# Regency Guest Services Limited

# Oakdale Lodge

**Inspection report**

Stanley Street South Shields NE34 0BX
Tel: 01914975100
Website: www.execcaregroup.co.uk.

Date of inspection visit: 19 & 25 February 2015
Date of publication: 18/05/2015

## Ratings

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

## Overall summary

This inspection took place on 19 February 2015 and was unannounced. We visited again on 25 February 2015 and on this occasion the provider knew we would re-visit on that date. We last inspected Oakdale Lodge in February 2014. At that inspection we found the home was meeting all the regulations that we inspected. Oakdale Lodge provides care for up to 30 older people some of whom have nursing care needs.

The service had a registered manager. 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.

Relatives we spoke with expressed their concern following recent reports in the local newspaper regarding the potential sale of the land the home is located on. The speculation had led to a great deal of anxiety for people, relatives, and staff. In response to these concerns senior managers held a meeting a few days prior to our visit to update people on the current situation.

People told us "They felt safe at Oakdale Lodge." Others said, "It's the people, the way we all get on together." Relatives also considered the home to be a very safe

# Summary of findings

place for their family members. One commented, "It's lovely, and I've got no worries". "The girls are lovely". "I visit most days." "They're marvellous, all of the staff". "I couldn't have picked a better home." Another said, "They have worked wonders and worked very hard, and I am over the moon how settled [my relative] is."

Staff had a good understanding of how to manage people's behaviours that challenged the service and had developed interventions and strategies to help them manage such behaviours.

Staff carried out risk assessments where required and people were routinely assessed against a range of potential risks, such as when using risk of falling, choking, and mobility.

Staff we spoke with had a good understanding of safeguarding and the provider's whistle blowing procedure. They also knew how to report any concerns they had. The provider had a system in place to log and investigate any safeguarding concerns made known to them.

People received personalised care that was responsive to their needs. People had their needs assessed and the assessments had been used to develop person centred care plans. Care plans had been evaluated regularly each month. Where people's needs had changed action was taken to keep them safe. Relatives and health care professionals we spoke with praised the positive impact this had made to people. A relative told us, "They are doing art and crafts and the staff are amazing."

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff carried out their duties in a thorough and calm way. The registered manager monitored staffing levels to ensure there were sufficient care and support staff available to meet people's needs. Relatives told us, **"**I'm sometimes surprised at the number of staff". "There always seems to be plenty of staff, and "Yes, there is usually enough staff". Others said "We've never felt the staff are not coping."

We found there were robust recruitment procedures in place. This helped to protect people as checks had been carried out on potential staff before a decision was made to employ them.

Staff told us they felt supported by the provider, by way of training, supervision and appraisal. However records showed some staff had not received an annual appraisal within the last twelve months and at least six supervision sessions in the previous 12 months. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

Staff were supported to carry out their caring role and received the training they needed. Records confirmed staff training was up to date at the time of our inspection.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make a specific decision. The registered manager had also made DoLS applications to the local authority where required.

We observed people and staff over the lunch-time period and staff made sure people were safe and had support if they needed it. Staff interaction with people was warm, kind and caring preparing lunch and supporting people in the communal kitchen /dining area. People were provided with meals which they preferred and had requested.

We saw people were supported with their health care needs and prompt referrals were made for medical assistance when needed. Family members told us that staff provided support to their relative to attend health appointments. Another said, "They look after my relative's needs and keep me informed if there are any concerns." Another family member said, "I visited the home the other evening and I was told how [my relative] had enjoyed their recent holiday with members of the staff team." A member of the community nursing team who regularly visited the service told us, "We have no concerns they follow the care plans."

The home's complaints procedure was available in different formats. People had no complaints about their care and were confident any issues would be dealt with appropriately. People were encouraged to share their views about the service and these were acted on. For instance, people were able to influence the decoration of the communal areas of the home and had been involved in the decoration of their own bedroom.

# Summary of findings

There was regular consultation with people and family members via the carer's forums and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided. Information was analysed to look for trends and patterns and to identify learning to improve the quality of the care provided.

