

Alverstoke House Nursing Home

Alverstoke House Nursing Home

Inspection report

20 Somervell Close
Alverstoke
Gosport
Hampshire
PO12 2BX

Tel: 02392510254
Website: www.alverstokehouse.com

Date of inspection visit:
06 December 2016

Date of publication:
03 January 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?

Good 

Summary of findings

Overall summary

This inspection took place on 6 December 2016 and was unannounced.

Alverstone Nursing Home is a service that is registered to provide accommodation and nursing care for up to 30 older people, some of whom are living with dementia. Accommodation is provided over two floors and there are lifts to provide access for people who have mobility problems. There were two communal areas on the ground floor that people could choose to spend their time in. At the time of our visit 27 people lived at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Following our last inspection on 3 December 2015 requirement notices were issued for breaches in Regulation 9, 12, 17 and 18. The registered person had not ensured personalised care was planned and delivered, risks associated with people's care were not assessed, staff had not received the training they needed to undertake their roles effectively and the quality systems had not been effective in identified poor records.

At this inspection improvements had been made and these areas were no longer a breach.

Improvements had also been made to the management of risk and the plans of care for people. Care records contained information to guide staff about the management of risk associated with people's needs. Staff were knowledgeable of people's needs and the support they required. They were no longer in breach of this element of Regulation 12. However the management of medicines needed to be improved as this was not always safe, errors had not been identified, and we were not assured medicines were always stored within safe temperature's because these were not consistently checked.

People felt safe and staff knew their roles and responsibilities in safeguarding people.

Thorough recruitment checks were carried out to check staff were suitable to work with people. Staffing levels were mostly appropriate to meet people's needs.

Training had improved for staff who described this as beneficial to the role and always available. Staff were supported to develop their skills through training and the provider supported staff to obtain recognised qualifications. Staff were supported through supervisions and appraisals and felt support by the manager. We have made a recommendation about setting staff development objectives.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider had suitable arrangements in place to establish, and

act in accordance with people's best interests if they did not have capacity to consent to their care and support. The manager understood their responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and they had applied for authorisation under DoLS to ensure people were protected against the risk of being unlawfully deprived of their liberty. We have made a recommendation about the recording of best interest decisions.

People's views on the choice of food were varied. Care plans were in place to guide staff and we saw that staff took action. People's intake was monitored and additional health professional input was sought. However, we have made a recommendation that the service seek guidance about the management of weight in the elderly as they did not always contact external professionals promptly. Staff supported people to ensure their healthcare needs were met.

People told us the staff were kind and caring. No one had any concerns and said they were happy with the care and support they received. Staff respected people's privacy and dignity and used their preferred form of address when they spoke to them. Observations showed that staff had a kind and caring attitude.

Care plans were personalised and people and their relatives were involved in decisions about their care.

No one had a complaint and knew who to speak to if they did. Records to show how complaints were managed were held.

Systems were in place to monitor and assess the quality of the service and records had improved. The registered manager operated an open-door policy and staff felt they were supportive and encouraged learning opportunities.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The management of medicines was not always safe.

Staff had a good understanding of safeguarding people and knew their responsibilities in this.

Improvements had been made to the assessment and management of risks associated with people's needs.

Recruitment processes were safe and staffing levels were appropriate to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were supported through supervisions and training. We made a recommendation about setting staff objectives.

Consent was sought from people and where people lacked capacity to make certain decisions the Mental Capacity Act was understood and applied, although best interests decision were not always clearly recorded. We made a recommendation about this.

People were supported with their nutritional needs but support from external professionals could be sought more promptly when people lose weight. We made a recommendation about this.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who understood their needs and were caring and compassionate.

Staff demonstrated an understanding of respect, privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives had been involved in the development of their care plans and staff were knowledgeable of people's needs. Staff demonstrated how they had responded to people's changing needs.

There was a clear complaints policy and people knew how to use this.

Is the service well-led?

Good ●

The service was well led.

The registered manager operated an open-door policy and encouraged a learning environment.

Systems were effective in driving improvement and records had improved.

Alverstoke House 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.

This inspection took place on 6 December 2016 and was unannounced.

An inspector, specialist advisor in nursing and an expert by experience carried out the inspection. 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 previous inspection reports and looked at our own records such as any notifications of incidents which occurred (a notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with four people, five staff, the registered manager, deputy manager and a partner of the provider. It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We looked at care records for six people and the medicines records for everyone in the home. We looked at recruitment, supervision and appraisal records for seven staff and all training records. We also looked at a range of records relating to the management of the service such as activities, menus, accidents and complaints, as well as quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living in the home and were supported by plenty of staff. They said they received their medicines when they needed it, although one person's family shared concerns about the time taken to ensure their relative received pain relief. We saw records confirming a visit the day before our inspection to this person from a health professional to ensure their pain relief was adequate.

