

# Gerald William Butcher

# Earlfield Lodge

## 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 Earlfild Lodge on 19 and 21 June 2018. At the last comprehensive inspection of the service in November 2017 seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 were identified. The service was rated requires improvement.

Following this inspection, we issued a warning notice in regard to Regulation 12, safe care and treatment. People who used the service were at risk due to the unsafe management and administration of medicines. We followed this warning notice up at a focused inspection in February 2018. We found that the service had met the warning notice but further improvements were still required in medicines administration.

The breaches previously identified were followed up as part of our inspection. You can read the report from our last inspections, by selecting the 'All reports' link for Earlfild Lodge, on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The service remains rated as requires improvement.

Earlfild Lodge 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. Earlfild Lodge can provide care and support to 72 older people, some of whom are living with dementia. At the time of our inspection there were 58 people living at the service.

The service provides accommodation in several adjoining premises. The service is over five floors. There are four areas to the service Bluebell, Lilly, Poppy and Buttercup. There is access to a garden and patio area.

Two registered managers were in post at the time of our inspection. 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.

Improvements had been made at the service. The previous breaches in regulation identified, except one, had now been met. An action plan monitored the progress of improvements required across the service.

The service had not displayed its previous ratings in the service as required. Training for staff was not up to date. However, future training had been scheduled for some of the areas required by staff. Feedback around the activity provision at the service was poor. There was no one identified as responsible for activity provision within the service.

Changes had been made in the management structure. However, further clarity on staff roles, responsibilities and accountability were needed to ensure the service ran effectively.

Feedback demonstrated that improvements were required in managing staff absence. Improvements had been made in medicines administration. However further areas were identified. Infection control policies were in place. Staff were knowledgeable of these policies. However, areas of infection control were identified for improvement.

The recording of incident and accident had improved. Quality audit systems had been reviewed and changed to monitor the service more effectively. Recruitment procedures had been revised so they were in line with legislation. Systems were in place to ensure these were followed. Enhancements had been made to the environment to ensure it was safe and pleasant. Systems had been improved to monitor the premises, equipment and fire safety assessments.

Notifications had been submitted as required. Systems had been revised so that staff received regular support through supervision. The monitoring of support around food and fluid had improved which had resulted in positive outcomes for people.

The service had made improvements to ensure it was compliant with the Deprivation of Liberty Safeguards (DoLS). Care plans had been completed in full. These were person centred in detail. Induction procedures had been strengthened. These incorporated changes made in systems and processes.

Staff responded promptly to people's support needs. Staff were kind and caring and had positive relationships with people. People commented the atmosphere was friendly and homely.

Visitors were welcomed at the service. People and relatives were comfortable in raising any concerns or complaints. Feedback received was that staff and management were approachable. Opinions and feedback from people, relatives and staff was sought through meetings and surveys.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a recommendation about activity provision. You can see what action we told the provider to take at the back 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 consistently safe.

Improvements had been made in medicines administration. However, further improvements were needed to ensure it was fully safe.

Recruitment procedures had been reviewed and new policies followed.

Improvements had been made to the premises and checking of equipment.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff were not receiving regular training to support them in their roles.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutrition, hydration and healthcare needs were supported.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who were kind and caring.

People's independence was promoted.

People's visitors were welcomed and engaged with the service.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

There was a lack of meaningful activities provided.

Care records were person centred.

People and relatives were comfortable to raise concerns and complaints.

**Is the service well-led?**

The service was not always well-led.

The service's rating had not been displayed as required.

Lines of accountability and responsibility required clarification.

Systems in place to monitor the quality of care and support had improved.

Meetings gained feedback and opinions and actions were taken.

Notifications had been sent to the Commission as required.

**Requires Improvement** 

# Earlfield 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 and 21 June 2018 and was unannounced. The inspection was carried out by three inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information, we held about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. The provider had not been requested to complete a Provider Information Return (PIR).

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with 16 people living at the service, eight relatives and 16 staff members, this included senior staff and the registered managers. We also received feedback from two health and social care professionals. We reviewed 12 people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

At the last inspection of the service people were at risk as the regulations of safe care and treatment, fit and proper persons employed and premises and equipment were not being met. The service had submitted an action plan to demonstrate how they would achieve compliance with these regulations. At this inspection we found that the service had made improvements and people were receiving their medicines safely. However, areas for further improvement were identified.

