

Milestones Trust

Abbey House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Abbey House Care Home on 3 August 2017. Abbey House Care Home is a care home providing nursing and personal care for up to 74 people. The home supports people living with dementia. At the time of our inspection there were 24 people using the service. This was the home's first inspection.

Medicines were not always stored securely and in line with manufacturer's guidance. People were not always protected against the risk of untoward incidents. The home did not always take action to mitigate the risks associated with weight loss.

Records relating to people's care needs were not always accurate and up to date. The systems in place to monitor the quality of the service were not always effective.

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.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine.

People told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

People were supported by staff who had been trained in the MCA and applied its principles in their work. Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff spoke positively about the support they received from the registered manager.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People told us they enjoyed the food at the home. Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed. Staff were kind and respectful and treated people with dignity and respect. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for.

The service sought people's views and opinions. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

We found two breaches 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 this 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 always safe.

Medicines were not always stored securely and in line with manufacturer's guidance.

People were not always protected against the risk of untoward incidents.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff on duty to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The home did not always take action to mitigate the risks associated with weight loss.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff received effective support.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Peoples care records were not always updated when their needs changed.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

There was a range of activities for people to engage with.

Is the service well-led?

The service was not always well led.

The systems in place to monitor the quality of the service were not always effective.

Accidents and incidents were not always recorded in line with the provider's policies and procedures.

Staff understood the whistleblowing policy and procedures.

Requires Improvement 

Abbey House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place 3 August 2017 and was an unannounced inspection. This inspection was conducted by one inspector, a specialist advisor, whose specialism was nursing and expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications that the registered manager had submitted to us. A notification is information about important events which the provider is required to tell us about in law. Prior to the inspection we spoke with commissioners of the home to get their views on how the service is run.

We spoke with 13 people, nine relatives, a visitor, five care staff, two nurses, the chef, the deputy manager, the administrator and the registered manager. We reviewed 10 people's files, six staff records and records relating to the management of the home.

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

Is the service safe?

Our findings

Medicines were not always stored securely and in line with manufacturer's guidance. The provider's document titled 'Daily Temperature Record for medication Storage facilities' highlighted 'The medication storage area temperature must be within the range of 16 degrees min and 25 degrees max'. We looked at the daily temperature records, which documented that the room temperature was consistently above 25 degrees C. For example, between March 2017 and the inspection on 3 August 2017, there were 75 occasions where the temperature was between 26 and 35 degrees. At the time of our visit we found that the room temperature was 28 degrees C. People's medicines stored in this room were at risk of being less effective.

The service had been built with a medicines room with internal cooling vents on the first floor of the service. However, this room was not being used to store medicines. We asked the registered manager to record the temperature of this room on the day of our inspection. The room temperature was recorded as 24 degrees C which is in line with both the manufacturers and providers guidance. We noted that this room was cluttered and was currently being used as a storage room for wound care dressings and activity equipment, so contained arts and crafts materials. Medicines which include dressings should be kept locked away and free from risk of contamination, these dressings were therefore not stored appropriately or safely. We asked a nurse why the room was not used for the storage of medicines. The nurse told us "The lock is broken which is why we don't use it".

One person was self-medicating. This means that the person was regularly assessed to ensure they remained competent to take their own medicines. This person did have a risk assessment in place. However, their medicine was stored in a plastic container on top of a chest of drawers in their room. We noted on four occasions throughout the inspection, the person was not in their room and the door was open. This person's risk assessment for self-medication documented the person's medication as a potential risk. However, the person preferred to have it stored this way. The risk to other people had not been considered. Whilst it is good practice to support people to administer their own medicines, they should be stored in a lockable drawers or cabinet in the person's room.

