Advinia Health Care Limited

Cloisters Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 17 May 2016 and was unannounced.

The last inspection took place 13 and 19 October 2015, when we found breaches of three Regulations relating to person centred care, good governance and the deployment of staff. At the inspection of May 2016 we found improvements in some areas, however, there were still risks that people did not receive care which was appropriate, met their needs and reflected their preferences.

Cloisters Care Home is a nursing home for up to 58 older people with nursing needs. The ground floor was also for people who were living with the experience of dementia. At the time of our inspection 52 people were living at the home. The home is managed by Advinia Healthcare Limited, a private company who manage 16 residential and nursing homes and home care services in England and Scotland.

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

People did not always receive care which met their social and emotional needs. Some of the staff did not always care for people in a person centred way or take account of their needs associated with having dementia.

The staff did not always treat people with respect.

You can see what action we told the provider to take at the back of the full version of the report.

People told us the staff were kind and caring. Most people felt their needs were met and people had consented to their care. We saw that people had detailed care plans which reflected their needs and preferences. Some of the care people received was kind and respectful. People were given the support they needed to stay healthy and eat well.

There were enough staff to support people and meet their needs. However, some of the time the staff did not work in a coordinated way so people had to wait for care. The staff received the training and support they needed to care for people and to understand their needs.

The service was appropriately managed and there were systems to audit and monitor the care people received. The provider responded to concerns raised by people, including taking action where we found they were not meeting the Regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet the needs of people who lived at the service; however there were times when they did not work in a coordinated way in order to care for people.

People were protected from the risk of abuse and appropriate action was taken when abuse had been identified.

The risks to people's wellbeing and safety had been assessed.

People received their medicines as prescribed and in a safe way.

The provider's recruitment procedures were designed to ensure only suitable staff were employed.

Is the service effective?

Good

The service was effective.

People were asked to consent to their care and treatment. Where people did not have capacity to consent, the provider had acted in accordance with the law and ensured that care was planned and provided in their best interests. Where people's liberty and freedoms were restricted the provider had obtained appropriate authorisation for this.

People were cared for by the staff who had the training and support they needed.

People's nutritional needs were met.

People received the support they needed to stay healthy.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring.

Some of the staff did not treat people with respect and did not

allow people to make choices. However, we also saw some staff were kind, caring and polite. The provider has responded to our observations about the negative interaction we observed.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People did not always receive care which met their individual emotional and social needs. Some of the care staff provided focussed on the task they were undertaking rather than the person they were caring for. The staff did not always demonstrate a good understanding of how to care for people with dementia.

People's care needs had been assessed and care plans were detailed, up to date and included information about the person's preferences and choices. The records of care which had been delivered indicated the staff followed care plans and people's personal and healthcare needs were being met.

People were able to make complaints and these were investigated and acted upon.

Is the service well-led?

Good

The service was well-led.

The service was appropriately managed.

Records were accurate up to date and clear.

There were systems of audits and quality checks to make sure people were receiving a good service which met their needs.

Cloisters Care 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 checked 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 17 May 2016 and was unannounced.

The inspection team consisted of one inspector, a nurse specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for someone who used care services.

Before the inspection visit we looked at all the information we held about the service, which included notifications of significant events and safeguarding alerts.

During the inspection we spoke with 15 people who lived at the home, nine visiting relatives and friends and one visiting healthcare professional. We also spoke with staff on duty who included the deputy manager, nurses, care workers and the activities officer. The provider's operations manager was visiting the home on the day of the inspection and we met with them.

We looked at the environment, the way medicines were managed, whole care records for six people who used the service, specific information from care records for 12 other people who used the service, the staff recruitment files for five members of staff and records of staff training and supervision. We also looked at the provider's other records used for managing and monitoring the service which included, records of complaints, environmental checks, safeguarding alerts and audits.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt people were safe. However, a number of relatives told us that personal belongings had been taken or gone missing from bedrooms and had not been recovered.

