

Embrace (Derby) Limited

The Park Nursing Home

Inspection report

40 St Marks Road
Derby
Derbyshire
DE21 6AH

Tel: 01332200422

Website: www.europeancare.co.uk

Date of inspection visit:
28 June 2017

Date of publication:
23 August 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 June 2017 and was unannounced. At our previous inspection during July 2014 the provider was not meeting all the regulations we checked. The provider was required to make improvements under effective. At this inspection we found that improvements were still required under effective. Improvements were also identified under safe.

The Park Nursing Home is located close to Derby City Centre, and provides nursing and personal care for up to 41 older people. The service supports people living with dementia and or a physical disability. At the time of our inspection there were 39 people using the service. There are bedrooms on the ground and first floors. Access to the first floor is via a stairwell and a passenger lift. Communal areas were located on both floors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Most people and visitors felt that staffing levels were not always adequate. This did not ensure people's needs could be met safely, due to staffing levels and staff deployment. The provider's arrangements for staff recruitment did not ensure that only suitable people were employed. We found that all the required pre-employment checks were not in place.

We found that the provider's quality assurance systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

People felt that staff who looked after them knew them well and had the skills to support them. However some staff felt that the induction program was not detailed and did not provide them with the skills to carry out their roles effectively.

The Mental Capacity Act 2005 (MCA) helps to ensure that people are supported to make their own decisions wherever possible. Where people were identified as not having capacity there was no information to show the care and support provided was in the person's best interests. Staff knowledge on the MCA varied.

People and relatives we spoke with felt people were safe at The Park Nursing Home. The provider had taken steps to protect people from harm. Staff had an understanding of potential abuse and their responsibility in keeping people safe. The provider had procedures in place for the management of medicine. This showed the provider could be confident that people were receiving their medicines as prescribed.

People were supported by staff that were kind and caring. People's choices and decisions were respected. Staff respected people's privacy and dignity. People were supported to maintain relationships which were

important to them.

People were supported to maintain a diet that met their dietary needs. People were supported to use healthcare services.

There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

People felt the management team at The Park Nursing Home were approachable and felt that if they had concerns they would be listened to. Staff felt supported by the registered manager.

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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staffing levels and deployment of staff did not always ensure people's needs could be met. Recruitment processes in place did not always ensure all the required pre-employment checks were in place. Risk assessments provided staff with instructions on how risks could be minimised. People told us they felt safe. Staff supported people to receive their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider was not able to demonstrate that people had consented to the care and support they received. People were not always supported by staff who had the skills and knowledge to support them, some staff felt that the induction program was not detailed. People were supported to eat and drink enough to maintain their health. Staff monitored people to ensure any changing health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People were cared for by staff that were kind and caring. Staff understood how to support people to maintain their dignity and treated people with respect.

Good ●

Is the service responsive?

The service was responsive.

The support people received was personalised, taking into account people's individual needs and preferences. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns. However people told us they were not always involved in reviews.

Good ●

Is the service well-led?

The service was not consistently well-led.

Requires Improvement ●

The service had a registered manager in post. However the providers management systems in place did not always identify area's for improvement. People and staff told us that the registered manager was approachable and supportive.

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

This inspection took place on 28 June 2017 and was unannounced. The inspection team included one inspector, one specialist professional nursing advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We also spoke to seven people using the service and six visitors. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager, the deputy manager, the regional manager two nurses and four care staff.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

Most people and visitors felt that staffing levels were not always adequate. A person said, "Staff don't always have time to take me to the toilet when I want to go and when you need to go you have to go. At the moment I think they are short staffed. Sometimes they have agency staff but they don't know how the home is run." Another person told us, "No there is not enough staff on especially in the mornings. Sometimes I have to wait quite some time when pressing my call button but you can't blame the care staff they have enough to do." Another person stated, "Well sometimes there is a long wait which indicates they could do with more staff." A visitor said, "There are not enough staff particularly in the late afternoon. I have seen residents left on their own in the lounge. For example there is a resident who gets agitated and attempts to get up. The resident is at risk of falling and I have to alert staff. I don't think staff have the time to attend to all of the person's needs, it would nice to see attention to detail. As sometimes I have found [person's name] with food stains on their face depending on what they have had to eat and crumbs on their clothes." Another visitor stated, "Staffing is the biggest issue, I feel that there are definitely not enough staff."