People were not always protected against the risk of untoward incidents. For example, we noted that fire doors that were designed to shut automatically in the event of a fire did not always shut properly. We also noted that a fire door to an office was wedged open. Therefore in the event of a fire this door would have been ineffective in stopping the spread of fire. Due to concerns raised at the inspection in relation to fire safety the Care Quality Commission made an immediate referral with Dorset & Wiltshire Fire and Rescue Service. Subsequently the home was visited the following day by fire safety officers. One of the findings from this visit was that "work is necessary to make sure that escape routes (corridors, stairs and doors) can be safely used whenever they are needed". This was not in place on the day of our inspection.

A folder containing personal evacuation plans, designed to be easily accessible in the event of an untoward incident were not accurate and up to date. For example, the folder contained details of people who no longer lived at the home. Information was missing for three people currently living at the home. The impact of this is that in the result of an untoward incident the service would not have up to date information to

support an evacuation. We spoke with the registered manager about this and they told us "That (the folder) should be up to date", "It would support us if we do have to evacuate due to a gas explosion or major event" and "I will update these immediately".

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Following our inspection the registered manager sent us evidence that the folder containing personal evacuation plans had been updated. However, this was not in place on the day of our inspection.

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff told us that if they had any concerns then they would report them to the manager. One member of staff told us, "I would report it straight to my manager and the deputy manager". Another staff member said, "I would report it to the nurse immediately". Staff were also aware they could report externally if needed. One staff member told, "I would raise a safeguarding with Swindon borough council". Another staff member said, "I would make a referral to the safeguarding team".

People told us they felt safe living at the service. Comments included: "I'm happy here and I feel comfortable here", "I always have felt safe here", "I am comforted that staff are nearby and if I fall I will get some help" and "Absolutely safe in every regard". Relatives we spoke with told us, "Absolutely she is safe here. I have no worries when I leave", "There are no bad staff here. [Person] is well looked after", "It feels safe here definitely" and "I feel that she is safe here".

People's care plans contained risk assessments which included risks associated with; moving and handling, choking, pressure damage, falls, personal care and environment risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. This person's care record gave guidance for staff to mitigate the risk to the person by ensuring that two staff members were present to support the person during transfers to a walking aid. We observed staff following this guidance.

Another person had restricted mobility. This person's care records gave guidance for staff on how to support them effectively whilst moving around the home. Throughout our inspection we observed staff following this guidance.

People who were at high risk of pressure damage had accurate and up to date repositioning charts in place and were supported by staff who were aware of these risks and what action to take as a result. The service had also sought advice and guidance from the tissue viability team. This included the use of pressure relieving equipment.

We observed staff administered medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given. Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.

Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

We spoke with relatives who gave a varied response about staffing levels. Comments included; "There are more carers than residents sometimes", "There are not enough staff here, they are frequently stretched and too tired", "The carer to resident balance is good" and "The only thing that worries me is the staffing levels". However, we observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. The manager used a 'dependency tool' when carrying out initial assessments on people's care needs. This enabled the manager to calculate the right ratio of staff against people's needs. We saw that this was reviewed regular by the management team. Staffing rotas evidenced that the assessed staffing levels had been achieved on most occasions. On occasions where staffing levels were not been achieved the provider had taken appropriate action to access additional staffing. During the day we observed staff having time to chat with people. A staff member we spoke with told us, "I think we have good staffing here. We manage well and people get the support they need".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Is the service effective?

Our findings

People who were assessed as being at risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place which were updated on a monthly basis. Monthly weight charts were kept. Where staff were concerned about peoples weight or appetite health professionals were contacted for advice and support.

However, records for one person evidenced they had lost weight. The person was referred to their GP for assessment and a note in the person's care record on 3 November 2016 stated the GP would refer to the dietitian. There was no evidence in the care record that the person had been seen by a dietitian. Neither was there evidence that this information had been followed up by staff. Staff could not provide evidence that the person had been seen by a dietitian. We noted that between October 2016 and the day of the inspection the person had lost over 15% of their body weight.