At the inspection of 13 October 2015 we found that there were not always sufficient numbers of suitably qualified staff deployed to meet people's needs. At the inspection of 17 May 2016 we found improvements had been made, however, the staff sometimes lacked organisation and therefore people's needs were not always met in a timely manner.

People and their relatives told us they felt that staffing levels had improved and that care was generally available when they needed it. People told us call bells were answered promptly and that requests for support were acted upon, for example if they asked for a shower or bath. Some people told us they felt weekend staffing levels were not as good as the week days. One person said, "We could count a few times when you needed a nurse and none were available. Nights were bad, but it's getting better."

On the day of the inspection, during lunch time service in one part of the home, people waited a long time for support and some people were left without support or supervision. One person who was restless dropped to the floor in the dining room (they were not injured) but the staff were not available to prevent this. A visiting relative told us that people regularly fell because they felt there were, ''Not enough staff to support people who wanted to walk around.'' Some people waited a long time for their lunch. The staff told us they supported people in the main dining room first and then people who needed support in other rooms. Lunch was served to people in the dining room at 1pm. People in a small lounge on the same floor were not served their food until 1.50pm. People in another lounge were given food at differing times so that some people were eating whilst others were still waiting for food. We spoke with the operations manager about our findings. They told us they would introduce better monitoring by senior staff at mealtimes to make sure people were not left waiting.

Outside of mealtimes there were enough staff available but they did not always work in a coordinated way in order to meet people's needs. For example, we witnessed one incident where a person needed assistance from a member of staff. Four different members of staff were available however, they spent time discussing with each other who would care for the person, leaving the person without the support they needed whilst this decision was being made. The operations manager told us they had spoken with the staff on duty to emphasise that they should prioritise caring for people over other tasks and should not leave people waiting for care.

The deputy manager told us the provider had recruited new staff since the last inspection to help reduce reliance on temporary staff. We saw that some of these staff had completed their inductions and were working at the service. The deputy manager told us other staff were still being recruited. We saw from staff rotas that people were cared for by the same regular staff. We noted that for one two week period, a small

number of staff worked 11 or 12 long days (12 hour shifts) out of the 14 days. This way of working increases the risks for people living at the service because the staff may be tired and have not had sufficient time off. However, for the majority of time the staff who worked long shifts had at least two days off each week. The deputy manager told us that with the additional staff they were recruiting the provider would be able to make sure the staff always had enough time off between working days.

The provider had an appropriate procedure for safeguarding adults and the staff had received training in this. There was information about identifying abuse displayed around the home. The staff were able to tell us what they would do if they felt someone was at risk. The provider had taken the right action where abuse and risk of abuse had been identified. They had notified the local safeguarding authority, the Care Quality Commission and other agencies when needed. They had worked with the local safeguarding authority to investigate concerns and to change practice to help keep people safe.

The risks to people's safety and wellbeing had been assessed. The assessments included risks for someone moving around the home, the use of equipment and the risks associated with their physical and mental health. The assessments were detailed and included action the staff needed to take to keep people safe. The person, or their representative had seen and agreed to these assessments. They were reviewed and updated each month and when someone's needs changed. For example, after a fall.

People lived in an environment which was safely maintained. The provider carried out checks on the health and safety of the building and equipment. We saw evidence of checks on water temperatures, fire safety equipment, electricity, electrical appliances and gas. The corridors and communal rooms were equipped with hand rails. There were call bells which were accessible in all rooms. Windows were restricted so they could not open wide and these restrictors were checked regularly.

People received their medicines in a safe way and as prescribed. Medicines were stored securely and appropriately. The staff carried out checks of the storage areas to make sure these remained at the correct temperature and were clean and tidy. The staff responsible for administering medicines had received training and their competency had been assessed regularly. Medicine administration records were accurate and up to date.

The provider's recruitment procedures were designed to make sure only suitable staff were employed. Members of staff were required to complete an application form detailing their experience and employment history. They were invited for an interview with the manager. Records of these indicated that people were asked how they would respond to different scenarios. The provider carried out checks which included references from previous employers, eligibility to work in the United Kingdom and criminal record checks. We looked at the records for the most recently recruited members of staff and found these were complete.