Staff felt that generally staffing levels were sufficient but this could vary at different times, such as afternoons and especially when staff were absent due to unforeseen circumstances.. A member of staff said, "I do enjoy working here. It can be a struggle sometimes as people have high care needs. Sometimes we don't have enough staff or staff knowledge to support people. Recently at the weekend there had not been enough staff due to sickness. However everyone does their best to support people." Another member of staff told us, "If all staff are available for their shifts, there are enough staff. However the weekend just gone, staff rang in sick and we were unable to get in any agency staff. I was not able to have a break." Another staff member stated, "We sometimes just don't have enough staff the people have a high level of needs." On the day of the inspection visit we saw staff were busy. For example we heard a noise and saw that a person was on the floor. A member of the inspection team called out to a member of staff in the dining room, who attended to the person and alerted other staff. This showed that the staffing levels and deployment of staff did not ensure people's individual needs were always met.

These were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that staffing levels were determined by the needs of the people, which took into account how much support people required. We were told that there were two nurse vacancies which were being covered by agency nursing staff. Following the inspection visit the registered manager confirmed that they had increased the number of care staff on duty in the afternoon. There were now three care staff on both floors in the afternoon. The CQC will consider this as part of the next inspection. The registered manager also confirmed that the day nurse and night nurse vacancies had been recruited into and both nurses were currently undergoing their pre-employment checks before they were able to commence employment with the provider.

We looked at the recruitment records of three recently recruited staff members. We saw that two recruitment files did not have a full employment history in place. This meant that effective recruitment

practices were not always followed to make sure that staff were suitable for the roles they were employed to carry out. We discussed this with the registered manager, who confirmed that they would take immediate action to address this and would be checking all recruitment files to ensure all the required information was in place. Following the inspection visit we received confirmation from the registered manager that they had received written statements from the two staff with satisfactory explanations of the gaps in employment. We saw that the recruitment files included completed application forms, proof of identification and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider also carried out checks to ensure nursing staff were registered with the appropriate professional body, ensuring they were registered to provide nursing care.

People told us that they felt safe at The Park Nursing Home. A person said, "Yes I do feel safe. I don't think we have any trouble. I feel safe when staff use the hoist as they know what they are doing and there is always two of them." Another person "The home is safe that's due to the environment and situation of the home." A visitor told us that the person they visited was safe at The Park Nursing Home. They said, "[Person's name] always seems to be okay when I visit. I have not witnessed any unkind treatment of any of the residents by staff." Another visitor told us, "When there has been an emergency I have seen the staff press the emergency buzzer to get help straight away. I always see two staff when operating the hoist."

Risk assessments were in place for when people had been assessed for risks such as, pressure areas and moving and handling. Records showed the level of support they required and the equipment to be used to move the person safely. Staff we spoke with knew about people's individual risks. They were able to explain the actions they took and the equipment they used to enable them to support people safely. A member of staff told us, "We always make sure people are safe when we support them. For instance if a person has bed rails these are up when they are in the bed. We use the right equipment when supporting a person such as a hoist and making sure there are the right amounts of staff to support the person." Another member of staff said, "Risks are detailed in risk assessments and are shared via handover meetings."

Staff we spoke we knew how to report any concerns or suspicions of abuse. A member of staff said, "If a person told me about an allegation of abuse I would report this to the manager or the clinical lead." Another member of staff said "I would report any concerns or allegations to management immediately. If I felt that the management were not doing anything regarding the concerns raised, I would follow the whistle blowing policy and take my concerns further." Whistle blowing is raising concerns about a wrong doing or poor practice within an organization. This showed us that staff knew how to recognise and report abuse. Staff told us that they had undertaken training to support their knowledge and understanding of how to keep people safe. We saw the provider had processes in place to ensure safeguarding concerns, were reported to the local authority safeguarding team for further investigation and monitoring.

