Avon Care Homes Limited

The Wells Nursing Home

Inspection report

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Wells
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Ratings

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

Overall summary

The Wells Nursing Home is registered to provide care for up to 40 people. The home specialises in the care of older people with nursing and personal care needs. Accommodation is arranged over two floors. There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

This inspection took place on 29 April and 1 May 2015 and was unannounced.

On both days of the inspection there was a homely atmosphere and we saw staff interacted with people in a friendly and caring way.

People said the home was a safe place for them to live. One person said "Yes I do feel safe here. There are always staff around." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident any allegations made would be fully investigated to ensure people were protected.

Summary of findings

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to. One relative said "All the family who visit would be quite happy to make a complaint or raise a concern."

Although people and their visitors made very positive comments about the care provided by staff, we saw that care was often based around completing tasks. There appeared limited opportunities for staff to spend quality time with people.

People were involved in planning and reviewing their care. Some people's care plans did not accurately reflect their care needs. When people were unable to make all of their own decisions they could not be assured that care and treatment was always provided with the consent of a relevant person. Mealtimes needed better organisation. We recommend that the provider explores the relevant guidance on how to provide a good mealtime experience for people for people who live in a residential or nursing environment.

There were regular reviews of people's health. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

Staff had good knowledge of people including their needs and preferences. Staff were well trained and supervised; there were good opportunities for on-going training and for obtaining additional qualifications. One staff member said "I am satisfied with the training. I have a feeling of progression here."

People's privacy was respected. Staff ensured people kept in touch with family and friends. Staff at the home had been able to build links with the local community.

There were quality assurance systems in place, although these were not fully effective. The management structure in the home provided clear lines of responsibility and accountability. The management team provided leadership and good support for the staff team.

People's views were acted upon. In addition to the resident's and relative's meetings, the service used feedback forms, annual satisfaction surveys and reviewed complaints and compliments to continually develop the service.

We found 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.

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. The provider had systems in place to make sure people were protected from abuse and avoidable harm. People felt safe living at the home and with the staff who supported them.

Staff were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

There were enough staff to ensure people were safe. Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Requires improvement

Some aspects of this service were not effective. Mealtimes needed better organisation.

People and those close to them were involved in their care but people could not be assured that care and treatment was always provided with the consent of a relevant person.

People saw health and social care professionals when they needed to. They received prompt care and treatment.

Staff received supervision and on-going training to make sure they had the skills and knowledge to provide care for people.

Is the service caring?

Good

The service was caring. People were well cared for although care was often based around completing tasks. There appeared limited opportunities for staff to spend quality time with people.

Staff were kind and considerate. When people were confused or distressed, the staff managed it well.

People were supported to keep in touch with their friends and relations. They were involved in decisions about the running of the home as well as the care being provided.

Is the service responsive?

Requires improvement

Some aspects of this service were not responsive. Some people's care was not planned and delivered in line with their current or changing needs.

People and those close to them were involved in planning and reviewing care. People shared their views on the care provided and on the home more

Summary of findings

generally. People's views and experiences were used to improve the service.

People chose how to spend their day. There were planned activities and occasional trips out of the home.

There was a complaints procedure in place. People were confident that complaints would be taken seriously and investigated.

Is the service well-led?

The service was not consistently well led. The service was not providing consistently high quality care.

There were clear lines of accountability and responsibility within the management team.

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

Requires improvement

The Wells Nursing Home

Detailed findings

Background to this inspection

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

We visited the home on 29 April and 1 May 2015. The inspection team consisted one adult social care inspector and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with nine people who lived in the home, eight visitors, one registered nurse, six care staff, the registered manager and the support manager (who oversees all of the provider's homes). We observed care and support in communal areas, spoke with some people in private and looked at the care records for six people. We also looked at records that related to how the home was managed.

Before our inspection we reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us. We also asked the provider to complete 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. The provider had not received our request for the PIR; this had therefore not been completed and returned to us. The provider therefore provided us with a range of documents, such as copies of internal audits, action plans and quality assurance surveys, which gave us key information about the service and any planned improvements.

Good

Is the service safe?

Our findings

People felt the home was a safe place for them to live. One person told us “Yes I do feel safe here. There are always staff around.” Visitors and relatives also said they thought the home was a safe place. One relative told us their felt their family member “was very safe here” and another visitor said “I visit people in a few care homes and this is one of the best. I would have no concerns at all about the safety of people living here.”