Good

Is the service effective?

Our findings

People had been consulted about the way their care was planned. People who had been assessed as having capacity to make decisions had signed agreement or given verbal consent to their care plans. We saw records of this. Where people had been assessed as lacking capacity, their care plan had been discussed with their next of kin, or other representative. These representatives had signed to show they understood and agreed with the plans.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider was aware of their responsibilities under this legislation. The staff had carried out assessments of people's capacity and these were recorded. Where people were unable to consent and their liberty had been restricted the provider had ensured this decision had been made by a group of their representatives in their best interest. For example, the access to the front door in order to leave the home was controlled by a digital number lock. Where people had been assessed as at risk if they left the home without support, an application under DoLS had been made to the local authority. We saw copies of the requests for authorisation and the manager had kept the person's next of kin and CQC informed of these applications. The provider monitored when DoLS authorisations needed to be reviewed or updated.

The provider's training records showed that the majority of staff had received training about the MCA. The staff demonstrated an awareness of the MCA and were able to tell us about their responsibilities under this Act.

The staff were given a range of classroom based and computer training. The training included regular updates in some areas, such as manual handling techniques. The provider monitored staff training updates to make sure the staff completed their training in time. The operations manager had an overview of this and told us they would discuss staff training needs with the manager. All new staff participated in an induction which included training, competency assessments and time shadowing experienced members of staff.

The staff took part in regular individual and group meetings. There was a record of these. The manager monitored how often individual meetings were taking place. The staff told us they felt supported and were able to approach their manager when they needed. They were given opportunities for personal development. All members of staff had an annual appraisal where their training needs and development were discussed. One member of staff told us they had been given additional roles and responsibilities within the service and they enjoyed this. The provider responded appropriately when the staff did not perform as well as expected. For example, following the feedback we gave about our observations of some staff practice, the deputy manager and provider met with the staff concerned to discuss this. They also arranged for additional monitoring of staff and training.

People told us they liked the food and they had a choice. Some of the comments we received about the

food were, "The food is good", "Some [of the meals] are quite nice. They're nicely cooked", "The food is good. You always get two choices, sometimes three" and "The food is very good. I'm vegetarian and they always have veggie burgers available. I like them. I don't get fed up with them."

People were supported to have a varied and balanced diet. Their nutritional needs were assessed when they moved to the home and then reviewed again monthly. Where people had a particular need, because of low weight, a healthcare condition or other need, the staff had created a care plan outlining how these needs should be met. Care plans were reviewed and updated regularly. The staff weighed people at least once a month and significant weight losses and gains were monitored and referrals made to the dietitian. The manager and operations manager monitored changes in weight and requested a written up date from the staff on action taken. There was evidence of involvement from dietitians and speech and language therapists where this was needed. Where people required texture modified food and fluids this was recorded and care plans were in place. We saw the staff thickening fluids to the correct consistency for people who needed this, with the exception of one incident, which we reported to the deputy manager, who took appropriate action. The staff recorded food and fluid intake for people who were at risk of malnutrition. Records were clear, up to date and accurate.

The provider employed catering staff who prepared all the meals and snacks for outside mealtimes. There was a choice at each meal and food and drinks were available throughout the day, evening and at night time. The staff offered people drinks throughout the day and people had a glass of squash of water within reach for the majority of time. People in the dining room were shown different dishes in order to make a choice about what they wanted to eat for lunch. The food was hot, looked and smelt appetising.

