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider meeting any conditions on DoLS authorisations in place. We found they were working with external organisations to meet any conditions in place.

Good

Is the service caring?

Our findings

The people we spoke with were complimentary about the staff and said they cared about the job they were doing. They told us staff were caring and kind towards them. One person said, "They (staff) care about us." The relatives we spoke with told us they were happy with the attitude of staff towards their family members. Relatives told us some of the staff had been working at the service a long time and knew their relations well. Some relatives, who came most days told us the staff made them feel welcome when they came. One relative said, "The staff are very caring and dedicated to what they do."

Staff we spoke with told us there was a caring culture at the service. They told us they had built positive relationships with people and their relatives. The different staff groups we spoke could give examples of the different relationships they had formed. One staff member told us they regularly undertook deep cleaning in one person's room and the person's relative always commented on how happy they were with their work. The member of staff also said, "People feel they can talk to me and that's what I want."

We saw some positive interactions between people, staff and relatives during our visit. When relatives came into the service staff stopped to chat to them about their family member. One member of staff who had been off for a few days spent time chatting to people as they served them drinks, telling people they missed them and asking how they were. People enjoyed these interactions. We saw staff were patient with people and respectful of their choices.

During our visit we saw people had formed friendships with each other. Sitting together at meal times and spending time together in the communal areas. One resident said, "We are all friends together here." and they had made friends with some other people at the service.

People and their relatives told us they had contributed to their plans of care. One relative said, "Yes, I am involved in [name's] care. I look at their care plan and I comment on it." The relative told us they were listened to by staff in relation to their relative's care. Another relative told us they had been consulted on their family members care and contributed to their care plan when the person was admitted to the service. They also told us staff were responsive to their comments about their family member's care. One person we spoke with told us, through choice, they did not get involved in care planning at all, they said, "I just do my own thing." This showed when they wished it, people and their relatives were involved with their relative's care.

The service provided information for people on the availability of advocacy services should they have required this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. One person who lived at the service had the support of an Independent Mental Capacity Advocacy (IMCA). IMCAs were introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation.

The registered manager told us the cultural needs of people at the service were being met. They told us no

one at the service had any specific needs, but a religious leader came once a fortnight to conduct a multi faith service. Everyone who lived at the service was invited to join this and those who chose to, enjoyed this.. The registered manager told us they would always work to meet the individual cultural needs of anyone using the service.

Most of the time throughout our visit people's privacy and dignity was maintained by staff. People we spoke with told us that staff were careful when providing personal care to ensure doors and curtains were closed. One relative told us, "[Family member] is treated with dignity – like a human being." The interactions we saw showed staff spoke with people respectfully and understood their role in maintaining people's dignity.

Requires Improvement

Is the service responsive?

Our findings

The information in people's care plans was not always sufficient to provide staff with the guidance they needed to support people effectively. While there was information on people's behaviours there was a lack of information on how staff should support people. For example, one person's care plan noted they were not able to understand others or verbally communicate with them. The only information for staff was to keep sentences short to aid the person's understanding. The care plan lacked any further information that may assist staff to support the person.

During our visit we also saw one person who sat talking to themselves and appeared unsettled and anxious. Later in the day we discussed the person with a member of staff who told us the person tended to display certain behaviours if they needed the toilet. This information was not in their care plan and staff who supported the person during the morning had not picked up on this behaviour. The person's care plan recorded the person did not display anxious behaviour patterns. However, throughout the first day of our inspection the person continually displayed anxious behaviour patterns.

There were further contradictions in the care plans we viewed. One person's care plan recorded in one section they had no problems with eating and drinking, but another part of their care plan recorded they required a soft diet, support with eating and drinking, and had difficulties chewing. Staff we spoke with told us the person did require support with eating and drinking.

There was also a lack of information in some care plans related to people's health needs. We viewed care plans of people who required a PEG feed. We spoke with staff about how the PEG was managed and what support was in place should the PEG be dislodged. They outlined what they would do to support the person. However, the guidance in the care plan did not give staff enough information on how to manage the situation. The person's care plan in relation to managing infections was generic. There was no information in the person's care plan on how to manage their PEG in relation to infection control, or what staff should look for that may show if the person had an infection around their PEG site.

The above showed the information in people's care plans was not always detailed enough or individualised to meet their care needs. We discussed the issues with the registered manager who accepted our comments and told us they and their staff would work to improve this information.

The registered manager was working to meet the accessible information standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. For example, there was clear signage at the service to make it easier for people to identify the different areas of the home and when offering people meals staff used visual prompts.