People told us that they received their medicines from staff when they needed them. At this inspection we saw that medicines were stored securely and safely and were not accessible to people who were unauthorised to access them. The medication administration record (MAR) charts we looked at were completed accurately.

Staff we spoke with stated only nurses administered people's medicines. We briefly observed people being supported to take their medicine and saw people were supported by the nurses on duty to take their medicines in a safe way.

Is the service effective?

Our findings

At our previous inspection in July 2014 we found there was a breach in meeting the legal requirements relating to the provider not having effective systems in place to demonstrate people were not deprived of their liberty unlawfully. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that further improvements were needed in this area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Where people did not have capacity to make a decision we saw arrangements were in place so that any decisions relating to their care followed the principles of the MCA. We saw that where people lacked capacity assessments were in place that identified people's capacity to make decisions. However the provider was not able to demonstrate consent to care and support people received had been obtained. We discussed this with the registered manager who told us that this had been identified and that they were taking action to address this.

We found that not all staff understood the importance of gaining consent from people before they were helped. One member of staff told us, "I always give people a choice asking them what they want to wear or drink. I also explain what we going to be doing before supporting a person, such as we are going to raise the bed is that okay?" However another member of staff told us that they had not undertaken MCA training with this provider. They also said, "If a person lacks capacity I would ask the person's family or go to the nurses." We discussed this with the registered manager; they told us that they would roll out some refresher training on the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty (DoLS).

The provider understood when an application for a DoLS should be made and some people living at the service were assessed as requiring a DoLS to keep them safe. At the time of our inspection six people had DoLS authorisations that had been approved by the supervisory body. A further nine applications had been submitted for authorisation. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment.

People felt that the members of staff who looked after them knew them well and felt they had the skills needed to look after them properly. A person said, "Yes I do think the staff do know how to look after me,

they are trained and every time they come into my room they seem to know what they are doing." Another person told us, "I think the staff do know my care needs and know how to look after me." Another person stated, "Staff know how to look after you, some are a little slow but you get that everywhere." A visitor said, "Most of the staff are competent and know what they are doing. The quality of the staff overall is good. Majority of the staff are sincere and exceptional staff."

We received mixed feedback from staff regarding the induction and training they had undertaken. A member of staff said, "We receive a lot of training, which includes practical moving and handling training. Some of the training helps you understand peoples care needs better. However a lot of the training we do is e-learning, I feel you learn more via group training. We discussed this with the registered manager who told us that they were in the process of introducing some practical assessments in areas such as pressure care and dementia care. Another member of staff said, "The induction and the three days shadowing is just not adequate. It's a busy environment the induction and training is the foundation, if there is no foundation how do you build anything good." Another member of staff said, "It is very busy and the staff need more training. The induction is not adequate." This did not provide assurance that staff received adequate induction to enable them to carry out their role effectively.

A member of staff said, "If new staff all start together it can be problematic, particularly if they don't have previous care experience. It takes them a while to get the hang of the work. They don't expect some people at the service to lash out." Another member of staff said, "It's very stressful sometimes it depends on which staff you have on shift. If they are experienced staff its fine but if not it's hard but it's not their fault. The staff on duty are always busy and aren't able to spend time with less experienced staff showing them what to do." Another member of staff stated, "There are a couple of residents who can display difficult to manage behaviour when we are supporting them. We have not had any training to deal with people who can display difficult to manage behaviour such as verbal abuse." The registered manager confirmed that training in this area has been rolled out. Some staff have received the training, whilst others have been booked onto the training. This demonstrated that a suitable skill mix of staff was not always adequately deployed to support people effectively.

Information in the PIR stated staff received regular supervisions where management reviewed where staff were doing well and if there were any areas for development. Staff confirmed that they received support on a regular basis. A member of staff said, "You receive supervision once a month or as required. My last supervision session was really helpful I was able to discuss how I supported a person, my manager was happy with the care I provided." Another member of staff said, "Supervision meetings can be useful. It gives you an opportunity to ask questions relating to practice or any other issues you have." Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. This gave staff the guidance and support to carry out their roles.