People's healthcare needs were assessed, monitored and met. There were clear and detailed care plans relating to people's health conditions and how these would be met. The provider employed nursing staff who monitored people's health and any changes to this. The records of care provided showed that changes in people's health were acted upon. There were records to show that staff followed care plans to help reduce the risk of pressure areas and wounds. Where people had wounds we saw that they had received care to help improve these and prevent infection. People told us they had opportunities to see the doctor who visited at least once a week and other healthcare professionals as needed. There was a record in each person's care plan to show consultations with healthcare professionals and action taken at these appointments. Care plans were updated with information from healthcare professionals as needed. During the inspection one person became unwell. The staff responded appropriately calling the emergency services and making sure information about the person was handed over to the ambulance crew when they arrived. They supported the person in a calm way providing reassurance.

Requires Improvement

Is the service caring?

Our findings

People told us they liked the staff and felt they were treated with kindness and respect. They said they had good relationships with the staff, however some people commented that the staff were sometimes too busy or in too much of a rush to speak with them. One person said about the staff, 'I think we should all get to know each other and get on with each other." They went on to say, "A few (of the staff) spend time chatting with me, one or two.'' Another person complimented a particular member of staff telling us, "She's pleasant like that all the time." Other comments from people about the staff included, "I'm quite happy with how they look after me", "(The carers) would go twenty miles over the top for you – they boys and girls we call them" and ''They are kind and polite to me.''

Visitors of people who lived at the service also told us the staff were kind and caring. Some visitors wanted aspects of their relative's care changed and improved, however they all felt the staff were polite, friendly and helpful. Some of the comments from visitors included, "They are good. They try. They come and give me a hand [when I am giving my relative care]'', ''Most of the staff are good and (my relative) is really happy living here", "We are very pleased with the care; they are looking after (our relative) very well", "They always have taken care of my relative well. I think usually they are very good, over the weekends they might have be short of staff but we rarely see agency staff and it's getting better'', ''They ask (our relative) if he would like to eat in the dining room or in his own room and whether he wants a shower or not. They don't force him to do anything'', ''Overall, I am happy with the care (my relative) is getting" and "They are very good with routine; the routine is always there, I am happy with everything."

Although people told us they liked the staff and found them kind and caring, our observations were that some interactions were not always kind and caring, and people were not always treated with respect.

During the inspection we saw that some staff were caring, considerate and kind towards people. All the staff were polite when they spoke directly with people, however they were not always polite and respectful when speaking about people. For example, we overheard the staff referring to people by their room numbers rather than their names. In one example we heard one member of staff tell another, ''(Room number) she is screaming'', when talking about a person who had been asking for the staff to bring their breakfast. We also heard the staff discussing people's needs in front of them and others. We also overheard two incidents where the staff, who were in communal rooms with people who lived at the service, were disagreeing with each other about how they had cared for people. Sometimes the staff spoke as if they were giving people instructions rather than having a conversation or asking permission to care for someone. For example, we heard one member of staff tell a person, ''(Person's name) sit down.''

We saw some care where the person's choices were not respected. For example, one person had pulled up their trousers so their knees and lower legs were showing. They had their legs crossed. They appeared comfortable and relaxed. During a half an hour period three different members of staff walked up to the person and attempted to adjust their trousers and move the person's legs. Each time the person indicated that they were unhappy with this. The staff did not clearly communicate with the person. One member of

staff said, ''(Person's name) put your trousers on.'' The member of staff then pulled at the person's trousers. A second member of staff approached the person, started prising their legs apart and said, ''Move your legs like this.'' The third member of staff did not speak with the person at all when they attempted to adjust their clothing.

We also observed one member of staff pulling a person back in their chair from behind without giving them any warning or explaining what they were doing. In another incident the same member of staff approached a person from behind, took the glass of squash they were drinking out of their hand and put this on a table, saying, ''Have you finished?'' The person had not finished and picked up their glass again. Another member of staff approached someone who was in a wheelchair from behind and started moving the chair out of the room without warning or speaking with the person.

