

Your Health Limited

Cedar Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Cedar Court Nursing Home on 8 January 2019. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cedar Court Nursing Home provides nursing care and accommodation across two floors for up to 30 older people and younger adults with physical disabilities. On the day of our visit 26 people were using the service.

At the last inspection in June 2016, the service was rated 'Good' in all the key questions. At this inspection, we found the fundamental care standards were not being fully met, resulting in the rating for the service changing to 'Requires Improvement.'

At the time of our inspection there was a registered manager in post and they were present during the day of the inspection. A registered manager is a person who has been registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are "registered persons". Registered persons have the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager and provider had not always recognised when accidents and incidents needed to be referred to the local authority safeguarding team. This meant they had not been independently reviewed to determine if any actions were required to protect the person and if improvements in practice were needed.

The staffing levels in place did not ensure people's safety was consistently monitored or their needs met in a timely or appropriate way. This impacted on the activities available to people, as the activities coordinator spent a large proportion of their time supporting people with their meals and drinks. This reduced the time they had available to support people in recreational and social activities. The staffing levels also impacted on the support people required to eat their meals and resulted in people having to wait for support, or be supported at the same time as another person; which did not respect their dignity.

Improvements were needed to the management of medicine. The stock balance of medicines, for people accessing the service for respite did not match the balance recorded on their medicine record. This meant we could not check that people had received their medicines as prescribed. Risks to people's health and safety were in general assessed but some improvements were identified.

The provider had acted to address staff conduct when needed, but had not made referrals to all relevant external organisations. This meant that not all organisations in place to protect the public had not been notified; to enable them to assess the information, make a judgement and take action if needed. The

provider has now taken action to address this.

Quality monitoring systems were in place to support the registered manager in driving improvement. However, they had not, at the time of the inspection identified all of the improvements we found were needed.

The environment met people's mobility needs but there was a lack of signage around the home to support people to find their way around and enhance their orientation. People and their representatives were involved in decisions relating to the planning of their care, but in practice people's preferences regarding their personal care routine was not always sought.

Staff were clear about what constituted abuse or poor practice and were clear on their responsibilities to report any concerns. Recruitment checks were done before staff started working at the home, to check they were suitable to support people. Checks were in place for the prevention and control of infection and in general these were effective.

Staff had the equipment needed to assist people safely and understood about people's individual risks. The provider checked that equipment was regularly serviced to ensure it was safe to use.

Staff received an induction, ongoing training and regular opportunities to formally review their work and any learning needs through supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems in the service supported this practice. People's capacity to consent to their care and treatment had been considered where required. Information about independent advocacy services was available.

The registered manager and staff team worked with health care professionals and people's health was monitored to ensure any changing needs were met. People received a choice of meals and their nutritional care needs had been assessed and planned for.

People's right to maintain relationships with those that were important to them was respected and promoted. People's right to confidentiality was respected. People were supported to raise any concerns they had.

People and their representatives were supported to express their views and opinions about the service provided. The registered manager worked in partnership with other agencies to meet people's needs.

During this inspection we found two breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe

Staff were not always available to ensure people were supported when needed. Safeguarding referrals were not always made as required. Not all areas of risk had assessments in place to guide staff on reducing these risks. People were supported to take their medicines but some records to demonstrate this were not accurate. Recruitment procedures checked staff's suitability to work with people, and they were supported to keep safe by staff that understood their responsibilities to report any concerns. Systems were in place to manage infection control and hygiene standards and when improvements had been identified the provider had taken action to address these.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff and were enabled to make their own decisions whenever possible. People received a diet that met their requirements and choices were available. The manager and staff team worked with healthcare professionals to ensure people's health was monitored and their changing needs were met.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's dignity was not always considered and respected. People's right to maintain relationships with people that were important to them was respected and promoted. People's right to confidentiality was respected.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Improvements were needed to ensure people were provided with opportunities to socialise and participate in activities that were of interest to them on a regular basis. People and their representatives contributed to the assessment and development of their care plans but their preferences were not always considered and some practices were not person centred. A complaints procedure was in place for people and their representatives. Arrangements regarding end of life care were discussed with people to ensure their wishes could be followed.

Is the service well-led?

The service was not consistently well led.