People's dietary likes and dislikes were recorded in their care plans. People's care plans also included information on their nutritional needs. Discussions with staff confirmed that they were aware of any specialist diets people required and the type of support people required during meal times. A member of staff said, "[Person's name] has a gluten free diet. There are other people who have a smooth diet. If anyone requires assistance to eat we will provide this and will cut up the food if required." Another member of staff explained that if there were concerns regarding people's dietary intake this was shared with the nurses or the manager. People told us they enjoyed the meals and got plenty to eat and drink. One person said, "The food is really very good and you get a choice. Yes I would say we have enough to eat and drink during the day." Another person told us, "The food is exceptionally good and you do have enough to drink and eat throughout the day." Another person said, "Food, I have no complaints with it I can chose what I like and you have enough to eat and drink."

We observed the lunchtime meal on the day of the inspection visit. Staff were available to support people, offering encouragement and generally engaging people in conversations. For example we saw a member of staff sit beside a person to assist them with their meal. The member of staff explained what the food was before offering it and maintained focus and interaction throughout the meal. The food was offered at a pace and portion size manageable to the person. The chef came into the dining room and spoke to many of the people, she reminded them what the choices for tea were and informed people that she was baking cakes in the afternoon. We observed refreshments were offered throughout the day to people. This demonstrated that people were provided with support to ensure their dietary needs were met.

Following feedback from people on the quality of the food provided at The Park Nursing Home, we saw the provider had made changes to people's meal time experiences. This included a change in catering staff, with a new chef being employed. Also with the consultation of people changes to the menu had been made. The registered manager told us that they wanted to further improve the meal service for people, by providing food moulds to present foods for people on pureed diets. Food moulds are used to improve meal presentation and support people to maintain a sense of dignity in their dining experience. We saw that sausages and peas had been presented to some people using the food moulds. These were a very good likeness of the original foods. This ensured that people's meal time experiences were further enhanced making sure they enjoyed the meals.

People had access to healthcare professionals such as GP's and chiropodists. A person said, "If you are not well you just tell the staff and they get the doctor to visit. I have my own chiropodist visit me." Another person told us, "You talk to the nurses if you want to see a doctor." Nursing staff told us that they were able to liaise with health professionals if necessary. A visitor said, "Staff keep me informed if anything is wrong or you can phone anytime you like." Another visitor told us, "Other than on one occasion, the staff always call me if [person's name] has been admitted to hospital."

Is the service caring?

Our findings

People told us that they found most of the staff to be kind and caring. One person said, "On the whole the staff are very good they are kind and caring I have no problem there, we get on really well. The staff show empathy." Another person told us, "Most of the staff are caring, if they weren't I would soon tell them. Another person stated, "On the whole I have a good relationship with the staff, feeling valued and respected." A visitor said, "Some of the staff are caring and professional." Another visitor told us, "The care is good."

People told us most staff treated them in a respectful manner. A person said, "They [staff] respect my privacy." Another person told us "Staff are quite good at respecting my privacy and dignity." A visitor said, "Yes the staff are respectful." Staff supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. Staff told us that they knocked on people's bedroom doors before entering. They also ensured doors were closed when people were receiving personal care. We observed positive interactions between people and staff. We saw staff interacting with people in a respectful and dignified manner. Information in the PIR stated that the provider planned to introduce dignity champions, following changes in the staff group. A dignity champion is someone who ensured people were treated with dignity.

We received mixed feedback on whether people and their representatives had been involved in their care planning. One person said, "No, I have not been involved in my care plan." Another person said, "I've not seen my care plan but have heard about it." A visitor stated, "Staff are getting to know [person's name] and their likes and dislikes." Information submitted by the provider in the PIR stated that they used a document called 'My Day.' This provided staff with insight into the person's life prior to moving to the service. People's care plans provided information about their health and social care needs. We saw that these included information about the person's likes and preferences.