Over a period of one and a half hours we saw four different people getting out of their arm chairs and starting to walk away from the room they were in on a number of different occasions. Each time people stood up the staff either told or encouraged them to sit back down again. For example, we heard the staff telling people to ''Sit down'', ''Sit there'' and ''Please stay there.'' Only one person who was insistent that they leave the room was able to.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We discussed the above incidents with the deputy manager and operations director. They responded by arranging group and individual meetings with the staff members concerned where they highlighted the importance of treating people with respect and allowing them to express their choices. The operations manager and provider's quality manager told us they would be carrying out observations of care practice and offering coaching to the staff who needed addition support to understand about dignity and respect.

Three members of staff are dedicated dignity champions. They have previously provided training for the other staff which included experiencing care from a person who uses the service's perspective. The operations manager told us they would be running this training session again for the staff as previously there had been a positive impact on the way the staff cared for people.

The operations manager told us that in order to ensure mealtime experiences were positive, the deputy manager and manager would observe how people were supported at mealtimes each day and provide direct feedback where they felt the staff did not give people choices, show respect or make the experience a positive one.

We witnessed some interactions which were positive, kind and friendly. Some of the staff demonstrated a caring attitude and approached people with a smile, listened to how the person expressed themselves and respected their choices. These staff bent down to talk with people at their eye level and offered them reassurance and comfort. We saw some of these staff demonstrated they knew people's needs well and talked with people about their interests. For example, we saw a member of staff bring someone a drink. They sat with the person and had a chat with them before they moved on to caring for someone else.

We saw that they offered people care behind closed doors, and made sure people were dressed appropriately.

Requires Improvement

Is the service responsive?

Our findings

People told us their needs were met at the service and they were able to contribute to their care. One person said, "They certainly do look after me well. I'm attended to. There's nothing I want. It's all clean. I'm quite happy here. If anyone was rude to me I would talk to someone about it. They are all good. They really are."

Relatives of people who lived at the home told us they felt people's needs were being met. They told us they were consulted about the care provided. We saw the staff supporting a relative to be involved in delivering the care to a person because they had requested this.

At the inspection of 13 October 2015 we found that the provider was not always meeting people's social needs. At this inspection we found some improvements had been made but people were still experiencing care which was not person centred and did not reflect their individual needs.

The staff did not always demonstrate an awareness of how to support people who had dementia and therefore people's needs were not always being met. This particularly related to their emotional wellbeing and engagement in activities. For example, one person became upset about the fact they could not find their glasses. Instead of supporting and reassuring the person, one member of staff told the person, ''You lost your glasses months ago.'' Another member of staff then said, ''You do not need your glasses.'' In another incident a person asked a member of staff about having a haircut. The member of staff responded by saying, ''You are not on the list for the hairdresser today.'' We observed a person called out, ''Help, I want to go home.'' The staff member they were speaking with ignored them and walked away. These interactions indicated that the staff were not engaging with people in a way that made sense to the person or reassured them when they were distressed.

Some of the people who lived at the home did not communicate their needs clearly or initiate conversation. The staff generally sat with these people but did not try to engage them with something that was meaningful or interesting for them. For example, we saw three different people enjoying holding soft toys. The staff did not engage in conversations about these toys with the person. The staff took away one person's soft toy and placed this on a chair out of reach. The person became distressed and started calling out for help. When we approached a member of staff about this they told us, ''She always does that she wants her animals.'' However the member of staff made no attempt to reassure the person or return the soft toys to them. Later we noted the person was given a bowl of soup, they were still asking for their soft toy which we gave to them. They were able to hold the toy and still eat with one hand, however we noted that shortly afterwards a member of staff had removed their toy again and put this out of reach. These examples indicated the staff did not appreciate the things that were important to individuals. The staff did not engage with people at their level and to support their reality. Where people did initiate conversations the staff did not always respond appropriately. For example, one person asked a member of staff, ''Have you got any brothers or sisters?'' The staff member did not respond at all and just smiled at the person. We witnessed another incident where a member of staff approached someone who was asleep in a chair in the lounge. The staff member said, ''Wakey wakey'' and then walked away.

