

Brancaster Care Homes Limited

Pexton Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Pexton Grange is a nursing home that provides care for up to 57 people. It is a purpose built care service. At the time of our inspection 51 people were living at the service. Thirty three of those people were using the intermediate care service provided on behalf of the NHS. Those people have experienced a period of ill health or have been in hospital and are unable to manage at home. They therefore require rehabilitation and support for a short period of time to help them regain their independence. Therapy support for those people was provided at the service by the NHS Sheffield Teaching Hospitals, Community Services.

This inspection took place on 17 October 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

There was a registered manager, but they were no longer managing the service. We were informed they were working for the registered provider in another role. The registered provider had appointed a new manager, the former deputy manager, to manage the service. The manager told us they had been managing the service since September 2017, and they had applied to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt 'safe' and did not express any worries or concerns.

Relatives we spoke with felt their family member was in a safe place and did not have any concerns about their family member's safety.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

All the relatives that we spoke with made positive comments about the care their family member had received and about the staff working at the service.

A programme of activities was in place so people were provided with a range of leisure opportunities.

Our discussions with staff showed that a few staff would benefit from further safeguarding training to develop a greater understanding of their role and responsibilities. There were satisfactory arrangements in place for people who had monies managed by the service.

Accident and untoward records did not always show details of the outcome of the investigation and/or a rationale for the resulting action. Although we did not find this had negatively impacted on people who used the service, we saw there was a risk that reportable incidents may not be shared appropriately with the CQC and/or the local safeguarding authority.

Staffing levels were sufficient to meet people's needs. During the inspection staff responded to people's calls for assistance in a timely manner.

We saw the registered provider's recruitment policy needed reviewing to ensure there was clear guidance in place on what information needed to be obtained about candidates before they were offered employment. This was because we found some shortfalls in the staff recruitment records we viewed.

We recommend the registered provider review their recruitment policy and all staff recruitment files are checked to ensure that all the information identified in Schedule 3 has been obtained, and available to demonstrate fit and proper persons have been employed.

We saw that some staff had not been provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

We saw staff were respectful and treated people in a caring and supportive way.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

We did not find any concerns about the cleanliness of the service. This was supported by people and relatives we spoke with.

People and relatives we spoke with felt if they had any concerns or complaints they would be listened to.

People and relatives we spoke with made positive comments about the way the service was managed.

There were planned and regular checks completed by senior members of staff, and the registered provider, to assess and improve the quality of the service provided. Our findings during the inspection showed some of these checks were ineffective in practice. For example, checks that staff had completed their training.

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 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 always safe.

We saw that some incident records did not always show details of the outcome of the investigation and/or a rationale for the resulting action. This showed there was a risk that some incidents would not be reported appropriately.

The recruitment policy required reviewing to ensure staff employed had all the employment information identified by the regulations in place before they commenced employment.

People told us they felt 'safe'. There were sufficient staff to meet people's needs.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We saw that some staff had not been provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

The principles of the Mental Capacity Act and Deprivation of Liberty Safeguards were being followed.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect, and their privacy was protected.

People and relatives made positive comments about their relationships with staff.

Good ●

Staff were respectful and treated people in a caring and supportive way.

Is the service responsive?

Good ●

The service was responsive.

People were satisfied with the quality of care they had received.

People's care plans were regularly reviewed and in response to any change in needs.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities.

All the people and relatives we spoke with felt confident that any concerns would be listened to by staff.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There were quality assurance systems in place to monitor the quality and the safety of the service provided, but our findings during the inspection showed some systems required improvement.

We found the system in place to monitor incidents to identify any trends and prevent recurrences where possible required improvement.

During the inspection we identified some of the registered provider's policies required updating.

We received positive feedback on how well the service worked in partnership with the NHS to deliver the intermediate care service.

Pexton Grange

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 17 October 2017 and was unannounced. The membership of the inspection team consisted of two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

Before the inspection, 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.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with 14 people who used the service, four relatives, the manager, the deputy manager, a unit manager, three nurses, two care staff, two domestic staff, the activities coordinator, the training coordinator, an administrator and the head chef. We looked round different areas of the service; the communal areas, the kitchen, bathroom, toilets, storage rooms and with their permission where able, some people's bedrooms. We reviewed a range of records including, three people's care records, 15 people's medication administration records, three staff files, safeguarding and incident records and other records relating to the

management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt "safe" and had no worries or concerns. Comments included, "Oh yes, I feel very safe, I know there's somebody here to look after me" and "They're [staff] always popping in for one thing or another and checking on me, to make sure I'm safe and okay."