Topical medicine administration records (TMARs) identified what creams or lotions were to be applied to what area of the body and at what time. Visual guidance was also in place, showing where on the body different creams or lotions should be applied. Improvements had been made in the recording of TMARs. However, there were still some gaps in recording occurring. The service had changed the location of these records to assist staff in accurate completion. Medicine audits had highlighted these gaps.

Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Stock checks were carried out regularly. Medicines that were no longer required were disposed of safely and in line with the provider's procedures. The temperature of storage areas for medicines was monitored. However, there were some gaps noted in the monitoring of the fridge temperature. It is important that storage temperatures are monitored regularly so any necessary actions can be promptly taken to ensure medicines are stored as directed.

On the day of our inspection, in one area of the service, morning medicine round went on from 08.00 until after 11.30. Medicine rounds should be evenly spaced to take account of the frequency and timing with which medicines need to be taken. On this occasion this had not impacted on the medicines people were due to have administered at lunchtime. The registered manager said this would be addressed so other medicine trained staff could assist in the future to ensure medicine administration was completed in a timely manner. People and relatives commented their satisfaction with medicine administration. One person said, "I get my tablets every morning." A relative said, "My relative gets their tablets every day without fail."

Medicines Administration Records (MAR) contained completed information, known allergies and a current dated photograph of the person. Records described how people preferred to take their medicines. Protocols were in place for as required medicines, which contained person centred guidance of when they may be needed. Medicine errors were reported, investigated and appropriate actions taken. There were systems in place to disseminate learning in the event of errors to prevent reoccurrence. Medicine changes were now recorded with the accident and incident system. This enabled staff to receive effective communication about medicines changes and for the information to be easily located.

Where people had medicines administered covertly due process had been followed in accordance with legislation. A mental capacity assessment had been conducted followed by a best interest meeting involving family members, staff and the GP. A DoLS had been applied for. However, a pharmacist had not been involved. Pharmacist involvement advises if the medicines that are being administered covertly maintain

efficacy if crushed and in what medium they should be placed in. This advice had been sought and documented by the second day of our inspection. Review dates had been set. This reflects best practice as covert medicine administration should only last as long as absolutely necessary and should be subject to regular review.

The service had made improvements and was now meeting the regulation in regard to fit and proper persons employed. The service had reviewed and changed its recruitment process. This ensured that the provider's recruitment policy was followed. A checklist was in place to monitor and record when steps in the recruitment procedure had been completed. Staff files showed photographic identification, a minimum of two references, documentation of name changes, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

At the last comprehensive inspection, the service had not met the regulation relating to premises and equipment. This was due to areas of the service requiring redecoration and repair, the lift not working adequately, a lack of environmental risk assessments and checks on equipment being insufficient or incomplete. At this inspection action had been taken. Systems to meet this regulation were now in place.

The servicing of the lift had been completed and we reviewed records of this. People and staff commented that it worked satisfactorily and this was tested. Environmental assessments had been conducted, which outlined areas of potential risks. Regular checks on the environment identified areas for maintenance and servicing. Actions were prioritised and taken promptly. The service had undergone upgrades to the décor and interior. Refurbishment work was still in progress. Doors, walls, woodwork and skirting boards had been repainted and protected. Bathrooms had been refurbished, sensor lights fitted in corridors and new carpet laid. New curtains, ornaments and pictures made the service look bright and cheerful. People and staff told us how they liked the changes that had been made and were enjoying the improved environment. One relative said, "The home does need updating, they are trying with all the painting that is going on."

Improvements had been made to fire assessments and guidance. Maps clearly indicated what type of equipment was located where. Staff we spoke with told us they had received training in fire procedures and were clear of their role and responsibility. Regular checks of fire safety equipment had been undertaken. Personal evacuation plans were in place which showed the level of support people would require evacuating the building safely.

We received mixed feedback around the staffing levels currently at the service. Comments from people about staffing were, "Enough staff here to meet my needs," "Enough people here to look after me but they are busy." A relative said, "Sometimes it seems there is not enough staff here." However, another relative said, "Plenty of staff here when we come to visit." A health professional said, "Staff are always visible in the home."