Systems were in place to monitor the quality and safety of the service but these had not been effective in identifying the improvements that were needed to ensure that sufficient staff were available to provide personalised care, that consistently ensured people's dignity, needs and preferences were met. People were asked how the service could be improved and actions had and were being taken to address this; but further improvements were needed. Staff felt supported in their role. The provider and registered manager understood their responsibilities and had resources available to them; including partnership working with other agencies to enable people's needs to be met.

Requires Improvement 

Cedar Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 8 January 2019 and was unannounced. The inspection was carried out by two inspectors.

The inspection was informed by the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority who commission services from the provider to get their views on the quality of care provided. We used all this information to inform our inspection plan.

We spoke with 10 people that used the service and three people's visitors, the registered manager, an agency nurse, two care staff, the activities coordinator and the cook. We also observed the support provided to people by staff in communal areas.

We looked at all or parts of three people's care records and checked that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We reviewed how accidents and incidents were managed and the systems in place to manage medicines. We also looked at the systems the provider had in place, to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the registered manager and operations manager to email copies of their audits, so that we could see how the provider monitored the service to drive improvements. They sent this to us within the required timeframe.

Is the service safe?

Our findings

The registered manager told us they used a staffing tool to help determine the numbers of staff needed to provide people's care. Our observations confirmed that sufficient staff were not always available to meet people's needs in a timely way and ensure their safety was maintained. There were three lounges for people to use. We saw that in the main lounge a staff member was in place for most of the inspection. One member of staff told us, "There should always be a member of staff in the main lounge as most people are in here." A staff member was available most of the time in the main lounge. In one of the other a person who was unable to walk independently, was attempting to stand. The person had a sensor mat in place to alert the staff if they attempted to stand, as they were at risk of falling. On one occasion the person had spilt their drink and were leaning out of their chair to try and reach their cup; this presented a risk of them falling out of the chair. Call bells were available for people in their bedrooms and although they were available in communal areas people that could use them told us they couldn't reach them. At the lunch time meal there was not enough staff to support people in a dignified way or ensure people received their meal in a timely way. This is reported in more detail under the Caring section of this report.

Discussions with people, their relatives and the staff team reflected our findings. One person told us, "They could do with more staff, you have to wait, especially in between meals. If you need the toilet you just must wait." One relative said, "There's not enough staff, I visit regularly and never usually see staff observing people in the lounge. I have intervened to stop someone falling out of their chair, as no one was around." Staff spoken with told us, "It would help if there was an additional member of staff in the morning and another one in the afternoon. The staffing levels are better than they were but we could do with more staff."

The information above demonstrates a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us their action plan to demonstrate how they had or intended to address these concerns. They advised us that the staffing and dependency levels were being reviewed and the engineer was looking at options that could be put in place with the homes current call bell system.

Although the care staff were clear on their role in reporting concerns we identified that safeguarding referrals had not always been made when needed. For example, when people had injuries that were the result of an accident, had not been witnessed or they were unable to confirm what had happened, these injuries had not always been referred to the safeguarding team. This meant injuries to people were not thoroughly investigated to ensure people's safety was protected.

Following the inspection, the provider sent us their action plan to demonstrate how they had or intended to address these concerns. They advised us of their change in practice. This included supervision for the registered manager and senior staff regarding safeguarding guidelines and all accidents and incidents were to be forwarded to the operations manager for their review.

We identified that improvements were needed to the management of medicines for people that were using the service for a short stay. This was because the balance of medicines held at the home for people on short stay did not match the balance according to their medicine records. This meant that although medicines had been signed for as administered; we could not check this was correct. We also checked a sample of records for people who lived at the home on a permanent basis along with the medicines in stock and these corresponded, which meant we could be confident they had received their medicines as prescribed.

Following the inspection, the provider sent us their action plan to demonstrate how they had or intended to address these concerns. This included a checklist that would be used by the nurse on duty when people were admitted for short stays.

People told us that they received their medicines on time. At the lunch time meal, we saw the nurse spent time with people explaining what the medicine was for when they administered it to them. When people had medicines that were on an 'as required' basis, such as paracetamol, we saw people were asked if they needed them before they were administered. Guidance was available about the PRN medicine, for nurses to ensure people received these when needed. Nurses administered medicines and we saw from the training records that they received training to ensure they managed medicines safely and knew what action to take if they identified a medicines error.