One concern was raised with us about the security of the home when people visited when there were no staff at reception to greet people and ensured they signed in. One relative said “Anyone can come and go as they please and no one will be aware of it.” This issue had also been raised by two relatives in the 2015 stakeholder survey. The registered manager had responded to this issue when we returned on the second day of our inspection. An intercom system was being fitted to improve security.

Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information for staff about safeguarding and whistleblowing displayed in the home. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. Staff had reported such incidents; these had been referred to the local authority safeguarding team. One member of staff said “I think it’s a safe place for people to live. If I had any concerns I would report them. We have posters which have the numbers to call if we need to.”

People were able to take risks as part of their day to day lives. For example some people who were independently mobile could walk safely in the home and in the extensive grounds. One person said “I can go downstairs and go outside if I want to; there’s no restrictions at all.” There were risk assessments relating to the running of the service and people’s individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. The person's GP or other health professionals were consulted if there were any concerns.

A record was kept of all accidents and incidents. They included an initial assessment of the injury at the time followed up with an assessment to ensure the correct action had been taken. Audits were carried out to identify any trends such as the time or area of the home. We saw where issues had been identified, measures were put in place to minimise the risks. For example, one person had fallen in their own room. The outcome of the review of this accident was staff ensured this person’s walking aid was always in reach so they would be able to use this as soon as they wished to stand or move.

There were arrangements in place to deal with foreseeable emergencies. The provider had emergency policies and procedures for contingencies such as utility failures or in the event of a fire. People had individual evacuation plans to follow in the event of a fire within the home. Training records showed staff received fire safety and first aid training. The nurse on duty said staff were instructed to call the emergency services or the GP practice, as appropriate, if they had concerns.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. We looked at the recruitment records for two recently employed members of staff. These showed the provider had carried out interviews, obtained references and a full employment history and carried out a Disclosure and Barring Service (DBS) check (a check on people’s criminal record history and their suitability to work with vulnerable people) before they commenced employment. One newer member of staff told us all of these checks had been carried out on them before they started working in the home.

People were supported by staffing numbers which ensured their safety. Discussions with the registered manager on the first day of our inspection showed that they had access to a tool which helped to calculate staffing levels based on people’s needs but this had not been used. Staffing levels had simply been determined by the number of people who lived in the home. When we visited on the second day this

Good

Is the service safe?

tool had been used and had shown staffing levels to be adequate to ensure people's safety. We saw on both days of our inspection there were enough staff to ensure people were safe.

People told us staff usually gave them their medicines, although people could look after their own medicines if they wished to. Nurses gave medicines to people, although some senior care staff were currently being trained and assessed to enable them to do this. Medicine administration records showed that medicines were signed for when received from the pharmacy and when they were administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. There were adequate storage facilities for medicines including those that required refrigeration or additional security. The nurse giving medicines explained the medicines administration procedures to us and demonstrated a good knowledge of how to maintain safety when storing and disposing of medicines.

We saw medicines being given to people on both days of our inspection. There was a 'do not disturb' tabard in use but the nurse giving medicines was often disturbed either by other staff and when they needed to answer the telephone. The nurse told us they were "often disturbed" whilst giving medicines. Although there had been no medicines errors, the risk of this happening was increased if the person giving medicines was disturbed. We therefore discussed this with the registered manager who accepted this was an issue. It was hoped that when senior carers began giving medicines they would not be disturbed as the nurse would be free to speak with other care staff and answer the telephone.

Requires improvement

Is the service effective?

Our findings

Some people were able to choose what care or treatment they received. Care plans included assessments of people's mental capacity to make decisions about their care. We read agreements people had signed in their care plans, such as what care they wished to receive when they were nearing the end of their lives. Staff had been trained to understand the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Where people lacked capacity to make certain decisions, people close to them had made decisions on their behalf. For example, one person's relative had signed the plan to say their family member was not to be resuscitated. The care records stated this relative had the legal right to make this decision however the home did not have a copy of the document which would have confirmed this. This meant that decisions may have been made by a person without the legal authority to do so. Another person's relatives had provided a copy of a document which confirmed they could legally make decisions on their family member's behalf. However, care records stated these relatives had not been consulted with the decision not to resuscitate their family member which had been made by a health care professional.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Relevant staff had been trained to understand when an application should be made and how to submit one. An application had recently been submitted and authorised for one person who had left the home and placed themselves at risk. We noted that one condition of this authorisation (to advise this person's relatives of the authorisation in writing) had not yet been complied with. The registered manager said they would ensure this was done.

People spoke highly of the staff who worked in the home and the care they provided. One person said "I have improved considerably since arriving at the home, eating well and putting on weight." One visitor told us "What I like is that people really are well treated here. (My friend) is very happy and all of the staff are very kind." The staff team at the home who had a very good knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support.