We reviewed the medicines administration records (MAR) for everyone living in the home and compared this to the stock held. We found a number of gaps in the recording of the administration of medicines for four people. We also found for two people that some of their medicines remained in the blister packs but had been signed as given. The registered manager told us that for one person this may relate to a period of time when they were in hospital and when they returned medicines taken from the blister pack did not match the weeks/days on the MARS. However these had not been investigated so there was no clear explanation or reasons. It was therefore difficult to establish that people received their medicines when they were prescribed them.

Following the inspection the registered manager advised that they had held a meeting with all the registered nurses regarding our findings. They had implemented that every handover registered nurses are to check the MARS to ensure no errors.

Risks associated with the administration of medicines were not always recorded. For example, one person was taking a medicine which thinned the blood. The risks associated with this medicine could include excessive bleeding following injury, illness due to blood clotting quickly and bruising. There were no risk assessments or care plans in place to identify these risks and how staff could monitor for and reduce these. However, staff spoken with were aware of signs to look for and stated they would contact health professionals if they had any concerns. PRN (as required) protocols were not in place where these medicines were prescribed. Medicines were not always stored safely as temperatures of the rooms and fridges storing medicines were not checked regularly.

Medicines audits were completed regularly, the last one for the period 9 November 2016 to 1 December 2016. Whilst this identified some issues which required improving such as some missing signatures, it did not record any actions to be taken or who the information had been shared with. In addition it did not identify the concerns we had. For example, the service audit did not identify the inconsistent recording of temperatures, the lack of PRN protocols and the two people's medicines that were signed as being given but remained in the blister pack.

A failure to identify medicines errors, take appropriate action and ensure information about medicines is available to staff was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines trolleys were stored securely. Each person's MAR contained information about allergies, "when required" and "variable dose". Tablets and capsules were mainly administered from blister packs. Liquid

medicines in other containers such as bottles and eye drops were clearly marked with the person's name and the date the container had been opened. Records of medicines received into the home were maintained by documenting this on people's MAR sheets. Staff supported people to take their medicines and people told us they always received their medicines on time. Observation showed staff provided encouragement to people to take their medicines.

At our inspection in May 2015 we found that identified risks associated with people's care had not been appropriately assessed and plans developed to mitigate such risks and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following this which told us they would be compliant by 26 May 2016.

At this inspection this had improved and this was no longer a breach. Staff had a good knowledge of people's needs and the risks associated with their care. A variety of risk assessments had been completed dependent on the needs of the person. For example, assessment related to people's risk of falls, skin breakdown and risk of malnutrition. In addition where bed rails were in place the risks associated with these were assessed. One person who had been assessed as a moderate risk of their skin breaking down had a plan in place to manage this. This included a pressure relieving cushion and mattress whilst they were in bed. We saw these in use and staff confirmed this person had no current problems with their skin. One person suffered with seizures and the risk of sustaining an injury during a seizure had been assessed. In addition a care plan had been implemented which guided staff to the types of seizures the person suffers and the support they should provide. One person had been advised that the use of rugs in their room posed a risk of potential falls. However they had chosen to continue having rugs in their room and this was clearly recorded.

For those people who lived with diabetes we saw plans in place which provided very little information but referenced their diabetes. For example, the dietary care plans referenced their diabetes and their medical care plans referenced basic information regarding their condition. However, they lacked detail which would guide staff to the risks associated with diabetes and how staff managed this. The registered manager agreed with this and assured us they would add further detail to these care plans.

People were supported by staff who had a good understanding of the types of abuse and how to report this. The registered manager understood their role in safeguarding people and staff felt confident any concerns they raised would be dealt with appropriately by the registered manager. Staff confirmed they knew how to escalate any concerns they may have to the local authority or the Care Quality Commission if needed. The registered manager showed us records of incidents they had reported to the local authority and the commission. However, they also made us aware of a safeguarding concern they had been alerted to by the local authority. They were able to explain in detail how this was managed and informed us the local authority had closed this case. However they had not reported this incident to us and the registered manager stated they did not realise they needed to as they had been notified by the LA. They assured us they would report any concerns to us in the future.

Recruitment records showed that appropriate checks had been carried out before staff began work. Candidates were required to complete an application form and were subject to an interview. Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed, including reference requests and disclosure and barring service checks. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services.