Relatives we spoke with felt their family member was in a safe place. One relative said, "It's the vibe, it's always welcoming, and the staff just have this kind of sympathy about them that makes me and [family member] feel safe."

Staff we spoke with told us they would report any unsafe practice or when they suspected abuse to uphold people's safety. Our discussions with staff showed that a few staff would benefit from further safeguarding training to develop a greater understanding of their role and responsibilities. We shared this feedback with the manager.

We checked the financial records and receipts for three people and found they were correct. We found there were satisfactory arrangements in place for people who had monies managed by the service.

The service had a process in place for staff to record accidents and untoward occurrences. We reviewed a sample of incident records. We saw that some records did not always show details of the outcome of the investigation and/or a rationale for the resulting action. Although we did not find this had negatively impacted on people who used the service, we saw there was a risk that reportable incidents may not be shared appropriately with the Care Quality Commission and/or the local safeguarding authority. We discussed this with the manager; they assured us that appropriate action would be taken to address this risk.

We also saw the system in place to ensure the registered provider used incidents and complaints to identify potential abuse and take preventative action would benefit from being more systematic.

Individual risk assessments were completed for people so that identifiable risks were managed effectively. For example, the risk of malnutrition. A risk assessment is used to identify any potential risks and then measures are put in place to reduce and manage the risks to the person.

We looked at the safety of the building. We found the registered provider had up to date certificates for aspects of the building, including fire equipment, legionella checks and the servicing and safety of all equipment which was in use in the service.

We saw evidence that regular checks were undertaken of the premises and equipment by the maintenance worker, so that they were properly maintained to keep people safe. For example, call system checks and regular temperature checks on water outlets.

We did not receive any concerns from relatives or people about the staffing levels at the service. We

observed staff were visible around the service and responded to people's needs as required. All the care staff we spoke with told us there were enough staff deployed to meet people's needs in a timely manner. Domestic staff we spoke with told us there were enough staff deployed to keep the service clean.

We reviewed three staff members' recruitment records. The records contained a range of information including, a job application, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. The staff records showed that each staff member's DBS check had been completed after the date the staff member commenced employment. We also noted there was no information recorded to show whether the DBS check had been satisfactory. The manager told us the outcome of the DBS checks had been satisfactory, and they would ensure that DBS checks would be completed prior to a staff member starting to work at a service. In one staff member's records we also saw that a satisfactory written explanation of the gaps in their employment had not been obtained prior to their employment. We shared this feedback with the manager so that appropriate action could be taken to obtain this information and assure themselves that the person was suitable to work in the service.

At first the manager told us the service did not have a recruitment policy. However, a copy of the registered provider's recruitment policy was sent to us shortly after the inspection by email by the manager. We saw the recruitment policy needed to be reviewed, so it clearly showed all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that must be confirmed before an applicant is employed. For example, the policy did not state that satisfactory documentary evidence of any qualification should be obtained as far as reasonable practicable and full employment history, together with a satisfactory written explanation of any gaps in employment. This showed there was a risk that fit and proper persons would not be employed at the service.

We recommend the registered provider review their recruitment policy and all staff recruitment files are checked to ensure that all the information identified in Schedule 3 has been obtained, and available to demonstrate fit and proper persons have been employed.

We saw that medicines were managed safely at the service. We saw the medication administration records (MAR) were completed and contained no gaps in signatures for the administration of medicines. Each person's MAR had a photograph of the person and any known allergies. We saw there were robust arrangements in place to ensure people received medicines at the right time.

We saw some people were prescribed medicines to be given 'when required'. For example, for pain relief. We looked to see if there was guidance to help staff decide when to administer medicines prescribed 'when required' with their medication records. We saw examples where there was clear guidance in place to support people consistently and safely. However, we saw a few examples where this guidance was not in place. It was clear from discussions with the nursing staff that they knew how to support people. We shared this information with the manager and deputy manager. They assured us they would take immediate action to put this written guidance in place.

We reviewed the arrangements in place to manage controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. We saw that controlled drugs were being stored correctly. We looked at the controlled drugs records and found them to be in good order.