Staff told us their induction was thorough when they started working at the home. There were good opportunities for on-going training and for obtaining additional qualifications. Staff received formal supervision and annual appraisals to support their professional development. The registered manager supervised qualified nurses and the nurses supervised the other care staff. Supervisions were a mixture of one to one meetings, observed practice and training. There were staff handover meetings when they started each shift so that important information about people or changes to their care could be discussed.

The records we looked at showed that staff training was up to date. Basic training included fire safety procedures, manual handling, first aid and infection control. Staff had also been provided with specific training to meet people's care needs, such as caring for people living with dementia and those who may become anxious or aggressive at times. More specialist training was also available for nursing staff, such as training in catheterisation techniques and giving end of life medicines. One staff member said "I am satisfied with the training. I have a feeling of progression here."

People had access to health care professionals to meet their specific needs. People said staff made sure they saw the relevant professional for reviews or if they were unwell. Staff supported people to attend outpatient appointments or if they needed to be admitted to hospital. One person said "They look after me very well, I wouldn't change anything. If something is not right they would get a doctor and they have." During the inspection we looked at six people's care records. These showed people saw

Requires improvement

Is the service effective?

professionals such as GPs, dentists, speech and language therapists and district nurses. Health professionals who had completed the home's 2015 stakeholder survey were positive about the care and support provided by staff.

People were generally happy with the meals and drinks served in the home. People discussed menus at the resident's and relative's meetings. They could choose where they preferred to eat their meals. One person said "The food is very nice. You have a choice of meals most days. Sometimes I don't like what's on the menu but they always find you something else you do like." Another person told us "I have my breakfast in my room by choice. The meals are good and there is a nice variation but there is no choice on Wednesday for some reason. If my daughter is here at mealtimes then she is able to eat with me as well."

We observed the lunchtime meal being served on the first day of our inspection. Although staff were kind and attentive, lunchtime appeared a little disorganised. Some people needed a soft diet and this had run out on the ground floor before everyone had been served. The extra needed was taken from the first floor meal trolley but this did mean some people had to wait for their meal.

Eight people ate in the main dining room. They sat at tables which were nicely laid; each had condiments for them to use. Meals were served plated; there was no choice of main course but everyone appeared to enjoy their meal. There was no choice of dessert but people were asked if they would like more cream. There was a reasonably long gap between the main course and desert. Several people fell asleep during this period and had to be woken by staff to enable them to clear the plates and cutlery.

Some people ate their meals in their own rooms. Some were independent; others needed staff to help them with their meals. We saw that people who needed assistance were well supported by staff. Staff checked that people had enough to eat and drink. They asked one person if they wished to eat any more; they said that "it was too much for me today." Another person was offered more desert which they happily accepted.

We recommend that the provider explores the relevant guidance on how to provide a good mealtime experience for people for people who live in a residential or nursing environment.

Good

Is the service caring?

Our findings

Staff were very kind and caring. They had a good knowledge of each person and spoke about people in a compassionate, caring way. One person said "The staff are all lovely, very good. I get on really well with them." Another person told us "People here are always nice. I don't have any reason to worry after all this is my home now." One visitor said "I think people are very well cared for. All of the carers are excellent." We read in the 2015 stakeholder survey several comments about how kind and caring staff were.

Throughout both days of our inspection staff interacted with people who lived at the home in a caring way. One staff member said "Overall, I think the care we give is very good." There was a good rapport between people; some chatted happily between themselves and with staff. One relative told us "The care my mother experiences is excellent. If she is happy here, which she is, then we are happy too."

Whilst staffing numbers appeared adequate, how staff spent their time did not always benefit people. On both days we observed people in communal areas and in their own rooms who had no interaction with staff for periods of time. Staff worked very hard. They were very busy, but their work was often based around completing tasks; there appeared limited opportunities to spend quality time with people. We saw staff made a concerted effort to interact with people more on the second day of our inspection, however this still remained limited.

Staff views on the quality of care they provided was generally very positive, although they did agree that most of their time was taken up providing the basic care people needed, such as personal care. One staff member summed it up by saying "There is so much to do, we are so busy. We don't really get time to sit and chat or spend time with them. It's too busy. I hardly ever get that time." Four relatives who had completed the home's 2015 stakeholder survey thought there could be more activities or stimulation for people.

Staff supported people who were in pain or distressed in a sensitive way. We saw one person in their own room called out repeatedly for staff. They appeared to be distressed. Staff responded to them in a kind and patient way. They spent time with this person and tried to find out why they were unhappy. This person responded well to the attention staff gave them.