Staff confirmed they attended interviews and the registered manager stated that she conducted these but did not record any notes of the interview or their assessment of the potential staff member. In addition they

confirmed they did not request staff completed health questionnaires. Staff said they did not start work until all recruitment checks had taken place. For one of seven staff records we looked at they had started working in the home prior to their DBS and one reference. The registered manager told us they had not worked alone and had spent the time with the registered manager, supervised.

The registered manager and provider did not use a formal dependency tool to assess the number of staff required in the home. People felt staff responded to their needs promptly and staff raised no concerns about the staffing levels in the home. The registered manager told us staffing levels consisted of between 7 and 8 carers in the morning with one registered nurse, four carers from 13:30 to 19:30 and one who worked 17:00 till 21:00.

In addition to care staff the provider also employed kitchen and domestic staff to work each day and an activities co-ordinator.

Our observations throughout our time in the home showed staff responded quickly to people's needs and requests, and had time to spend with people.

Is the service effective?

Our findings

At our inspection in December 2015 staff had not received training which would support them in their role. This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following. At this inspection, this had improved and was no longer a breach.

At our last inspection we found that staff lacked training in subjects such as infection control, fire, supporting people with dementia, nutrition and skin care. At this inspection this had improved. Everyone had received training in fire safety, safeguarding people and moving and handling. 28 of 34 staff had completed infection control training and we saw good practices during the visit and the home was clean and tidy. 24 staff had completed Deprivation of Liberty Safeguard training and 18 had completed training in the Mental Capacity Act. Those staff we spoke with showed a good understanding of their roles within these subjects. In addition, the home did not support many people with dementia but they had delivered training to 13 staff at the time of inspection and we were told had further training planned. 10 staff had received training in end of life care, eight in skin care and 5 in nutrition. The home had supported some staff to become trainers to ensure that more staff could access training and had plans in place to support staff to complete this. They also provided training to staff to enable them to support other staff, for example one had become the falls champion.

The registered manager confirmed that any staff that were new to care, were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager and staff also told us that staff were encouraged and supported to complete a vocational qualification in health and social care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff spoke positively about the training they received. One told us the training had "Really developed and there is lots more available" and a second felt this really benefitted them in their role.

At this inspection staff confirmed supervisions meetings and appraisals took place. They said they found these to be helpful. Staff records confirmed they received supervision meetings and appraisal. Although the registered manager recognised these could be more frequent, staff said they felt well supported and able to approach the registered manager at any time. Whilst appraisals were completed and we saw discussions taking place about people's roles and training needs, we noted that appraisals did not set objectives for the forthcoming year which would help staff to develop in their role.

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 they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Mental Capacity assessments had been completed where required for the decisions to live at the home. Where these assessments deemed a person lacked the capacity to make this decision, Deprivation of Liberty Safeguard applications had been made to the supervisory body. People and their relatives told us how they were kept informed and staff at the home discussed their support with them. However we did not see that the involvement of others in making best interests decisions had been recorded, following the capacity assessments.

Consent forms were in place and signed by people where they were able. Where people had chosen not to follow advice regarding risks this was clearly recorded and the person had signed to reflect their decisions. We noted that for two people their consent forms had been signed by relatives. The registered manager told us the relatives had power of attorney but was unable to find records of these. They said they would contact these family members and request copies of these.

Staff and the registered manager demonstrated an understanding of their responsibilities in relation to ensuring people provided consent and where they were not able, their mental capacity should be assessed. People confirmed they could make their own decisions about what to do, wear, eat and where to spend their time. We saw decisions people made throughout our visit were respected. Where people were able to access the community independently, this was encouraged and supported.

DoLS applications had been made to the supervisory bodies where needed and these were held in a separate file. At the time of inspection these application had not been authorised. The registered manager told us if conditions were attached to any authorised DoLS, care plans would be developed.

Feedback on the food was varied with one person describing this as satisfactory, followed by "I can always ask for something else."

Kitchen staff were aware of peoples need and told us they were kept informed and updated because they joined the staff handover. They ensured all kitchen staff were aware by using an information board in the kitchen which detailed people's requirements. Kitchen staff demonstrated a good understand of people's needs. They said "I know all the service user's well, one only likes to eat fish and another will only eat dry food with no sauces of any kind. For those that have pureed food, it's all kept separate so they know what they are eating. When people first move in they fill out a 'preference' sheet which lists their likes and dislikes". They also said they try to create a positive dining experience stating "We always lay the tables out so it looks more appealing, however most service users tend to stay in their rooms".