People told us they felt safe with the support provided to them by the staff team. One person said, "I feel safe, there is no reason not to." Another person told us, "I would say if I wasn't happy, I would tell the carers. We had a meeting, they ask if we had anything to complain about." Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person that used the service. One member of staff said, "I would go to a senior or the manager or nurse. I know we can go to the local authority if we need to."

Risks to people's health and wellbeing were generally well assessed and reviewed as needed, to ensure they provided accurate guidance to staff. However, we did identify that one person who required a pureed diet and thickened fluids had no separate risk assessment for their choking risk. We fed this back to the registered manager to address. Following the inspection, the provider sent us an action plan which stated that a risk assessment and care plan were now in place for the person regarding their risk of choking.

Equipment was in place as reflected in people's care plans, such as specialist mattresses and cushions, where people were at risk of skin damage. Risk assessments provided staff with guidance on how to support the person and we saw that these were followed. Equipment was maintained and serviced as required to ensure it was safe for use.

We saw staff supporting people to move using specialised equipment and this was done safely. They supported the person with care and respect, and talked them through the whole procedure. Where people had been assessed for specialist equipment to help them maintain healthy skin, specialist mattresses and cushions were in place for them. We saw that checks were undertaken to ensure this equipment was used correctly.

Personal emergency evacuation plans were in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs. We saw that where equipment was needed to support a person to evacuate, this was easily accessible to staff who confirmed they had received training to use this equipment.

Overall the home was clean. The registered manager confirmed that there had been some vacancies in housekeeping staff and this had affected the numbers of staff available to maintain the home. Most of these vacancies had been filled at the time of the inspection. We saw that one of the smaller lounges had not been cleaned, as some breakfast cereal remained on the floor throughout the day. People told us the home was kept clean and that clothes were laundered to a good standard. There was personal protective equipment available and we saw staff used this when needed such as disposable gloves and aprons. We saw that infection control audits were undertaken to identify any areas for improvement and cleaning schedules were in place. Following the inspection, the provider sent us their immediate action plan to demonstrate how they had or intended to address these concerns. They advised us that discussions would be taking place with all staff, to ensure all food debris is cleared away and dining areas cleaned after meals.

The provider had been rated a five star by the food standards agency in November 2018. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. This demonstrated that the systems in place supported safe recruitment practices.

We saw that accidents and incidents were reviewed and lessons learnt to ensure future risks were minimised. For example, following an incident regarding a person's skin care the manager had put measures in place to ensure future risks were minimised. Care staff we spoke with were clear on this new guidance. Falls were monitored and analysed to enable the registered manager and provider to look for any patterns or trends; so that action could be taken as needed to minimise further falls.

Is the service effective?

Our findings

People's needs had been assessed before they began to use the service to ensure they could be met. Care plans had been developed from these initial assessments and regularly reviewed to ensure the staff team continued to meet people's changing needs. People were happy with the support they received from the staff team. One person said, "Lovely lot of staff here, they know me well." Another person told us, "I am happy with the care I get." A relative said, "Staff are very understanding of people and know them well." Staff told us they had regular training, supervision and support to carry out their duties. One member of staff said "There is lots of training and we can ask for additional training if we want to do it. I have done training on arthritis and today I am doing training on stress management and am going to sign up for End of Life Care training." Another member of staff said, "My induction was good and I worked with more experienced staff before I worked alone." The registered manager told us that new staff completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. This demonstrated that new staff received the support and training required to enable them to meet people's needs and maintain their safety.

We observed the lunch time meal and saw that alternatives were provided for people who didn't want the two options available. People's views of the meals varied. The majority of people told us the food was 'alright'. Some people told us they liked the food and one person told us they felt it could be improved. Following the inspection, the provider sent us their action plan to demonstrate how they had or intended to address these concerns. They advised us that meal choices would be discussed with people at the next residents meeting, to improve the service and ensure individual choices were accommodated.

We saw that people's dietary needs were met and kitchen staff were provided with information on people's requirements. People's weights were monitored and assessments reviewed to ensure any changing needs were identified and managed. We saw that people were referred to the appropriate health care professional when needed, such as dieticians or speech and language therapists where people had difficulty swallowing. People were supported to access external health professionals to maintain their health care needs. One person told us, "If I need to see the doctor the staff organise that for me." The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. We saw from records that staff liaised with the GP practices and requested visits for people as needed.

The design of the building enabled access for people that used wheelchairs and we saw that people could move around with or without staff support as needed. There were outdoor spaces available for people to access and equipment such as hoists and walking aids were available to enable people to move safely. There were lifts to enable people to access other floors.