On the day of the inspection the person's care record showed they had been assisted to get up at and had a shower at 9.20am. At 11.30am they were assisted to the dining room and a member of kitchen staff brought them their breakfast. We asked staff if this was the person's breakfast or lunch. They told us, "She's just got breakfast, it was ordered (earlier), but the kitchen have only just brought it". An entry in this person's electronic record at 11.36am confirmed it was the person's breakfast". We observed this person being given their lunch at 1.15pm and the person did not eat much of their meal.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. One person told us, "I can't fault the staff, they know me well" A relative we spoke with told us, "They're alright, she is very happy with the staff and they deliver what she needs". Another relative told us, "The carers are all very good, all appropriately trained in handling, touching and encouragement".

Records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included safeguarding, MCA, health and safety, moving and handling, infection control, first aid, medication, dementia and positive behaviour management. One staff member told us, "I like the training, it's really good".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. One staff member told us "I've just had my supervision. We discussed how I was doing, how I see my job developing and my training needs". Another staff member said, "I get regular supervision and I can request one anytime".

New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff induction was linked to the Care

Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member told us, "I felt my induction was pretty good".

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. 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 or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. One person, who's capacity was known to fluctuate had been assessed as sometimes requiring to have their medicines covertly [medicine which is put in food or drink without the person knowing]. Records confirmed that mental capacity assessments and covert administration assessments had been completed and were reviewed regularly by the home. We noted that the person's family, G.P and community pharmacist had been involved in best interest meeting to ensure that the decision to carry out covert medication was the appropriate decision for the person.

Staff had completed training in MCA and DoLS. Staff had a clear understanding of their responsibilities to support people in line with the principles of the Act. One member of staff told us, "Everybody has capacity until proven otherwise". Another staff member said, "Best interest decisions are linked to specific decisions that can relate to a person, accommodation or their personal care. Best interests should never be done in isolation, they should include a team of people that includes people's relatives".

People told us they enjoyed the food provided by the home. Comments included; "I am very pleased with the food options", "The food choice has improved and the food can be very good, Gorgeous" and "Very good". One person who had specific dietary requirements told us, "They look after me well". A relative we spoke with told us, "The food is good. If it wasn't then I wouldn't stay for it". People were offered a choice of meals. Staff advised us that if people did not like the choices available an alternative would be provided. At lunch time we observed that a person had changed their mind and asked for something different. Care staff responded to this and brought the person a meal of their choosing. During our observation of the lunch time meal we noted that people were offered a choice of drinks throughout. People also had access to and were offered drinks throughout the day.

People who needed assistance with eating and drinking were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace that matched the needs of the people they were supporting. We observed a staff member supporting a person with their lunch time meal. Throughout the interaction the staff member maintain conversation with the person and encouraged them appropriately when needing to.

People had regular access to healthcare professionals such as, G.P's, occupational therapists, dieticians, physiotherapists and other professionals from the care home support team. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. One person we spoke with told us: "No qualms about the care at all". Another person said "I can't fault them here at all". Relatives told us "It's a wonderful place", "[Nurse] is wonderful", "The care is wonderful", "They care for people as individuals", "They are all good staff here" and "We always feel welcome and are always offered a cup of tea".

Staff told us they enjoyed working at the service. One staff member told us, "I like interacting with people and making their days brighter".

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, one person was becoming anxious and unsettled. A staff member knelt down to the person's eye level and took time to reassure this person and engaged in meaningful conversation. The person became settled. The staff member then asked them if they would like a hot drink. The person agreed and the staff member made them a hot drink.

People told us they were treated with dignity and respect. Comments included; "They always knock on my door before coming in", "They never make me feel embarrassed" and "I have my door open sometimes and they still knock and ask before they come in". We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed.

Staff told us they respected people's privacy and dignity. One member of staff told us, "We must treat people how we would like to be treated". Another staff member said "We make sure people's privacy is respect during personal care. We close curtains and doors".

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. One relative told us, "There are no restrictions what so ever, you can come when you want".

Relatives told us they felt involved in people's care. One relative told us, "Yes I know I can always talk to someone if I need to".

Care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care, mobility and getting dressed. Were the need to promote independence had been highlighted, there was guidance for staff on how to prompt and support people effectively. We observed staff following this guidance.