The provider undertook regular health and safety checks and these were up to date. This included checks on passenger lifts, electrical appliances, safety checks of people's bedrooms and fire safety. The home had emergency evacuation plans in place which were reviewed monthly. The staff identified potential areas of risk in respect of people's care, such as the risk of falls and skin damage, and took steps to reduce the likelihood of people being harmed by such risks occurring.

The service was managed well and the registered manager ensured good quality and consistent care. This was reflected in the comments we received from a number of healthcare professionals who had contact with the service. Relatives of people who used the service were also pleased by the way the service was managed. One relative commented, "Keeps on top of her job."

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe. There were systems in place to ensure all staff were suitable to work with vulnerable people.

There were systems in place to keep the environment safe and clean.

The home undertook regular assessments and generated plans about people's needs and how to keep them safe.

There were enough staff on duty to meet people's needs, who had the right training to do their jobs well.

**Is the service effective?**

Requires Improvement

The service was not always effective. Staff had not received regular supervision or appraisal sufficient for their job roles.

People were provided with a choice of nutritious food, which they chose at weekly meetings.

People were supported to maintain good health and had access to healthcare professionals and services.

We saw evidence that staff received guidance regularly about how to do their work and meet people's needs.

The home paid good attention to people's health needs, and medicines were well managed.

**Is the service caring?**

Good

The service was caring. People felt the staff were caring. People commented they received attention when they wanted it or needed it.

We saw staff pay attention to the way they spoke with people, and they modified this so they could communicate in ways people understood them.

Staff routinely asked people about what they wanted, whether this was about food, care or activities. Staff were friendly helpful and polite.

**Is the service responsive?**

Good

The service was responsive. Care plans and risk assessments were kept up to date.

There were a range of activities on offer and people had a say about what they wanted to do.

Staff had access to written information about people's preferences including their likes and dislikes. Staff had developed life histories for each person.

# Summary of findings

We found people had their needs assessed when they were admitted into the home and this was used to develop personalised care plans. Care plans were reviewed regularly.

**Is the service well-led?**

Good 

The service was well led. The registered manager was experienced, and staff felt they were listened to. People felt the manager listened to them

There were good systems in place to make sure staff did their jobs well and staff told us they were supported and guided to do their jobs well.

The atmosphere in the home was positive, and we saw positive interactions between staff and people who lived there. Staff were attentive to people's needs.

The provider had systems in place to check that the registered manager was running the home well.

# Oakdale Lodge

**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 inspection took place on 19 February 2015 and was unannounced. We visited again on 25 February 2015 and the provider knew we would re-visit on that date. On the first day of the inspection, one adult social care inspector was present and we were accompanied by a specialist advisor who had knowledge of end of life care. On the second day of the inspection, two adult social care inspectors were present.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We reviewed other information we held about the home, including any notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We also contacted the local authority safeguarding team, commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is a statutory body set up to champion the views and experiences of local people about their health and social care services. For each local authority with social services responsibility there is one Healthwatch.

During the inspection we spoke with six people living there, seven relatives, four staff and the registered manager.

We reviewed four sets of records relating to people's care. This included their care plans, any associated risk assessments, review documentation and the daily records which reflected the care they received.

We examined other records within the home such as eight staff files relating to their support, training and recruitment, and other records held by the registered manager relating to the things they did to manage and monitor the work done in the home.

Good

# Is the service safe?

## Our findings

Some of the people who lived at Oakdale Lodge were living with dementia so found it difficult to express a view about the service they received. The people who were able to comment told us they felt safe living at the home and with the staff who cared for them. Their comments included, “It’s really nice and cosy here”. Relatives we spoke with were also confident their family members were safe at Oakdale Lodge. One relative told us, “It’s a small home and my mam has only been here a short while but we love it”. Another said, “The manager and staff are very caring”. Others said “The staff are lovely”. “My relative is happy and content she is safe”. “I visit most days.” “I couldn’t have picked a better home.”