We saw regular audits of people's MAR's were undertaken by the NHS pharmacist and staff to look for gaps or errors and to make sure full and safe procedures had been adhered to.

During the inspection we did not find any concerns relating to infection control. Relatives and people we spoke with did not express any concerns about the cleanliness of the service. The service smelt fresh and clean. We observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal corridors. We saw evidence that infection control audits were undertaken which showed any issues identified were acted upon.

Is the service effective?

Our findings

All the staff we spoke with told us they felt supported and made positive comments about the staff team and managers working at the service. The manager told us staff should receive a supervision session every eight weeks. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. We looked at three staff files. We saw examples that supervision was undertaken with staff if concerns had been identified. However, we saw the system in place to ensure all staff received regular supervision (every eight weeks) required improvement.

We reviewed the services staff appraisal spread sheet. This showed the registered provider had not ensured that all staff received an annual appraisal of their performance in their role so that any training, learning and development needs could be identified, planned for and supported. For example, three members of staff had not had an appraisal since 2015. We also saw examples where some staff appraisals were overdue. The new manager had put a schedule in place to provide staff with an annual appraisal.

The manager told us new staff did not complete the Care Certificate as part of their induction. They told us the registered provider was intending to start providing Care Certificate training to new staff. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care staff since April 2015. There are 15 core standards included in the Care Certificate including health and safety, awareness of mental health, dementia and learning disabilities and equality and diversity training. It is expected that registered providers who employ care staff should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their role.

We reviewed a copy of the service's staff training matrix. We saw a range of training was listed including: basic safeguarding adults, core values, health and safety, dementia, mental capacity and Deprivation of Liberty Safeguard (DoLS). The training matrix showed that some staff working at the service had not completed all the necessary training. For example, nine staff had not completed health and safety training. We also saw some staff had not completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Our discussions with a few staff showed they would benefit from receiving training to increase their knowledge about consent. We also noted that only five out of fifteen registered nurses at the service had completed training in dementia.

We also saw examples where staff had not been provided with refresher training. For example, eight staff had not received health and safety refresher training since 2013. The manager told us health and safety training was updated every three years. We looked at three staff training records; they also showed examples where staff had not been provided with refresher training at appropriate intervals during the course of their employment. This showed the system in place to ensure staff received appropriate training required improvement. The new manager told us they were aware that some staff training was overdue and they were making arrangements to bring this up to date.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities)

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

People we spoke with told us staff sought their consent and explained what they were going to do prior to supporting them. The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. The service had a monitoring system in place to monitor DoLS applications, approvals and reviews. The manager was aware any conditions applied to people's authorisation and was ensuring these conditions were being met.

We spoke with the head chef who described how they planned people's meals. The head chef informed us that food was prepared and cooked at the service and they were not restricted in any way in purchasing foods. They were aware of the people who needed a specialised diet and/or soft diet. This showed people's preferences and dietary needs were being met.

People could choose to eat their meals in the dining room or in their bedroom. We observed the arrangements in place at mealtimes in two of the dining rooms. We saw there was a relaxed environment whilst staff were serving lunch. People were offered a choice of food they would like to eat. Staff were aware of the people who needed a specialised diet and/or soft diet. We saw staff actively encouraging people to eat their meal and provided appropriate support to those who needed it.

Most of the people we spoke with made positive comments about the quality of the food provided and told us their preferences and dietary needs were accommodated. Comments included, "I eat better here than I do at home. It's good decent portions" and "I had porridge to start and then had a full English breakfast. I certainly won't grumble about this place." We saw people were provided with drinks and snacks between mealtimes.

We saw people were supported to maintain a balanced diet to support their health. In people's care records we saw people's nutritional needs were monitored and actions taken where required.

Care records showed people were provided with support from a range of health professionals to maintain their health. These included mental health practitioners, and speech and language therapists.

People using the intermediate service were provided with support from the NHS Intermediate Care Team based at Pexton Grange. People were seen by the GP, physiotherapist, occupational therapist and other members of the NHS team.

During the inspection we spoke with the GP. They made very positive comments about the care provided by staff at Pexton Grange. They said, "With the kind of patients we receive, I am confident that staff will let me know if there are any changes in their needs. The staff are very capable." The GP also described how well

the Pexton staff team worked alongside the NHS Intermediate Care Team.