Care plans recorded people's background and their interests and hobbies. People's religious or cultural needs were assessed when they first moved to the home. People told us they understood the care choices available to them. They said they were asked about their preferences and choices prior to moving to the home. Everyone received a brochure and a 'service user guide' when they first moved to the home. These explained how the service operated and the facilities offered. Information about the type of care and support offered was also available on the provider's website.

People who lived in the home told us they liked to do things for themselves if they could. For example, some people only needed minimal support with their personal care and this was respected. Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. One staff member said "We encourage people to do as much as they can. We want them to still feel they can keep their independence."

People we spoke with told us they kept in touch with their friends and relations. They were able to visit at any time and always made welcome. People could see their visitors in communal areas or in their own room. One person told us "I get visitors at all times of the day. There's no restrictions when they can come; it can be any time." Relatives who had completed the home's 2015 stakeholder survey were very complimentary about their experience of visiting the home.

Staff respected people's privacy. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Eight of the 40 bedrooms had en-suite bathrooms. These rooms were occupied by people who were more independent.

A majority of the people in the home needed assistance with personal care. One relative said "I have only ever observed residents being treated with respect and dignity at all times and I visit the home any time from 9am in the

Good

Is the service caring?

morning through to late evening." We saw bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on doors and waited for a response before entering these rooms. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. People's records were kept securely.

People were involved in decisions about the running of the home as well as their own care. Resident's and relative's meetings were held so people could express their views about the service. Records of the meetings showed they were well attended by people and their friends or relatives. A wide range of topics were covered and ideas for improving the service were considered.

People's wishes relating to the care they wanted when they were nearing the end of their lives were clearly recorded in their care plan. This included details about people's individual or religious beliefs. Two people who had moved to the home for end of life care had significantly improved. They had started eating and drinking well and had regained some mobility. This was due to the quality of care and support provided by staff. One relative said "When my aunt first came, she had one to one help particularly at mealtimes but has improved that much that she is now feeding herself."

Requires improvement

Is the service responsive?

Our findings

Staff were aware of people's care plans and provided care in line with these. Staff kept people's care needs under review; nurses updated people's care plans. Most care plans were up to date and accurately reflected people's needs. However, we looked at the plans for two people who were losing weight. Their weight loss had been recorded but their plan which assessed their risk of malnutrition had not been updated to reflect the loss of weight. The risk of malnutrition had increased due to the weight loss and appropriate changes should have therefore been made to each person's plan of care. This had not been done and therefore neither person was being provided with care which met their current needs.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed.

People told us they were involved in planning and reviewing their care. One person said "I was involved at every stage. I know they have a plan for me and they do talk to me about it and if it needs changing." We saw people's care plans were discussed with them regularly and changes were made if necessary. People had signed some of their care records to confirm they agreed with them. Where people lacked the capacity to make a decision for themselves staff involved other professionals and family members in writing and reviewing plans of care. One relative said "The doctor wanted to hospitalise (their family member) but when we asked for this not to take place the home agreed with us and accommodated our wishes."

People made choices about their day to day lives, although two people had mixed views about this. One person said "I can get up when I want to. I can go down and join in if I want to but often I choose to stay in my room. I'm okay, I'm happy with my own company." Another person said "I don't like being woken early; I do not see the reason for it. I like to go to bed early too but carers seem to disappear then." We saw that some people used communal areas of the home and others chose to spend time in their own rooms. People had a call bell to alert staff if they required any assistance. They told us these were answered reasonably quickly and we saw they were during our inspection.

On the first day of our inspection many staff used terms such as "my love", "lovie" or "sweetheart" to address people. Nobody appeared to take exception to this and, although it was done in a respectful way, some people told us this was not how they preferred to be addressed. It appeared to have become accepted practice in the home. The support manager had asked staff to change this practice by the second day of our inspection.

During the inspection we read six people's care records. All were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. Staff had a good knowledge of the people who lived at the home and were able to pick up if people needed any changes in their care. One relative said "The home is able to respond to changes in dependency." Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One staff member said "I think all the staff know people well and know how to care for them."

People were supported to maintain contact with friends and family. There were many friends and relations visiting people on both days of our inspection. Some people went out with their relatives. One visitor said "I pop in every week. I am always made very welcome. My friend is very well looked after and always beautifully turned out. They know that's important to her so they take great care with that."