The service currently had three vacancies that were being recruited for. Interviews for these positions had been scheduled. The service did not use agency staff and covered any sickness and holiday with existing staff members. This meant people received consistent care from staff they knew well. The service had introduced different shift start times and shorter hours to provide staffing in a more responsive way to people. We reviewed the rotas, staffing levels were kept at the level deemed safe by the provider. Staff members told us there were issues around staff sickness. One staff member said: "The only issue is sickness, a lot of people phone in sick. We reviewed staff supervision records where sickness was being monitored and discussed as appropriate. Actions were now being taken in line with internal policies where appropriate.



People told us they felt safe living at the service. One person said, "I'm safe here. The staff keep me safe at all times." A relative said, "Everyone is safe and sound here. Everyone is well looked after." People had access to a spacious garden area, with seating and visual features.

Improvements had been made to the information documented of accidents and incidents. Actions taken afterwards to minimise future risks or reoccurrences had been explained. For example, when someone had sustained a fall.

Risk assessments were in place for people in areas such as mobility, personal care and nutrition and hydration. The consistency in detail had improved. This ensured the guidance for staff was fully detailed. However, we found some repositioning records had not been completed fully which could be a risk of people are not supported in line with their risk assessments.

Staff knew how to identify and report potential safeguarding concerns. There was a clear overview of concerns raised. An action plan detailed the steps taken and the lesson learnt. Since our last comprehensive inspection unexplained injuries or concerns were now reported through the accident and incident system. This ensured full investigation and actions were taken into any concerns notified. Audit systems in place reviewed and monitored these incidences and identified any patterns or trends. We did highlight to the registered manager one incident that had been investigated and dealt with internally and actions taken to reduce reoccurrence. However, this was a potential safeguarding concern.

An infection control policy was in place. We observed staff using personal protective clothing at appropriate times. One relative said, "Staff all wear apron and gloves when they are required." However, there was a lack of hand washing signage in toilets and a pervasive smell of urine in the corridors in particular areas of the service. The service had identified this and discussed during a recent team meeting that actions taken had not eliminated the odour. The service had three hoists available to use between 12 people. Some people had personalised hoist slings but not everyone did. This meant that staff were using some of the hoist slings on various people, this presents a potential cross infection risk. The registered manager said these issues would be addressed.

One person had a specific contagious infection. Staff were knowledgeable about the infection and how to support the person safely and ensure infection control risks were minimised. A staff training session on hand hygiene had been organised for July 2018. People commented positively about the laundry systems in place. People and relatives told us the service was kept clean and tidy. One person said, "The home is clean and tidy."

## Is the service effective?

### Our findings

At our last comprehensive inspection, the service had not met the regulations of staffing, person centred care and safeguarding service users from abuse and improper treatment. Staff had not received regular training and supervision. Food and fluid records were not accurately kept and the provider had not met their responsibilities under the Deprivation of Liberty Safeguards (DoLS).

At our last inspection staff training was not up to date or completed in all areas that staff required to enable them to be skilled and knowledgeable in their role. At this inspection progress had recently been started on the systems to log training. This would enable the effective monitoring of staff training and ensure refresher training was scheduled. However, staff training was still not currently up to date in areas such as first aid, The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and safeguarding. However, training had been arranged for June and July 2018 in dementia awareness, moving and handling, first aid and nutrition and hydration.

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

Supervision of staff had improved. Supervision is where staff meet with their line manager to discuss their performance and development. Staff were now receiving supervision on a more regular basis. The provider's policy had been revised to ensure it met staff support needs and could be adhered to by senior staff. Staff told us they were better supported and internal issues were addressed when raised. A staff member said supervisions were, "Useful to talk about what needs improving and to be given support." Records we reviewed demonstrated that internal disciplinary policies and procedures were used where appropriate. This ensured that expected standards of care and support for people were maintained.

The service had clear documentation to assess people's capacity around specific areas of their care. Where a best interest decision was needed, relevant people such as family members or health and social professionals were involved in the process. This demonstrated the options considered and why the decision made was the least restrictive. However, we found two people whose consent to care in regard to the use of a sensor mat had not been obtained following legislation and guidance. This was immediately addressed by a senior staff member. By the second day of our inspection a full audit had been conducted which also highlighted when decisions would be reviewed to ensure they were only in place as long as necessary.