Two food options were available to choose from each day and staff spoke to people to identify what they wanted. If they didn't want what was on the menu, they could ask for something different. There are two food options per day, Staff went round in the afternoon and gathered all the food requests for the following day. We observed lunch and saw that whilst waiting for their lunch some people enjoyed a glass a sherry. The provider spent time chatting with people and some people interacted well with each other. We did however note that some people waited a long time for their meals. For example we saw one person had been seated at the table at 12:15 and their meal didn't arrive until 12:55. This person was offered support and encouragement whereas staff were seen to ask people who had eaten very little if they had finished

without offering any encouragement to eat more.

Dietary care plans were in place. These described the support people needed to be able to eat their meals and their preferences. For example, one person detailed how they were independent with their meal but required a plate guard and for staff to cut this up for them. This also stated that they enjoyed a glass of sherry at lunch and preferred breakfast in the dining room. We observed this care plan was followed during our visit.

Care plans indicated the frequency that staff should check people's weight. Where there were concerns staff told us how they contacted GP's for them to prescribe supplements and the kitchen were instructed to fortify their foods. For one person we noted a weight loss of 4.6kg within a month. The registered manager told us this had occurred following a hospital admission and the deputy manager confirmed this was a result of a high level of pain relief. They said they had not taken any action to contact the GP at this stage as they did not feel it was necessary but they were monitoring this person's weight and any further weight loss would be reported.

For a second person we saw they had lost a weight following a hospital admission. The registered manager was able to explain the reasons for this person's weight loss and the actions that had been taken and continued to be taken about this, although it was difficult to find this clearly recorded. Although we saw that the GP had been involved and prescribed supplements, we were concerned that the person had lost more weight since the GP visit and no further contact with the GP had been made. The registered manager told us they would act on this. Following the inspection the deputy manager confirmed the GP had reviewed this person, they were continuing to provide supplements, monitoring their intake and their weight on a weekly basis.

People had access to a range of healthcare professionals including opticians, GP and nurses. Referrals to other health professionals were made when required. We saw one person had been seen by the speech and language therapist. Staff were following the guidance provided but had not updated the care plan. People were confident that medical attention would be sought and that a GP or emergency services would be called if needed.

People had access to a range of healthcare professionals including opticians, GP and nurses. Referrals to other health professionals were made when required. We saw one person had been seen by the speech and language therapist. Staff were following the guidance provided but had not updated the care plan. People were confident that medical attention would be sought and that a GP or emergency services would be called if needed.

Is the service caring?

Our findings

People were happy with the care and support they received. One person told us "The Staff are lovely we have a real laugh, but there really is no place like your own home. The Staff treat me well, we 'pull each other's leg', they are all so lovely. If they didn't treat me well or didn't respect me I would report them." A second person said "The staff are kind and caring, they are gentle when helping to get me dressed."

Staff were knowledgeable and understood people's needs. They demonstrated an understanding of people's preferences. Where communication was difficult for people staff demonstrated that they understood what the people were requesting and provided this. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them.

Staff spent time talking with people and encouraged them to join in activities. People were offered choices and these were respected. Staff asked them where they wanted to spend their time and respected these decisions. Staff showed they had a caring attitude towards people and recognised when they needed support and provided reassurance. For example, one person appeared distressed and was attempting to communicate. Staff recognised they were in pain and ensured pain relief and reassurance was provided to them.

We observed practice which reflected people were treated with respect. For example, on one occasion, two members of staff assisted a person from their armchair to their wheelchair using a piece of moving and handling equipment. The staff offered reassurance and support to the person throughout the manoeuvre.

Staff were seen to be kind and affectionate, laughing and joking with people. There was a friendly and relaxed atmosphere throughout the inspection.

People's privacy and dignity was respected. Records for people were stored confidentially and only staff who needed these had access. Staff knocked on people's doors and waited for a response before entering. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact.

The registered manager confirmed that no resident or relative meetings took place and stated that they had not yet sent surveys out requesting feedback. They did describe a recent survey about the menus and told us that following this a review of the menus would be taking place.

We did see that where people were able they were involved in their care plans. One person said "My friend is aware of my care plan, the staff went through it with both of us, I can talk to staff about anything". We saw visitors were welcomed and staff spent time talking to them, checking they were happy with the care being provided.

Is the service responsive?

Our findings

People and their relatives felt staff knew them well and the support they needed. They had no complaints but knew who to speak to should they have any concerns.

At our inspection in December 2015 we found Care plans were not personalised and people were not always receiving personalised care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following this which told us that the provider would be compliant with the regulation by 26 May 2016. At this inspection this had improved and was no longer a breach.