People's wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated, funeral

and family arrangements. Staff we spoke with were aware of these wishes and told us people's preferences were always respected.

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to staff.

Is the service responsive?

Our findings

People's care records were not always updated when their needs changed. For example, one person needs had changed in relation to skin damage. An assessment of this person's needs dated September 2016 highlighted a change to the person's skin integrity. However a different document titled 'skin integrity assessment stated' 'my skin is healthy and intact'. We spoke with staff on duty who confirmed that knew the current status of the person's skin integrity.

Another person's care records stated they required a pureed diet. This was confirmed by a nurse and two staff members. However, the persons 'nutrition care plan' reviewed in July 2017 stated that the person required a soft diet. A letter from Speech and Language Therapy (SALT) gave guidance that the person should have a soft diet instead of a puréed diet. We asked a nurse why the SALT guidance had not been followed and they provided us with a satisfactory explanation in relation to a further change in this person's dietary needs. The nurse contacted the SALT during the inspection. The SALT confirmed they had previously advised staff to recommence the pureed diet. However this persons care records had not been updated to reflect changes in relation to skin damage or dietary requirements. .

An additional person had recently been discharged from hospital and required dressings on their legs. The person's care plan had not been updated to show what dressings were required and how often the dressing needed changing. We spoke with an agency nurse who stated that they had not received any information or guidance on dressing the person's legs. We asked the nurse how they would find this guidance and they stated "I would look in their notes". However this guidance was not in the person's care records.

Care staff used an electronic hand held system to record when care was given. If people had not received their care at the allotted time such as having their position changed or being assisted to drink an alert was placed on their record. One person who was at risk of dehydration and developing pressure ulcers had an alert on the system that the planned care scheduled that morning had not been delivered. We spoke to a member of staff about this and they told us, "It's a great system but you don't always have time to complete it when you are going from one person to the next".

During our inspection we saw evidence that these concerns related to inaccurate and incomplete care records. However the impact of inaccurate records meant that staff did not always have access to guidance and information, to support people effectively and in line with their care needs.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. Staff were responsive to people's changing needs. We noted the service had responded to one person's changing needs surrounding their skin integrity. As a result the home had sought advice and guidance from the appropriate healthcare professionals. Records confirmed that the guidance was followed and as a result the person's condition was improving.

We observed one person displaying behaviours that may challenge others. Staff were responsive to this person's change in needs. De-escalation techniques were used to settle the person. Staff kept other people and the person concerned safe during the incident. The techniques used by staff matched those in the person's care records.

Care plans contained details of people's preferences, likes and dislikes. For example, care plans contained person specific information that captured people's personalised information about their health, social care and spiritual needs. This information was used to plan people's care and activities. For example, one person's care record documented a person's ethnic background and what style of music they enjoyed. We observed this person sitting and enjoying this style of music.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff told us about a person's favourite football team, their food likes and dislikes and people that were important in their lives. The information shared with us by the staff member matched the information within the person's care plan. During our inspection we observed another member of staff engaging in conversation with this person about their family and things that were clearly important to them.

The service had an activity coordinator. However, activities were seen as the responsibility of all staff. The registered manager told us, "Activities are done by all". A relative told us "[Activity coordinator] arranges the activities and outings and then all the staff muck in as needed". People had access to activities which included bingo, quizzes, sewing and arts and crafts. On the first day of our inspection we saw people participating in arts and crafts. People also had access to a hair salon that was situated in the home and operated once a fortnight. A relative we spoke with told us, "Yesterday they were doing crafts and sewing. There is always something going on".

People who wished to remain in the privacy of their own rooms were protected from the risk of social isolation. For example, one person's care records stated, 'I do not like to be alone, I like to socialise. I like to chat and join activities' and 'I like to watch TV'. This person had been unwell and was currently being nursed in bed. During the inspection we saw staff members spending time with the person, chatting and reading with them. When one staff member was leaving the person's room they asked them if they would like the television on. The person confirmed and the staff member ensured it was on a television programme that the person wanted to watch.