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. We saw that assessments had been completed with best interest decisions where the person lacked capacity to make the specific decision, such as the support the person needed to ensure their personal care needs were met.

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 whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. No one had a DoLS which had been authorised at the time of the inspection. Discussions with staff demonstrated they understood the Act and DoLS and we saw they had received training.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions in their daily lives and we saw this was done. Staff gained people's consent first and explained what they were doing, for example, we saw staff offering choices at meals times, when providing beverages and when supporting people to move. One member of staff told us, "I always offer people choices. When I help people in the morning I help them to choose what they are going to wear. "If they have difficulty I will offer a couple of outfits for them to choose from."

Is the service caring?

Our findings

We identified that the lunch time meal experience for people required improvement. For example, tables were not laid with cloths, no condiments or napkins were available to people and there was limited social interaction from the staff supporting people.

Some practices seen demonstrated that people's dignity and preferences were not always considered. For example, we saw one member of staff assisting two people with their lunch time meal at the same time. The staff member had not considered the impact this had on both people's dignity. We heard one member of staff refer to people who needed support to eat as 'feeders'. This does not demonstrate that all staff considered people in a respectful way.

Other examples of people's dignity not being promoted were also seen. For example, one person dropped some food and they ate this off their apron. As no staff were available, the person asked another person at the table to pass them a tissue, so they could wipe their mouth which had food on. Another person dropped food off their plate onto the table and no staff were available to support them.

The above demonstrates a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us their immediate action plan to demonstrate how they had or intended to address these concerns. They advised us that a meal time audit would be carried out by the operations manager and issues identified would be addressed.

We saw some examples of staff supporting people to maintain their dignity. Such as staff supporting people discreetly to use the bathroom and one person said, "The staff cover me up during my care, they are respectful." People told us that they found the staff to be kind and caring. One person said, "Staff are very good, I can't fault them." Another person said, Staff are very caring, they know me well."

Staff used different ways of enhancing communication, for example, by touch and altering the tone of their voice appropriately. People confirmed that they were provided with opportunities to express their views through meetings and satisfaction surveys. Comments from the 2018 survey showed that people felt the staff were kind and friendly. One relative said they believed their family member would not have received better care anywhere else.

The registered manager confirmed that at the time of the inspection no one required the support of an independent advocate. The registered manager told us that people would be supported to make decisions using independent advocates if needed. The type of advocate was dependent on the support the person required. For example, an Independent Mental Capacity Advocate would be used to support people who lacked the mental capacity to make specific decisions regarding their care. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices

about decisions that affect their lives.

People were supported to maintain relationships that were important to them. During the inspection visit we observed some people received visitors. One visitor told us, "I can visit at any time and the staff are always friendly and welcoming."

We saw that care records and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

Is the service responsive?

Our findings

People confirmed that some activities were available at the home; however, the majority said that more activities would be welcomed. One person told us, "I get a bit bored, there aren't a lot of activities. I played dominoes yesterday but that's was the first time in a while." A relative said, "They have a singer who comes in but there is not a lot of stimulation for people and they don't go out on trips, sometimes in summer they sit out in the garden." The activities coordinator told us about the activities that were provided. This included games, pamper days and reading to people. They also told us that people did go out but this was usually on a one to one basis. For example, one person had attended a nativity play at Christmas. However, we did not observe any activities being undertaken on the day of the inspection. The activities coordinator told us and we saw that they supported the care staff in providing meals and drinks to people. At the lunch time meal, we saw the activities coordinator was serving the meals.

Following the inspection, the provider sent us their immediate action plan to demonstrate how they had or intended to address these concerns. They advised us that they would be reviewing the activities provided and availability of the activities coordinator, including a weekly activity plan.

People were supported to access and develop links with the local community. For example, the local library provided a variety of books for people. Church services were provided monthly for people who wished to participate.

We saw that people or their representatives had signed the care plan to demonstrate their agreement. However, discussions with people and records seen identified that the support they received was not always based on their preferences. For example, people told us they were allocated a 'bath day'. One person said, "Wednesday is my shower day. I am not always asked about my care, I just go along with it." Another person told us, "The staff tell me my bath day is a Tuesday, I go along with that."