The services' layout could be disorientating, especially for people living with dementia. We highlighted at the last inspection that there was poor signage around the building to guide people as to what area of the service they were in and which direction to take. Pictures and photographs of memorabilia and events of significance were attractively displayed. Vintage records, trophies, signs and books were on view. Boxes containing items for people to explore were located around the service. In one area of the service toilet doors were a different colour to aid identification. New light switches and sensor lights made it easier for people when moving around the service.

The service was now meeting the regulation of person centred care. Records had been fully and accurately completed regarding food and fluid. Target fluid amounts had been identified and systems utilised when concerns about fluid and food intake were recognised. A staff member told us, "I'm impressed with how the registered manager and deputy manager are implementing changes around diet and fluids."

These improvements had a positive impact for people. One person had been supported by staff with different foods and nutritional shakes. The person had gained weight and was also enjoying having meals in communal areas of the service. For another person, nutritional improvements had positive developments in their health condition. We observed staff followed care plan guidance to support people safely with food and fluids.

People commented positively about the food provided by the service. One person said, "Really nice food today, I enjoyed it." One person said, "I am given plenty of choice about the food here, If I don't like something the staff arrange for me to have something different." We observed staff offering alternatives to what was on the menu. One person said, "I don't like the food today, I'm going to have an omelette instead." At mealtimes people were shown the meals to aid their decision making. One relative said, "I really like the way staff show my relative a selection of food on the plate, this helps her chose exactly what she would like."

We observed jugs of water and glasses in all bedrooms and staff encouraged people's fluid intake. Catering staff offered additional fresh fruit smoothie shakes and mocktails. Fresh bowls of fruit were available around the service. We observed people helping themselves. People weights were consistently monitored. Information was communicated to the catering staff about any nutritional changes people required.

We highlighted to the registered manager where people's mealtime experience varied. For example, in some areas of the service there were tablecloths, tablemats, condiments and napkins. Whereas this was not the case in other areas. The registered manager said this would be reviewed.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We highlighted to senior staff that the DoLS overview to monitor the progress and status of authorisations was not up to date. This was addressed.

New or returning staff completed an induction at the service. This guided staff through policies and procedures of the service, local systems and administration and shadow shifts to get to know people and ways of working. The induction process had also been improved to ensure direction was given to staff in completing documentation correctly.

People were supported with their healthcare needs. Records were kept regarding people's healthcare appointments such as opticians, Speech and Language Team and GP. One relative told us how the service had supported their family member in referring them for additional support and had arrange and facilitated access for the person to attend the appointment. The relative said, "They arranged everything, wonderful."

The service took a proactive approach to technology, assessing where this could be beneficial to people. Some people did not like having a sensor mat in place to alert staff to their movements. Therefore, sensor beams had been installed in some rooms. This had a positive impact for people who were at risk of falls. Staff told us, this was less intrusive for people. A staff member had supported a person to purchase and set

up a mobile telephone so they could access the community more independently by arranging transport themselves.

# Is the service caring?

## Our findings

People told us they were supported by staff who were kind and caring. One person said, "Staff are excellent, they do everything for me and always with a smile." Another person said, "All the staff are caring, you can't help but get on with them." A relative said, "The staff are exceptional, they are always approachable and kind."

We observed people had good relationships with staff. It was one person's birthday and staff members wished the person a happy birthday. Staff spoke to the person about what food they would like for their special day. We observed a member of staff speaking to people in the lounge about the World Cup football. People said they had enjoyed watching a recent match and discussed their thoughts about the game with the staff member.

People's privacy and choices were respected. We observed care staff knocking on people's doors prior to entering. People could choose where to spend their time within the service. One person was asked if they would like to have their meal at the dining table. The person replied, "No, I'd like lunch here [in the lounge area]." The staff member respected this choice. Another person asked for an alcoholic beverage with their meal. Staff responded to their choice. However, we did observe a staff member put a clothes protector on a person and wash their hands without asking their consent first. We fed this back to the registered manager.