People told us that they were supported to maintain relationships which were important to them. People living at the service told us staff were welcoming of their visitors. A visitor said, "I am always made welcome and they [staff] have even invited me to eat with [person's name] when I visit." Another visitor told us, "I am always made welcome and the staff are very nice." There were some quiet areas where people could spend time with their visitors in comfort and privacy.

The registered manager told us that advocacy services were available to support people in the decision making process. We saw that there was information displayed regarding advocacy services. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. Information on advocacy services was displayed at the service.

One person was currently supported by Relevant Person's Paid Representatives (RPPR). RPPR are qualified advocates who have specialist knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation. People who are deprived of their liberty in care homes or hospitals have a

statutory right to have a representative to support them to exercise their rights under the Mental Capacity Act. This meant that the people were being supported in making decisions about their care when they required support to do so.

Is the service responsive?

Our findings

People told us they were able to follow their preferred routine. Some people decided to spend their time in their rooms, whilst others sat in communal areas. We found there was a relaxed atmosphere at The Park Nursing Home. We saw that some people were sitting in the lounges with the television on, some people had visitors and others spent time in their rooms. Some people felt that they did not have much to do. We also saw a member of staff carrying out a reminiscence activity with some people. However a person said, "I don't do anything much all day, there are not a lot of activities. We could do with more entertainment, I do get bored. I don't use the lounge as there is nothing of interest in there." Another person told us, "There's not a lot to do during the day but I don't get bored." Another person said, "There is not a lot of social activity, there could be more."

We discussed this with the registered manager who told us that there was an activities co-ordinator who was employed to support people with their interest and hobbies. People at the service had access to a mini bus for trips to the local supermarket and other places of interest. We were told by the registered manager that some people had visited a farm and Matlock. A staff member said, "The registered manager does his best, he does take people out on day trips." Staff told us that people had access to the garden, which they used when the weather was better. There was also a gardening club. The registered manager told us that at the next 'residents' meeting they will discuss activities with people. We saw the provider had plans for developing a sensory room. A sensory room is an interactive space with special lighting and sounds.

Information in the PIR stated, that in order to ensure the provider was responsive to people's needs comprehensive pre-admissions were completed. So that the provider could be confident they were able to meet the needs of the individual. As well as having any specialist equipment in place before the person was admitted into The Park Nursing Home. A visitor said, "I viewed the home before [person's name] moved in. I was asked about [person's name] care needs." The registered manager told us they gained information about the person from the individual, their family, friends and any other representative involved in their care. Records we looked at showed that people's needs had been assessed prior to moving into The Park Nursing Home. This included information on their personal history and their likes and dislikes. People's care plans and daily records were up to date and fully completed. However three people told us that they had not been involved in their care plan reviews. One visitor said, "I don't recall a review meeting."

Staff we spoke with had a good knowledge of people's needs. This included how they cared for and supported people. A member of staff said, "[Person's name] has to have a soft diet due to problems with swallowing." We saw that staff monitored people's health and welfare. A member of staff said, "If I have any concerns about a person's health or wellbeing I let the nurse in charge know." This ensured that the appropriate action could be taken.

Staff told us a handover took place at the start of each shift, where staff were updated about people's needs and if any changes in their care had been identified. A member of staff said, "If a new resident has been admitted we discuss their care needs as well as any risks." This provided staff with an opportunity to share information about people's needs with the staff who were coming on shift. So that people continued to

receive the care and support they required.

Visitors told us they would be able to speak with the registered manager or person in charge if they had a concern or wished to raise a complaint. A visitor said, "I have not had any reason to raise any concerns and if I did I guess I would speak with the manager." Another visitor said, "If I had any concerns I would go and see the nurse firstly." One person said, ""If I needed to complain or make a comment I would see the person in charge."

The service had a complaints procedure. We saw information on how to make a complaint was displayed in the home. Staff we spoke with knew how to respond to complaints if anyone raised any concerns or issues with them. They told us if anyone raised a concern they would inform the manager. A member of staff said, "I would pass on any complaints to the registered manager or the clinical lead."