We saw the service would benefit from having additional dementia friendly signage to help people living with dementia to navigate around the service. The unit manager of the dementia unit described the changes that were being planned to make the environment more dementia friendly. For example, using additional signage, contrasting colours and "landmarks" to help people navigate their way around.

We saw equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Is the service caring?

Our findings

There was a welcoming and friendly atmosphere at the service. In the reception area of the service there was a range of information available for people and/or their representatives. This included details of the service's dignity champions and the NHS advocacy service. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

People and relatives made positive comments about the staff. The staff were described as being friendly and approachable. People's comments included, "I'm dreading going home, I've made friends here, not just with the girls, but the staff are very good. I put on them, I put them in their place, I'm always tormenting them, and they're excellent," and "[Care worker name] – she is lovely," "They're [staff] so caring" and "I've got nowt but praise since I came here."

For people staying long term at the service they were able to bring personal items with them and we saw some people had personalised their bedrooms according to their individual choice. People could choose where they spent their time and whether they joined in with activities. Staff promoted people to be as independent as possible and to make choices for themselves. People were encouraged to express their views and they were involved in decisions about their care. This showed that people's rights were upheld.

We looked at a sample of the quality assurance surveys completed by people who had recently used the intermediate service. We saw people had made positive comments about the staff working at the service. One person had commented, "You've certainly got the patient back on his feet. The staff are remarkable, very caring and friendly and highly efficient."

People told us they were treated with dignity and respect and their privacy was protected. Some people we spoke with described how staff maintained their privacy by ensuring doors were closed and curtains shut when they were being supported with their personal care. One person described how care staff had very sensitively opened up a discussion with them about a medical condition. They told us staff had put them at ease whilst maintaining their dignity.

Staff we spoke with told us they enjoyed working at the service. One staff member said, "I like putting a smile on people's faces." During the inspection we observed staff giving care and assistance to people. We saw staff were caring and people responded well to staff and looked at ease. We saw staff respected people's privacy by knocking on doors before they entered their bedroom.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. During the inspection we noticed two areas within the service where people's personal information was on view. We shared this information with the manager; they assured us action would be taken to remove this information and protect people's privacy.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

The service was accredited in the Gold Standards Framework (GSF). The Gold Standards Framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. We saw one person's relatives had recently contacted the service to thank them for all their assistance and help provided to their family member with their end of life care arrangements.

Is the service responsive?

Our findings

People we spoke with told us they were satisfied with the quality of care they had received. Comments included, "All I can say is, if you ask me twenty questions I'd say ten out of ten for every question, I've got no complaints whatsoever" and "We [people] are looked after really well."

Relatives we spoke with made positive comments about the care their family member had received and about the staff working at the service.

The service sent out a quality assurance survey to people and their relatives who had used the intermediate service. We reviewed the feedback the service had received in the last six months. We saw the service had received positive feedback about the care provided. Comments included, "Good personal care" and "Good care and friendly quality staff."

We saw that visitors of people using the intermediate service were asked to come at set times during the day. The manager told us the visiting times were put in place to enable the GP and consultants to complete their visits, and for therapy sessions to take place with as little interruption as possible. Friends and family of all the people who lived at the service permanently could visit whenever they wished to. They were not restricted to the stated visiting times.

We looked at people's care records. People had a written plan in place with details of their planned care. People's care plans and risk assessments were reviewed and in response to any change in needs. There was a record of the relatives and representatives who had been involved in the planning of people's care. Some people we spoke with were more actively involved in their care planning than others. Relatives we spoke with told us they were fully involved in their family member's support planning.

We saw some people's care plans would benefit from containing more details of their life story. Understanding a person's life story can have a very positive benefit for people living with dementia. People's backgrounds are very important to understand particularly if people are unhappy or become distressed. Particular activities or the approach by a member of staff may trigger behaviour related to events in someone's past. This can inform their care and ensure that it is provided in a positive and person centred way. We shared this feedback with the manager and deputy manager.

The unit manager of the dementia unit showed us some examples of the 'This is me' documents that staff had started completing with people who were living at the service. This is a tool provided by the Alzheimer's Society to help people with dementia who are receiving professional care in any setting.

The service had a written and verbal process in place for the staff handover between shifts. The written documentation gave an overview of the care provided, details of the therapy and/or nurse action required. The service also used individual handover documentation to monitor people's wellbeing. This helped staff to respond effectively to people's changing needs.