People were encouraged to remain independent. We observed one person helping a staff member with the washing up and drying up. There was continual chatter about holidays and the weather. The person said they enjoyed assisting.

There was a positive and friendly atmosphere within the service. One person said, "The atmosphere here is very good." One staff member said, "It's a nice relaxed home." A relative said, "The provide good care in a homely environment."

Meetings were held with people and family members were also invited. Areas were discussed such as activities, laundry and food. One relative said, "The relative meetings are advertised on the noticeboard, but I can't attend very often." Another relative said, "I have been to meetings and recently been asked to complete a questionnaire."

People told us their friends and family could visit at any time. We observed people receiving visitors throughout the day. One person said, "My relative comes to see me, we sit with her in the lounge or go to my room." Relatives told us they were welcomed when visiting the service. We observed relatives being offered drinks and the opportunity to dine with their family member.

We observed a member of staff reassuring a person who was becoming anxious. The staff member said, "Take your time, all the time you need." The staff member spoke with them about what was making them anxious and offered support to the person of different choices. The person felt reassured. The staff member sat and spoke with the person about their family members and their mood elevated.

## Is the service responsive?

### Our findings

People told us there was not enough for them to do at the service. One person said, "Nothing to do here, I get really bored." Another person said, "I read the paper, nothing much else to do." One staff member said, "People do need more to do." There was no overall lead staff member responsible for activity provision. A staff member said, "There needs to be a staff member specifically to co-ordinate activities." A health and social care professional commented, "We have not noted any meaningful activities." One staff member organised some activities. However, this was shared with another role. The service provided some activities from external sources such as exercise, music and hairdressing. Other activities took place on an adhoc basis facilitated by staff at the service. Such as bingo, gardening and quizzes. People and staff told us people enjoyed these activities when they occurred. There was chapel on site, this was used to facilitate monthly religious services as well as Easter and Christmas. We did not observe this area being used during the inspection and it was not openly accessible to people.

We recommend the registered manager review the activity provision at the service so that it is meaningful, reflects best practice and meets people's needs.

At our last comprehensive inspection, staff deployment was not responsive to people's needs. Call bells were not responded to in a timely manner. A new call bell system had been installed, this enabled the service to monitor and analyse responses. We observed that when people requested assistance via their call bell, staff responded promptly. Where analysis had indicated that other measures were needed to support people more effectively, changes had been made to people's care plans. For example, one person had been repeatedly using the call bell system to seek staff assistance. It was identified that the person required support measures in regard to a family matter, which the service facilitated. This reduced the person needing to frequently call for assistance. We did observe that the front door was not always answered promptly. However, this had been identified by the service and discussed in a recent staff meeting how improvements could be made.

Improvements had been made to care plans. At the last inspection, personal histories had not been completed and care plans lacked details about people's preferences and choices. All the care plans we reviewed had full personal history sections completed. Information was documented about people's previous employment, hobbies, interests, significant life events and family members. People's preferences and routines were also explained. For example, one care record said, 'I was a secretary. I enjoy darts tai chi and reading ladies magazines. I enjoy most food that is offered but I don't like curry and rice.' This information enables staff to be knowledgeable about what is important to individuals and support people in a person-centred way.

Care plans contained clear information on specific health conditions. For example, one care plan we reviewed explained how a person's health condition affected them, signs and symptoms for staff to be aware of and specific procedures to follow in particular circumstances. Information was recorded about how to effectively communicate with people. One care plan said, 'I need time to understand what is said and to formulate a response.'

People and relatives told us they knew how to raise a complaint and would feel comfortable in raising any concerns. One person said, "No complaints at all, but if I did I would make it known to management." A relative said, "I have no complains or concerns, but I know how to complaint if I needed to." Another relative said, "What could I possibly complain about in this home?" The service had received one complaint since January 2018. The complaint had been investigated and responded to. The service had made changes following this complaint to improve the service offered to people.

People's end of life care wishes were documented in care plans. These focused on practical arrangements such as solicitors and undertakers. Work was in progress around finding out people's personal preferences and wishes in more detail. The registered manager said this was area of care planning would be developed.