There was a programme of planned activities each month, although this had not been followed in the last two weeks as the activities organiser had absent from work. No planned activities took place on the first day of our inspection; some people attended a 'film afternoon' held on the second day of our visit. Records showed that group activities such as singing and reminiscence as well as individual activities such as aromatherapy and hand massage usually took place during the week. People continued to be involved in the local community, such as trips out, although these were becoming less popular due to the frailty of people. People had regular visits from local church ministers; communion was held in the home each month.

Requires improvement

Is the service responsive?

People told us they were happy living at the home; they said they were well cared for. People would not hesitate in speaking with staff if they had any concerns. The provider had a complaints procedure in place. Details of how to make a complaint were included in the guide given to everyone who lived in the home. People knew how to make a formal complaint if they needed to but felt issues could usually be resolved informally. One person said “I have no complaints about the home here. The carers all talk very nicely to me.” A relative said “All the family who visit would be quite happy to make a complaint or raise a concern.”

There was no complaint register but the registered manager was able to provide copies of complaints the service had received. There had been one formal complaint in the last 12 months; this had been received the day before our inspection started. We read the details of the complaint; the registered manager was investigating in line with the provider’s policy and will inform us of the outcome.

Requires improvement

Is the service well-led?

Our findings

Although audits of care plans and observation of staff practice were carried out they did not always identify improvements which were needed. On the second day of our inspection we found the provider had acted on the issues we found and reported to the on the first day. However, these had not been identified by the provider's own quality assurance systems. These issues included using a dependency tool to ensure a safe level of staffing, reminding staff how to address people, ensuring there was a choice of meals every day and that planned activities took place and improving the security at the entrance of the home.

All of the people spoken with during the inspection described the management of the home as open and approachable. One person who lived in the home told us "You can talk to the manager, the nurses of any of the other staff. They do listen to you." A visitor said "It's very good here. I think the manager runs a very tight ship. She knows what's going on." One staff member said the registered manager "is approachable, easy to talk to. She does listen to you."

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager was supported by a deputy manager, qualified nurses and a small team of senior carers. The registered manager, one nurse and two senior carers worked in the home on both days of our inspection. We observed they all took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. Staff told us, and duty rotas seen confirmed, there was always at least one nurse and two senior carers on each shift.

The provider's stated aim of the home was to provide "care and attention for those who wish to spend their retirement in a secure, caring and homely atmosphere whilst respecting their privacy and maintaining their respect and dignity." These aims were reinforced at staff supervisions, team meetings, through observation of staff practice and each day at staff handover meetings. Staff understood the aims of the service and worked in ways which promoted them. One staff member said "The aim is to deliver the best care we can to people with different conditions."

Staff at the home had helped people build and sustain links with the local community. Some people went out with friends and relatives. Occasional trips out were organised by staff. People were invited into the home to attend social events, such as when afternoon tea was held in the home's gardens.

Staff carried out a number of audits and checks designed to monitor safety and the quality of care. All accidents and incidents which occurred in the home were recorded and analysed. Action had been taken to prevent recurrences where this had been possible. Medicines, care plans, health and safety checks, supervision and appraisals were all audited. The support manager carried out regular unannounced visits to the home to carry out their own checks. During these visits they checked internal audits, looked at people's records, spoke with people, their visitors and with staff and observed staff practice. They wrote a report after each visit which included an action plan when improvements were required.

There were systems in place to share information and seek people's views about the running of the home. These views were acted upon. One relative said they had been concerned "about the room (their family member) was in and the home had arranged for her to move to a new room." In addition to the resident's and relative's meetings, the service used feedback forms, annual stakeholder and staff surveys and reviewed complaints and compliments to continually develop the service. Letters and cards complimenting the care and support provided by staff were kept by the registered manager. We reviewed a large number of compliments received in the last year. This enabled the home to monitor people's satisfaction with the service and ensure any changes made were in line with people's wishes and needs.

The 2015 stakeholder survey was in progress when we inspected. The registered manager said the response had been good. Eighteen surveys had already been completed and returned; these showed high levels of satisfaction with the service. Where people had suggested improvements, these would be acted upon and an action plan developed once the survey was completed. Staff completed an annual survey for the provider. This covered a wide range of topics such as their aims and objectives, expectations, workload, training, team work, support and being listened to. Eighteen staff completed the last survey; their responses were very positive.

Requires improvement

Is the service well-led?

The registered manager had notified us of significant events, such as deaths and serious injuries, which have occurred in line with their legal responsibilities

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People who used the service could not be assured that care and treatment would be provided with the consent of the relevant person. Regulation 11(1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The care and treatment of service users did not always meet their current of changing needs. Regulation 9(1) (a)(b)