People were supported to take part in a range of social activities. One person said, "We have dances here and the women partner the women, – the men don't seem to be interested." The activities co-ordinator also told us they took people out on trips. They had organised a trip to a fishing club for some of the men at the service, and people went to tea dances. During our inspection we saw one person being taken out for a walk.

We saw there were trips into the town on market days, and to the local garden centre. The activities co-ordinator also organised groups to come into the service, such as a local toddler group who came in to sing for people. There was regular exercise sessions and games of bingo as well as craft sessions. People we spoke with were positive about the social activities available to them. However, one person fedback that they were sometimes bored in the evening. We fed this back to the registered manager who told us they would review this with the activities co-ordinator.

People and relatives we spoke with, told us they knew who to speak to if they had any issues with their care. One person said, "I'd go to the people who are in charge and tell them." Relatives told us the registered manager responded to their concerns or requests about care of their family members. However, one set of relatives felt their complaint had not been dealt with to their satisfaction. We saw the registered manager had kept records of the actions they had undertaken when complaints were raised to them. They had implemented measures to address the concerns raised to them in line with their company's policies. However, we discussed the concerns raised to us with the registered manager who told us they would continue to work with the relatives to resolve their concerns.

The company's complaints policy was displayed in the entrance of the service.

Staff we spoke with were aware of their responsibilities in relation to dealing with concerns and complaints. One member of staff said, "I would resolve any issues I could. But would record it and let the manager know what I had done." They went on to say they would escalate any complaints they could not deal with to the registered manager.

People's end of life care was managed according to their wishes and staff worked with people at the appropriate time to support them to make their wishes known. People's care plans contained information on their advanced wishes. The registered manager told us staff worked to support people and their families at the appropriate time.

Good

Is the service well-led?

Our findings

It is a legal requirement for the service to have a registered manager in post and on the day of our inspection the registered manager was available. The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

The registered manager was known to both the relatives and people who lived at the service. The majority of people and relatives felt she listened to them and acted on issues raised in an open and transparent way. One person said, "You see the manager about the place from time to time and if you want anything you just have to ask and it is done." A relative said, "Yes I know who's in charge I see them (the registered manager) when I come in."

Staff we spoke with told us there had been several registered managers over the last few years at the service and some staff felt this had not helped the stability of the service. However, staff felt that the present registered manager was providing direction for them and was working to continue to improve the service. One member of staff told us the registered manager's door was always open and they could go to speak with them if they needed to. Staff we spoke with told us they were supported with regular supervisions and found these helpful in giving them direction. On each day of our inspection we saw the registered manager had daily 'flash' meetings with the heads of departments, around 10am lasting approximately five to ten minutes. We attended the meeting which felt streamlined. The staff could communicate any issues they had, as well as allowing the registered manager to provide information to senior staff.

Staff we spoke with told us the registered manager was receptive to the ideas presented to them. The senior housekeeper told us they had suggested giving the housekeepers their own areas for deep cleaning. They had worked with the manager to implement this new way of working and they had been pleased with the results. This showed the registered manager worked in an open way to support and provide direction for the staff to meet the needs of people in their care.

The registered manager undertook a range of quality audits to monitor the service provided to people. These audits included environmental audits in relation to health and safety, infection control and maintenance of the service. They also undertook audits of medicines, care plans, management of people's weights, any accidents, incidents or falls. We saw how the registered manager had undertaken analysis of the audits to improve the quality of the service. Such as monitoring people's weight, monitoring falls to look for trends and working to reduce falls by putting in measures to support people and reviewing staffing levels. The registered manager continued to work to improve the quality of care provided for people.

People's views on how the service was run was considered. The activities co-ordinator worked with people to ensure the activities they undertook reflected people's interests and regular relatives and resident meetings were held to discuss issues such as meals and activities. Relatives also told us they had completed regular questionnaires to air their views. We saw the results of the previous year's quality monitoring questionaires and how the provider had responded to comments by people. For example, the percentage of people who were happy with the social activites had decreased and the provider had responded by reviewing the social activities and increasing the hours allocated to co-ordinate the activities. The present registered manager told us they had also provided training pertinent to the role for the staff. This shows the provider had listened to people's views and addressed the issues raised.

The registered nurses, deputy manager and registered manager worked with external key organisations to ensure people received support from professionals such as social workers, health professionals and the local authority.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Identified risks to people's safety did not always have the measures in place to mitigate these risks resulting in a failure to provide safe care and treatment.