Staff told us and records confirmed they received training in safeguarding vulnerable adults. All staff, including support staff, had access to training in safeguarding adults which they were required to complete at least annually. We spoke with members of staff about safeguarding and protecting people from harm. Staff told us that they had received training in preventing abuse and that they knew what to do if they suspected it. Staff also told us details of the company’s whistleblowing procedure and said they would feel confident using it if they needed to. One staff member said they knew about the whistleblowing procedure and could go to their manager. Another staff member said, “I certainly would report something I saw that didn’t feel right”.

We checked the care records for four people who lived at Oakdale Lodge. Care records showed that people were assessed against a range of potential risks, such as falls and skin damage. The required actions set out in these risk assessments were followed in practice. For instance, people assessed as being at risk of possible skin damage had pressure relieving mattresses on their beds and used pressure relieving cushions on their chairs. Others at risk of falling had floor mats next to their beds with sensory devices linked to the nurse call system to alert staff if the person got out of bed and required assistance. This showed that risks to individuals were managed effectively so people were protected and their independence supported and respected.

There were enough staff to provide a good level of support to people. At the time of inspection the staffing levels comprised of two nurses and five care workers between 8am and 8pm, and one nurse and three care workers worked between 8pm and 8am. The care team were supported by an activity coordinator, chefs, kitchen assistants, laundry, handyman and administrative staff. Staff told us they were happy with staffing numbers and the registered manager was flexible with this. For instance, staff said if a person needed extra support or had a medical issue, staffing levels could be and had been increased. Another member of staff commented, “We all work together to get the job done”. ”There are always plenty of staff around, we’ve never had trouble finding anyone."

The provider had recruitment and selection procedures to check staff were suitable to care for and support vulnerable adults. Staff described how they were recruited to their current post which included a formal interview with the registered manager and completing various pre-employment checks. We viewed the recruitment records for eight recently recruited staff and found the provider had requested and received references including one from their most recent employment. A disclosure and barring service (DBS) check, previously known as criminal records bureau (CRB) checks, had been carried out before confirming any staff appointments. These checks were carried out to ensure people did not have any criminal convictions that may prevent them from working with vulnerable people. The provider had also requested and received references including one from the applicant’s most recent employer. This meant people were protected because the provider always vetted staff before they worked at the service.

Medicine records supported the safe administration of medicines. We viewed the medicines administration records (MARs) for six people using the service. We saw there were no issues or missed medicines documented on the MAR sheets. All signatures, and dates entered were seen to be in chronological order. The care plans for managing medicines were up to date and there was clear information for nursing staff and care staff to follow. Some people had their medicine supplied in blister packs. All medicines were appropriately stored and secured within the medicines trolley or treatment room.

We saw how medicines were administered in a timely manner. We observed the nurse in charge on the first floor during one of the medicine rounds. We saw photographs were attached to people’s medicines administration records (MAR) so staff were able to identify the person

Good

# Is the service safe?

before they administered their medicines. Staff checked people's medicine on the MAR chart and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

Staff explained to people what medicine they were taking and why. Staff supported people to take their medicines and provided them with a drink, as appropriate, to ensure they were comfortable in taking their medicine. We saw the staff member remained with each person to ensure they had swallowed their medicines and signed the MAR after administration.

We noted someone's medicine had been left in a medicine pot with the person's name on top of the medicine trolley in the treatment room. We discussed this with the nurse in charge. She explained the person who the medicines were for had refused to take them earlier that morning. The nurse had left them in the container with the intention of giving them later. Following our discussion the nurse went back to the person who had previously refused their medicines, and they agreed to take them. On the ground floor medication was seen to be well managed and records were up to date.

We viewed a selection of records during our inspection which showed regular health and safety checks were undertaken and were up to date. This included checks on gas safety, lifts, electrical safety and electrical appliances. There were other records to confirm monthly checks took place of equipment, safety checks of people's bedrooms and fire safety.

The provider had a system to check that equipment was safe. This included checks of water systems, annual legionella testing, water temperatures, electrical systems, and call bell and alarms systems. We received positive views about the environment within the home. One relative said the condition of the home was "good." Others said the registered manager was "doing all sorts of improvements." We discussed with the registered manager the stained carpet in the ground floor lounge. We were told the carpet was cleaned regularly, but they intended to review the floor covering in this area.