## Is the service well-led?

### Our findings

When a provider has been given a rating by the Commission it is required to conspicuously display this within the service and on its website. We found that this information was not displayed within the service. The provider had displayed the inspection summary from 2016 in one area of the service. This was not in an area which would be noticeable to all visitors. However, since 2016 the service has had two further inspections and the ratings in particular domains had changed. The provider did not have a website. This means that people and visitors may not be aware of the current rating of the service and the findings of the last inspections.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection of the service, where it was identified that the management structure was not fully effective, changes had been implemented. The manager who had been responsible for the daily running of the service had registered with the Care Quality Commission and senior staff's roles had been reviewed. This had been good for the service as previous breaches in regulation had been addressed and significant improvements had been made.

However, further clarity of staff roles and responsibility within the service were required. We reviewed the services' organisation chart. This did not clearly or accurately indicate who staff members should report to or have responsibility for. Some staff had changed roles to utilise their skills more effectively and other roles had developed in responsibility to provide oversight into the quality of care. A care assistant role had been developed to support care staff with practical tasks such as supporting people to eat and purchasing items needed for people's rooms. These roles were not clear on the organisational chart. People and relatives, we spoke with were not certain on the differences between managers roles and their responsibilities.

Improvements had been made in auditing systems. Audits were in place for care plans, medicines, call bells. An action plan was developed on a monthly basis to address areas identified for improvement. The audits were being regularly reviewed and developed to ensure they were effective in monitoring the quality of the service. An action plan was in place following the last comprehensive inspection. This documented what steps had been taken or were in progress. This was in order to meet previous breaches in regulation and areas that had been identified for improvement.

Surveys had been undertaken with people, relatives and staff. The results had been collated in June 2018. Senior staff informed us that an action plan would be devised following this analysis. There were positive comments made about the service such as, "They employ exceptionally kind and caring workers" and "The staff all go above and beyond the call of duty." The surveys highlighted areas such as staff sickness, activities, communication and teamwork that could be improved.

Staff told us the support they received had improved. One staff member said, "Manager are so supportive." Staff we spoke with said improvements could be made to staff morale and the work culture. Staff told us



teamwork had improved but further team building would provide a more effective team approach.

We received positive comments about the changes in management and the developments made at the service. One staff member commented on senior managers saying, "They do a good job." A health and social care professional said, "Management are approachable and act on any concerns identified."

Systems were in place for information to be communicated. This included a staff handover and message alerts to staff about important information. We received mixed feedback about communication. Some staff we spoke with said communication could be improved. One staff member said, "We need to improve communication between everyone." A health professional commented, "There appears to be a lack of communication between senior staff." However, other staff members told us that communication between staff members was satisfactory. A staff member said, "Communication is good. We have handover, emails and the diary."

Relatives said they were well communicated with. Relatives said they could speak with any staff, or could contact the service by email or telephone if they had any queries. One relative said, "The office door is always open when I visit." Another relative said, "There are no problems, but if there are the home will ring me."

Regular meetings were held with staff and separately with senior staff. Staff told us they were fully involved in the meetings and could raise issues, suggestions and queries. We reviewed the minutes of recent meetings. Useful discussions and problem solving occurred to address issues raised. For example, around TMAR recording and call bell responses. Changes were made from these meetings. Such as the staff break were adjusted because of feedback from staff members. As highlighted at the last inspection, actions to be taken because of the meetings were not clearly recorded. By recording actions, it is clear who has responsibility for them and enables the service to review if they have been completed and are effective.

The service had links with local religious organisations, a child minding group and a local school. People had enjoyed events linked with these groups.

The management team attended local provider networks and national care conferences to gain new ideas and to be supported around good practice. The service was arranging an external service review. This was to gain additional support and advice on systems and improvements. A dementia specialist provider had completed a training programme with some staff about enabling activity and engagement of people. Staff spoke positively about what they had gained from this. Upgrades to the computer system used by the service was having positive impacts on how information was recorded and stored.

A Provider Information Return (PIR) had not been requested for this inspection. At the last inspection notifications were not always been submitted to the Commission as required. Notifications are information about specific events that the service is legally required to send us. At this inspection the service had submitted notifications 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 18 HSCA RA Regulations 2014 Staffing Regulation 18 (2)(a)  The provider had not ensured that staff had completed or had regular training to be effective in their role.