Following the inspection, the provider sent us their immediate action plan to demonstrate how they had or intended to address these concerns. They advised us that a full review of care plans would be undertaken.

We saw that people's communication needs were included within the care planning process, to support staff in communicating effectively with people. The registered manager confirmed that information could be provided in accessible formats for people; such as large print, pictorial or audio if needed. However, we saw that no pictorial signage was in place to support people in finding their way around the home, such as supporting people to find the bathroom or their bedrooms. The registered manager told us that pictorial signage was available through the provider but said she considered these signs did not promote a homely environment. This meant we could not be assured that the Accessible Information Standard; which applies to people who have information or communication needs, relating to a disability, impairment or sensory loss were being fully met.

Care plans contained information regarding people's protected characteristics, for example their race,

religion and belief. We saw these were being met. For example, church services were provided for anyone wishing to attend.

People and their visitors told us they would speak to the staff team or registered manager if they had any concerns or complaints. One person told us, "You can talk to the manager if you have a problem." A complaints procedure was in place and guidance was available on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these were addressed promptly.

Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this in detail.

Is the service well-led?

Our findings

The provider monitored staff's conduct and took action to support staff when this was identified, through learning and development. Although the provider followed their disciplinary procedure when needed, we saw on one occasion, that although the provider had notified the care quality commission and local authority, they had not referred their concerns to the relevant external organisation; to enable them to make a judgement and take action if needed. Following the inspection, the operations manager confirmed they were in the process of referring information to this external organisation.

The provider and registered manager understood their responsibility around registration with the Care Quality Commission and we had received notifications regarding significant events that had occurred within the service. However, as reported under the Safe domain, some incidents had not been reported to us, as they had not been considered as safeguarding concerns by the registered manager. When safeguarding referrals are made to the local authority, the registered person must inform us via a notification that this has been done. Where the registered manager had made safeguarding referrals, we had been notified. This is to enable us to check that appropriate action has been taken.

Audits were undertaken although they were not always effective in identifying areas that required improvements. For example, medicine audits had not identified that improvements were needed to the management of medicines for people staying at the home on a short term basis. The meal time experience observations had not identified our findings regarding people's meal time experience.

An environmental improvement plan was in place to ensure the home was well maintained. We saw that areas of the home had been renovated. For example, the main lounge had been renovated and a kitchenette and dining area incorporated with new furniture, soft furnishing and new flooring. The old dining room had been converted to a lounge area and a smaller lounge was also available and a small dining area that one person preferred to use. A new communal toilet was in place and plans were in place for further redecoration to take place throughout the home.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff felt able to raise any concerns with the registered manager and were confident that they would be addressed. Staff told us they would not hesitate to raise concerns and felt they would be protected by the whistleblowing policy.

The views of the people living at the home were sought on a regular basis through satisfaction surveys and meetings. We looked at the results of the October 2018 survey and saw that the lowest scores were regarding the staffing levels, the meals, the laundry service and the environment. We saw that actions had been taken to improve the environment as reported above. Feedback was given to people regarding the staffing levels, meals and laundry. This feedback reflected on the changes in staff for care, laundry and the kitchen. For example, regarding the meals the registered manager reported that at the time of the survey the kitchen staff were relatively new in post and confirmed that more variety would be provided. Regarding the laundry

the registered manager reported that the concerns identified were being addressed to drive improvement and we did not receive any concerns regarding the laundry. The manager reflected on the results regarding the staffing levels and reported that several long-term staff had left and that agency staff were being used whilst staff recruitment took place. At the time of the inspection we were advised that the care staff posts had now been recruited to. Agency were used to cover some shifts. The agency nurse on duty on the day of the inspection confirmed they had worked several shifts at the home and had a good understanding of people's needs. This promoted continuity of care for people.

We saw the highest score from the surveys was regarding the staff that supported people. Several positive comments were provided by people and their relatives about the caring attitude of the staff. We saw the registered manager had acknowledged this and thanked the staff for all their hard work. Staff told us they felt supported by the registered manager and valued for their contribution. One member of staff told us, "The manager is really supportive and easy to talk to." Another staff member told us, "We all work well together and the manager works with us and does some shifts. We have team meetings and discuss our practice and any changes." The registered manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as community health care professionals. We saw that the rating of the last inspection was on display in the home and on the provider's website 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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People's dignity and preferences were not always considered and met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient staff were not available to meet people's needs in a timely way and ensure their safety was maintained.