Requires Improvement

# Is the service effective?

## Our findings

The service was not always effective. We found staff were not always receiving regular one to one supervision and an annual appraisal with their line manager. Supervisions are important so staff have an opportunity to discuss the support, training and development they need to fulfil their caring role. When we spoke with staff they told us they felt supported. They said they did get regular one to one supervision and an annual appraisal. One staff member said "We help each other out." Another told us, "We receive good support from the manager".

We checked eight staff files out of a possible 37. All eight had not received an annual appraisal within the last 12 months. We did see some staff had received supervision with the records showing them being completed from December 2014 onwards. The registered manager told us staff should receive one to one supervision at least six times a year and receive an annual appraisal. The registered manager told us there had been some issues keeping up to date with supervisions and annual appraisals as they did not have a deputy manager in place. This was a breach of Regulations 23 (Supporting workers) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Staff told us the provider was very pro-active about staff training. They said, "There's lots of training, and, training opportunities are all the time." As well as mandatory training, staff gave us examples of additional training they had completed, such as training in end of life care, diabetes and dementia. We viewed training records which confirmed that staff training was up to date at the time of our inspection.

People were supported by an appropriate skill mix of staff on both floors of the home. Staff members we spoke with had a detailed knowledge of people's care plans and daily care needs. They told us they felt they were able to support people with mental health needs and that everything they did was with respect and dignity in mind. A relative who regularly visited the home commented, "Staff here are excellent and very caring."

Some people needed the support of specialist equipment to be able to move around safely. We observed that staff were competent in safe moving and handling procedures and they provided support to people whenever needed. A relative commented, "I feel they are very capable."

We spoke with staff about how they make sure they communicate with people effectively. One member of staff said, "We know everyone really well, and we know what their needs are. The training is brilliant and we can put our learning into practice. We do have some people who display behaviour that can challenge but we understand what causes this and we know how to talk to them and help them feel comforted." Another member of staff commented, "The safeguarding and mental capacity training is really good, especially because we have people here with dementia."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The management team were aware of the recent supreme court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. The staff had made 16 DoLS applications to the local authority in respect of people who needed supervision and support at all times. This meant the senior management team understood and had applied the relevant requirements of this legislation to help safeguard people's rights and best interests.

We looked at the care plans of four people and found that where a person did not have the capacity to make their own decisions, a best interests meeting had taken place with appropriate mental health professionals. When a person had come to live in the home, they had been involved in giving consent to their care. People were able to have an advocate or responsible family member involved in their care when needed and this followed the accepted principles of the Mental Capacity Act (2005). A member of staff said, "We always get consent for personal care." "Just because someone has dementia, it does not affect their ability to take part in activities or to be cared for in the way they want."

Staff were aware of how to provide support for people with different levels of capacity, so they could make their own decisions. We spoke with staff about how they helped people to be able to make their own choices and decisions. They told us about the recent project they had participated

# Is the service effective?

in run by a local charity called Equal Arts. The registered manager told us the aim of the project was to improve the accessibility for older people to high quality activities. We spoke with a member of the research team who told us, "Staff in the home and relatives had contributed immensely in the success of the project." One of the key findings we were told was how care staff were able to develop positive ways of communicating with people with complex needs and finding out what they would like to do and participate in.

We observed lunch being served on the ground and first floor dining areas. There was a staggered lunch in the downstairs dining area. All tables had table cloths and fresh flowers. People told us they were happy with the choice of menu for each day of the four weekly cycle. There was also a picture menu available for people who needed it to indicate the type of food they would prefer. In the first floor dining room none of the tables had a table cloth fitted or condiments made available. We discussed this with the person in charge and the registered manager. Both explained this was because some people had a tendency to remove the table cloth. We asked the registered manager to review the lunchtime experience on the first floor as some people's behaviour should not be a detriment to others. Some of the people required some level of assistance with their meals. Staff were seen to be busy and all of them were involved in the serving of the lunchtime meal.

Drinks were provided and we saw some people had food and fluid charts. We saw these were kept updated and reflected that people received the intake required. We spoke with people and their relatives about food and nutrition. One person said, "The food here is fine". Another relative said, "My [relative] had put a bit of weight on the last time they were weighed".