People knew how to make a complaint and information on how to complain was available in the home. One person told us, "If I was not happy then I would let them know. I have done in the past and they have always sorted it out". Records showed there had been 37 complaints since July 2016. We saw evidence that complaints had been dealt with in line with the provider's complaint procedure.

The home sought people's views and opinions through regular residents and relatives meetings. We saw evidence of how the home had acted on people's feedback. For example, people had feedback 'you don't always keep us up to date'. As a result the home developed a monthly newsletter that gave information on things that were happening in the home. We saw the newsletter available in communal areas of the home. Relatives told us they had access to meetings with the management team. One relative we spoke with told us, "They happen every two to three months. We are brought up to date with what's going on in the house. I have given feedback before and they always listen. They post the minutes and actions taken on the web".

Is the service well-led?

Our findings

The provider and registered manager had systems in place to monitor the quality of the service were not always effective. For example, the systems in place had not identified our concerns we found during this inspection. An effective system would have identified the concerns that we had raised during the inspection in relation to inaccurate care records, people's individual needs and risks associated with untoward events.

A medicines audit had been completed on 27 July 2017. This documented 'air con for hot weather but not effective'. No action point or mitigating factor had been identified. These sections of the action plan were blank. Following concerns relating to the safe storage of medicines, the registered manager arranged for a local pharmacist to visit the service. An action plan submitted by the pharmacist had advised them to take action to reduce the temperature in the room and if the actions were not effective then to consider moving the medication room. However, we saw no evidence that this had been considered. We also noted a further 52 occasions where the temperature of the room had not been recorded so staff would not know if the temperature was too high on those dates. An effective monitoring system would have identified this and supported the registered manager to address and improve practices within the home.

We noted that there was a book kept within the home for reporting faults. However, there was no evidence that the broken lock on the medicine room had been reported.

Accidents and incidents were not always recorded in line with the provider's policies and procedures. For example, we noted that an incident involving specialist equipment designed to support the home in reducing the risk of a person falling had been disconnected. The incident clearly stated what action had been taken by staff to mitigate any future occurrences of this happening. However, when we spoke with the registered manager about this they were unaware the incident had taken place. They told us, "That should have been reported to me. I wasn't even aware that it had happened".

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. In the majority of cases the registered manager of the home had informed the CQC of reportable events. However, we identified two incidents that were notifiable events which had not been reported to us by the registered manager.

Following our inspection the provider sent us an action plan outlining what steps they would take to address the concerns that we had highlighted. However this was not in place on the day of our inspection.

There were some effective systems in place to monitor the quality of the service provided. For example, a range of audits were conducted by the provider that included care plans, infection control, staffing, training and complaints. One recent audit carried out by the registered manager had raised concerns in relation to food and hygiene training not being up to date for staff. As a result the registered manager arranged for staff

to complete the training.

There was a positive and open culture in the home. The registered manager was available and approachable. People knew who the manager was and we saw people and staff approach and talk with them in an open and trusting manner. We saw the registered manager was involved in the day to day tasks of running the home.

Staff spoke positively about the registered manager. Comments included; "[Registered manager] knows everything", "If I feel I need anything then I feel I can just ask", "[Registered manager] is fabulous" and "She works very hard and is approachable". Relatives were complimentary about the management team. One relative we spoke with told us, "No one tries to hide anything at all".

The registered manager told us that their visions and values of the home were, "To maintain a person centred approach in terms of everyone receiving care which is individualised, whilst providing a home environment that is responsive and effective".

Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "I love them. We do actually listen to each other and we discuss any problems and any new residents. There was one recently where we discussed annual leave".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and local authority commissioners of the service.

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
Treatment of disease, disorder or injury	Medicines were not always stored securely and in line with manufacturer's guidance.
	People were not always protected against the risk of untoward incidents.
	The home did not always take action to mitigate the risks associated with weight loss.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records relating to peoples care needs were not always accurate and up to date.
	The systems in place to monitor the quality of the service were not always effective.