The provider had a system in place to record complaints received. The registered manager told us they had received 14 complaints in the previous 12 months. We saw that any concerns or complaints were recorded and investigated.

Is the service well-led?

Our findings

At this inspection visit we identified that the provider's management systems were not always effective in recognising areas which required improvements. We found the providers arrangements for monitoring and assessing staffing levels were not always adequate. As people and visitors we spoke with raised concerns about staffing levels at The Park Nursing Home. We also identified that the providers recruitment processes were not thorough as all the required pre-employment checks were not always in place. Following the last inspection visit improvements were still required to ensure people consented to care and support they received.

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

We saw that the environment in some areas had not always been well maintained. We found that the dining room floors were sticky and carpets in some parts of the home were stained and looked tired. The registered manager told us that the sticky floors in the dining areas were due to the cleaning product leaving a residue. The registered manager was reviewing this with the company supplying the cleaning products. Following the inspection visit the registered manager confirmed the management team had been informed by the provider that over the next couple of months an investment plan to review the environment at The Park Nursing Home would take place. This would include replacing carpets in the corridors.

The service had a registered manager in post since June 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the regional manager, deputy manager, clinical nursing lead, nursing staff and care staff. Staff we spoke with told us they felt able to speak with the registered manager to raise any feedback or any concerns. They also told us that they enjoyed working at the service.

People, visitors and staff during the inspection visit spoke positively about the registered manager and the way the home was managed. Comments included "Yes I do think the home is well led I don't think I would change anything. I know who the manager is. The staff appear to work well together," "On the whole I think the home is well run but they need more staff. The staff seem to work well together" and "I don't know if the home is well led but I don't think things need to change, they do their best."

A member of staff said, "The service runs well. The residents are well looked after and the staff work well together." Another member of staff said, "The registered manager has brought a lot of change for the better at the home. For example getting new recliner chairs for residents. He does listen, if I had a problem I feel I could speak with him."

People's experience of care was monitored through meetings for people and their relatives and surveys. One person told us 'resident' meetings did take place, where they were able to have a say. Another person said, "We have a residents meeting once a month, you voice your opinion. I think they do listen to you and they have done quite a lot really." A member of staff told, "The home is run for the residents. Following feedback

from the residents, there have been changes with the meals. The residents were consulted in the change."

We looked at the feedback from the recent relatives and 'residents' surveys. We saw that overall people and relatives were satisfied with the service they received. Surveys were analysed and an action plan put together where areas for improvement were identified. For example the 'residents' survey identified that the bath was not working. This had been replaced. The relative's survey also identified some areas for improvement such as improving the garden area. A garden party was held whereby some people and their relatives joined in to tidy the garden. Minutes from the 'residents' meeting during May 2017 showed that this had been a success. The results were shared with people and their relatives including any identified areas for improvement.

There were arrangements in place to monitor the quality and safety of the service provided. Audits of various areas were undertaken regularly. This including medicines, laundry and infection control. Where issues had been identified action plans had been developed to address the concerns raised.

We were shown plans by the registered manager to introduce 'Resident of the day.' This would include ensuring that care records were up to date and speaking with the person about things such as the laundry, food and any issues or complaints. The registered manager told us if any shortfalls were identified these would be resolved. For example updating care records if a change in the person's needs has been identified. The registered manager told us it would be the responsibility of nursing staff to update care records and communicate this with the rest of the team. Following the inspection visit we were sent a copy of the resident of the day schedule which commenced 3 July 2017.

Staff confirmed that staff meetings took place. They told us that if they were unable to attend minutes were available to them or the management team provided them with any updates. Staff felt able to raise any concerns with the registered manager and were confident that they would be addressed. The provider had a whistleblowing policy. Staff told us they would not hesitate to raise concerns and felt they would be protected by the policy.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the services provided. Regulation 17
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: Staffing levels and the deployment of staff did not always ensure peoples needs could be met safely. Regulation 18.