Before people moved into the home a pre assessment was undertaken to ensure the home could meet their needs. This included gathering information about the history, likes, dislikes and current needs of people. Following this assessment, care plans and risk assessments were developed. Staff told us people and or their relatives were included as much as possible in their care plans and people confirmed this. The registered manager said they did this through talking to people and their families to establish what their needs and wishes were. Not every person we spoke with could recall this or their care plan but we saw evidence in people's records of theirs and their family's involvement.

Handovers took place at the beginning of each shift. Staff told us these included any issues that had occurred and any appointments or specific information for individual people. Staff told us handovers helped to ensure all staff were aware of people's needs and able to respond effectively to them.

Staff were knowledgeable about people's needs, preferences and the support they required. Staff were able to talk to us in detail about people's needs, how they monitored these and support people received. Care plans were personalised and ensure people's preferences were included. For example, one person's stated "[Person] usually likes to have a wash around 10-10.30am, [they] like to have a spray deodorant applied once washed", "[Person] enjoys [their] breakfast early in the morning, [they] have a bowl of porridge with a yoghurt, and a strawberry milkshake". Another person described how they preferred "To have a small trimmed beard, [they] have an electric razor which staff are to use to maintain it, a wet shave causes [them] irritation".

Care plans provided guidance to staff about how to understand a person's communication and respond to this. For example, one person detailed how they had expressive dysphasia. This means the person had difficulty in putting words together to make meaning. The care plans explained how the person would nod or shake their head to questions and indicated pain by squeezing their fingers together. It identified what was the usual cause of anxiety for this person and how to support them. Staff were observed to recognise people's non-verbal communication and respond promptly and effectively.

We saw staff responded to peoples requests. One person told us how they had requested the Flu vaccine and staff had ensured they received this. We saw where concerns of a health nature arose for one person they sought input from medical professionals in an attempt to avoid hospitalisation.

There was a complaints procedure in place and on display by the front door. People knew how to raise a complaint but said they had not needed to. We reviewed the complaints records and saw records which showed how these had been addressed, although we noted that the satisfaction of the person raising the complaint with the outcome had not been recorded.

Is the service well-led?

Our findings

At our inspection in December 2015 we found the quality assurance systems were not effective as they had not picked up the lack of effective records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following this which told us that the provider would be compliant with the regulation by 26 May 2016.

At this inspection we found improvements to the records had been made. We did find some minor discrepancies such as a care plan which stated a person was on a pureed diet when they were actually receiving a soft diet. External professional reports demonstrated they were receiving the correct diet but the care plan was not accurate. However, this did not impact on the person as staff support was consistent and they were knowledgeable of people's needs.

At this inspection we found systems were in place to monitor and assess the quality of the service provided, including audits, meetings and actions plans. Audits of mattresses took place monthly to ensure these were in good working order to meet people's needs. Where these were found to need replacing we saw this took place. Audits of the environment were completed, actions were passed to the maintenance team for completion and recorded and signed off when these were completed. The registered manager had recently introduced care plans audits and all people's care plans had been audited in November 2016. We saw these identified actions which were then delegated to the key workers (named nurses responsible for making these changes) for them to complete. Dates were set for the completion of these and the registered manager told us these would be followed up when the plans were reviewed monthly.

Accident records were held centrally and falls were analysed on a monthly basis. These highlighted the possible cause of the fall and any action taken or to be taken. We saw records and staff confirmed that the registered manager called meeting's to share concerns and look at learning points. For example, they had called a meeting in October 2016 with all registered nurses to discuss recent hospital admissions and what could have been done to prevent these. They discussed concerns raised and what they could do differently. Staff told us the registered manager was keen to ensure staff were always looking at ways to improve.

Staff spoke positively of the new manager. They were confident in the manager and felt able to approach them at any time. They said they felt they would take action to address any concerns and were making positive improvements. One told us "I find [the registered manager] approachable. She deals with things effectively and she is supportive". A second staff member said: "[The registered manager] is good and supportive. If I report something it gets done". People told us the registered manager's office was always open and we saw staff and relatives freely access the them and deputy manager throughout the day. Feedback from people and their representatives had not been sought in the form of questionnaires since 2015 but the registered manager advised they intended on sending these out in the new year.

The registered manager and deputy manager told us they had made links with other local nursing homes and the registered manager and provider attended the care home forums. They told us this enabled them to discuss issues and learn from others.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered person had failed to ensure the safe management of medicines. Regulation 12(2)(g)
Treatment of disease, disorder or injury	