There was one activities coordinator employed at the service. A programme of activities was in place so people were provided with a range of leisure opportunities. These activities included: aqua painting, puzzles, reminiscence, games and bingo. We spoke with the activities coordinator who told us some people only stayed a short time at the service. They described how they enjoyed meeting the new people and getting to know them. They encouraged them to participate in the activities provided at the service.

The service's complaints procedure was displayed in the reception area. We saw the complaints procedure needed updating as it did not contain any information about the Local Government Ombudsman. People and/or their representatives can contact the ombudsman if they are unhappy with the outcome of their complaint or the way it has been handled. We shared this information with the manager.

People and relatives we spoke with told us they would speak with staff if they had any concerns or complaints and were confident they would be listened to. One person said, "If I had a concern I'd tell [staff name], but I've never had one and I don't anticipate having any either."

We looked at the service's complaints records. We found two examples where we were unable to determine the outcome of the complaint investigation or whether the person complaining had been satisfied with the complaint investigation. We shared this information with the manager; they told us they would obtain this information and update the relevant records.

Is the service well-led?

Our findings

A new manager had been appointed to manage the service. They had been the deputy manager at the service prior to starting their new role. They had been managing the service since September 2017. The manager had applied to register with the Care Quality Commission. People we spoke with did not always recall the new manager's name, but they knew who they were. They also knew there was a staff member responsible for each unit.

We saw there were planned and regular checks undertaken at the service by senior members of staff. For example, infection control and medication checks. However, our findings during the inspection showed the registered provider's system to check that staff received appropriate training, supervision and appraisal required improvement.

We also found the system in place to monitor incidents to identify any trends and prevent recurrences where possible required improvement. Although we did not find this had negatively impacted on people using the service, we saw there was a risk that reportable incidents may not be shared appropriately with the Care Quality Commission and/or the local safeguarding authority. We also saw the system in place to ensure the registered provider used incidents and complaints to identify potential abuse and take preventative active would benefit from being more systematic.

The manager told us one of the monitoring tools they were going to start using was a falls analysis tool. This tool had been provided by the falls assessment team. This tool helps to monitor and identify any trends so appropriate action can be taken to minimise the risk of falls.

The manager completed a monthly report for the registered provider. The report gave an overview of the action completed at the service for the last month. There were a range of action areas including: total number of accidents, details of audits completed, complaints, staff training completed, pressure sore numbers and environmental changes. The report also included the result or action taken.

The manager told us the registered provider's operations manager regularly visited the service. We reviewed two visit reports completed by the operations manager in September 2017. We saw the reports contained a description of the areas they had reviewed at the service. For example, residents/staff issues, documentation examined, complaints received/action taken, general home conduct and comments. The manager told us they had not been provided with any action to complete as a result of these two visits.

During inspection the manager was unable to locate some policies and procedures at the service. For example, the manager initially informed us the service did not have a recruitment procedure or a supervision policy. A copy of these registered provider's policies were located and sent to us shortly after the inspection.

The manager told us the service did not hold residents and relatives meetings, because of the number of people who used the intermediate care service. People who used the intermediate care service were asked

to complete a survey when they stopped using the service. This feedback was recorded on a spread sheet and regularly reviewed to identify where improvements could be made. The registered provider had sent out a satisfaction survey to people using the service, relatives and visitors in 2017. We saw the feedback gathered had been used to produce an action plan for the service to complete. We saw this included a range of actions including, the purchasing of flowers and undertaking an overhaul of the lower garden by the end of November 2017.

The manager told us they used a friends and family communication book to gather feedback about the quality of care provided. Each time they spoke with a person's relative or visitor they would record this under the person's name in the communication book. They showed us examples of the feedback they had gathered since they had been appointed.

The manager told us they attended the Pexton Grange intermediate care governance meeting held by the NHS. These meetings were held on a quarterly basis. We looked at the minutes for the meeting held in May 2017. The meeting included a discussion on any health and safety incident and risk management, safety, equality and human rights. The service also held operational and whole staff meetings to review the quality of service provided and to identify where improvements could be made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	We found the registered provider had not ensured that all staff received appropriate ongoing or periodic supervision and appraisal in their role to make sure competence was maintained. We found the registered provider had not ensured all staff received appropriate training at the start of employment and reviewed at appropriate intervals during the course of employments.
Treatment of disease, disorder or injury	