We looked at a selection of the care records. We found healthcare professionals had been referred to when needed. People's care records included records of consultations and evidence that staff followed the advice given to them about people's care. For example, we found that staff had sought the help of the challenging behaviour team when they had noticed a person's behaviour indicated that they might need extra care. The person's record indicated that staff had been given advice on how best to support this person to reduce the level of anxiety and agitation.

Relatives we spoke with were confident their family member's health needs were being managed well. One told us "The staff all work together." "Nothing is an issue for them."

Good

# Is the service caring?

## Our findings

People told us they were well cared for. We spoke with relatives who told us they were involved in the care and support their family member received and we saw documentation in the care records. The records confirmed the involvement of relatives in care planning. This helped to ensure that important information was being communicated effectively and care planned to meet people's needs and preferences. One relative told us, "The family had a meeting with the manager". "I am certain our [relative's] care plan was discussed then."

We carried out an observation for 20 minutes in the upstairs communal lounge, using the Standard Observation Framework for Inspection (SOFI). We saw at the start of the observation there were five people and two staff members in the lounge. We tracked four people to observe the interactions they experienced and record their 'mood' state throughout the observation period. During this time one person was asleep, and three people were playing a card game with the two staff members. People were offered a cup of tea during this time and spent time chatting with staff. Relatives confirmed that staff understood people's needs. One family member said, "My [relative] is very happy here, we are happy in the choice of home."

It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. The staff we spoke with explained how they maintained the privacy and dignity of the people.

Staff treated people with dignity and respect by speaking to them politely and by giving them time to respond in their own time. We saw how one staff member spent a considerable amount of time assisting someone with their lunch in their room, saying exactly what was on each spoonful and talking about the type of activities that had taken place in the home that morning. Relatives said, "Staff were great and chatty." Another relative said, "My [relative] has been here for over two years, and we have no issues". "Staff we find are, very caring and kind." This meant that staff demonstrated knowledge of how to treat people with dignity and respect.

We spoke with people and relatives about dignity and respect. One person told us they had never felt unhappy with a member of staff and they felt that they were treated with a very high level of respect. A relative told us that they had been impressed with the quality of care provided by staff. We were told, "I feel very happy knowing my relative is being treated so well and with so much kindness."

We spoke with the registered manager regarding whether anyone was currently using any advocacy services. An advocacy service ensures that vulnerable people have their views and wishes considered when decisions are being made about their lives. We were told no one was currently using the services of an advocate.

We looked at the daily records of four people. When people had taken part in an activity, this had been documented along with staff observations about whether the person had enjoyed this activity. One of the relatives we spoke with told us "I wish staff would encourage [my relative] to interact more and I know it can be difficult". Staff knew people well and were able to support them in a way that supported their dignity. For example, they spent time with one person who liked to talk about his time when working as a taxi driver.

Good

# Is the service responsive?

## Our findings

Family members we spoke with confirmed that staff knew their relative well and understood their needs. One person said, “My [relative] is now settled here”. “Staff have time for my relative”. Another told us “The staff here have just been great.”

We looked at a sample of care records and saw these contained information about people’s likes and dislikes such as preferred time of rising, going to bed and interests. A detailed nursing assessment of care needs was in place and was evidenced in all domains including, communication, behaviour, respiration/circulation, eating and drinking, hygiene and dressing, and mobility. These showed that monthly assessments were carried out. A daily statement of wellbeing was completed for each person.

Records had been updated to reflect any changes. The care plans for each were found to be person centred, including a ‘Life history profile”. This provided an overview of specific care needs, and personal likes and dislikes, and a photograph of the person.

There were risk assessments in place for all the care plans we looked at. Individual assessments were in place for identified needs including falls and nutrition. Appropriate information was recorded for a person who was displaying challenging behaviour. Their care plan contained information about how staff assisted them to manage their behaviour and interventions to minimise any risks to themselves and others. For example, what actions to take when they may infringe other people’s space, or made improper remarks.

We saw how some people were being nursed in bed. Their care plan documentation included a record of personal hygiene tasks carried out, positional change record, and a daily care record. All of the daily records we looked at were up to date.

Staff we spoke with told us, “Activities are better now, and people are always asked if they would like to join in.” We spoke with the activities co-ordinator who told us about events that were taking place in the home. They said, “We’re doing painting in the dining room this morning and staff are playing card games with people on the first floor.” We observed some people participating in the art activities in the afternoon, in the downstairs communal area. We saw how the activities co-ordinator was very enthusiastic and encouraged people to participate in the activity. A relative said, “The [activities co-ordinator] is brilliant with people, very caring, very patient.” We saw people had opportunities to be involved in a range of activities if they wanted to. An activities notice board containing information about forthcoming activities was on display in the main reception area of the home.

People and relatives told us they were aware of the complaints procedure and knew how to complain. We spoke with the registered manager of the service who told us they would meet with people, or their relatives to discuss concerns or complaints if this was appropriate. The registered manager told us residents’ and relatives’ meetings were held four times a year or more often if required. We saw minutes from the previous meetings.

Relatives told us, “If we had any concerns we would raise them with her and are confident they would be dealt with appropriately.” One person said, “I’ve no complaints. If I have any, I would knock on the registered manager’s door and speak to them.” Another relative said, “I’ve no complaints. If I did, I’m sure they would deal with it straightaway.” “I haven’t had to raise any concerns.”

Good

# Is the service well-led?

## Our findings

The home had a registered manager who had been in post since May 2014. They were fully aware of their registration requirements, including the submission of notifications, where appropriate. Notifications are reports of changes, events or incidents, that the provider is legally obliged to send us to meet the requirements of the law and enable us to monitor any trends or concerns.

A healthcare professional we spoke with told us, "I have found the manager and staff to be very polite and professional when caring for people at Oakdale Lodge." "During my visits, staff have always been helpful and supportive." The local authority commissioner who visited the service confirmed that the service had made improvements in the quality of care since the registered manager took up post last year and that they were supported to do this by the provider.

We spoke with relatives, staff and people about the culture and atmosphere in the home. One relative commented, "The registered manager has been very supportive to us." "[The manager] listens to the staff and they appear to respect her". Another said "I have knocked on the registered manager's door and they did listen to what I had to say." Another told us that the welcome they had received to the home from the registered manager had been "Outstanding", and they had noticed how well respected the registered manager was by care staff. We noted from our observations around the home that staff groups were suitably organised and that staff had a clear understanding of their roles and responsibilities.

The registered manager checked how people were being cared for. There was a robust quality assurance programme in place which consisted of a range of monthly and quarterly checks to keep people safe and ensure they received good quality care. Monthly audits included checks of people's weight loss and weight gain, record keeping and support plans, risk assessments, accidents and health and safety related checks. Quarterly audits included checks of recent complaints and significant events, and checks on equipment used in the home. The regional manager also carried out quarterly audit checks. We saw there were regular audits of the operation of the service and these included areas such as, infection control, medicines, kitchen and falls. The provider of the service also checked the quality of the care. The service was visited regularly by an area manager who also carried out thorough audits of people's care records.

Relatives told us there was a good atmosphere in the home. Their comments included, "The manager and the staff were welcoming and open." One relative we spoke with said, "From day one I knew it was going to be the right place." Another told us, "There was good communication between the home and families." "The staff are really good at ringing and letting me know how my [relative] is." "If anything is wrong they ring straight away," and, "Staff would tell me anything that was happening with [my relative]." Staff also told us, "The manager is lovely," and, listens to you." "The door is always open." Staff confirmed there was an open door policy. One said, "If I am unsure about anything I know I could go to the office at any time".

We saw feedback from the most recent resident/relative questionnaire carried out in February 2015. Comments included, "Staff know how to look after my relative, the manager and staff never give up trying to help people." A family member told us, "We see the manager is out and about". "The home seems to be run fine." Another relative commented, "The manager is great". "You only have to step in the home and it is always lovely." "They are always on the ball and we have seen how they manage their team of staff."

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff<br>**The provider failed to ensure that suitable arrangements were in place regarding staff receiving appropriate supervision and appraisal.** |

This section is primarily information for the provider

# Enforcement actions

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