For the majority of the morning a number of people were not given anything to hold or do whilst they sat in communal lounges. We saw people holding their clothes and furnishings. At one point a person picked up a piece of broken plastic panelling. The staff took this away from them but did not give the person an alternative thing to hold or look at. In one lounge the television was indicating no signal available until 11am. Various members of staff attempted to tune the television, some stating they would ''Ask maintenance'' when they failed to get the television to work. However, none of the staff offered people in the lounge an alternative entertainment or something to do. There were a small number of games and tactile objects in a different lounge which some people were interested in, however there was little else for people to help themselves to and to interest people. The staff repeatedly asked people living at the home to sit in one place, but did not offer people anything to do apart from when they served them food or drinks. Although different members of staff were standing or seated near to one person, they did not engage with them for over an hour, included a period of time when a member of staff was standing next to the person reading a leaflet. The only time a member of staff engaged with the person was when they attempted to place a foot stall under the person's feet. Something the person made clear they did not want.

Although there were some organised activities, these did not always meet the individual needs of people, particularly those with dementia. For example, during the afternoon on the day of the inspection the staff organised a bingo session. People did not engage with this, and the majority of people appeared not to understand what was going on. The staff attempted to support people to look at their number cards, but most people were not interested. However, when the staff spent time engaging with individuals or small groups about things that interested them, people appeared to enjoy this. For example, we saw one member of staff supporting a group of people to look at photographs and discuss these. These people had a positive and engaging experience. Activities were advertised on notice boards. However one activity for the day of the inspection was listed as the hairdresser visiting.

Information for people was not always clearly displayed or presented in a way which people understood. For example, the menus displayed on the dining tables were inaccurate and gave the menu choices for the previous week. There were no pictorial menus to help people who were unable to read.

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

The provider told us that one of the two activity coordinators employed at the service was on leave at the time of our inspection and that this had an impact on the activity provision on the day. We noted that when people were supported with individual activities and the staff spent time engaging with them, people enjoyed this and commented positively about the experience. Some people also enjoyed an activity session in the morning in one area of the home which include chair based exercises and a reminiscence session.

There had been a number of successful organised events which people had enjoyed and photographs of these were displayed around the home. One person told us they enjoyed reading a reminiscence leaflet which they had been given. They told us they also liked the home's newsletter.

The operations manager told us the provider's dementia lead was going to deliver training about supporting people with dementia to the staff at Cloisters. The provider had also identified members of staff working at the service to become dementia leads for the home. Their role would include supporting staff to understand their practice. The provider was also considering ways to improve the environment and facilities for people with dementia, including creating a sensory room.

People's health and personal care needs were being met. The staff had undertaken assessments of their needs and these were recorded in care plans. The care plans were regularly updated and reviewed so that

they reflected any changes for the person. People living at the service and their representatives told us they had been involved in reviewing and planning their care. We saw that they had signed agreements to their care plans. Care plans included information about people's personal preferences and interests. For example, how people wished to be supported when they went to bed and how they expressed their needs and choices. The information was clearly laid out and accessible. Records of care provided indicated that people had received the care they needed. For example, people had regular baths and showers and their health needs were monitored.

We saw that people were well presented in clean clothes which reflected their individual preferences. Where people had chosen not to wear socks or slippers this had been recorded. We overheard one person requesting that the staff help them change their outfit. The member of staff responded promptly and allowed the person to choose what they wanted to wear. People's hair and nails were clean and the staff attended quickly if someone spilt food or drink on themselves.

People told us they knew how to make a complaint. People who had made a complaint felt the provider had responded to these. The complaints procedure was on display for people to access. The operations manager visited the service regularly and spent time meeting people to discuss concerns they had. The provider's record of complaints they had received was clear and appropriately detailed. We saw that complaints had been investigated and, where necessary, information had been shared with others, for example the local authority. There was a record of the investigation and the outcome. The provider had recorded where staff had been given additional supervision or training in response to a complaint, or if disciplinary action had taken place. The provider had responded to the complainants in writing, both to acknowledge the complaint and following the investigation.

Good

Is the service well-led?

Our findings

At the inspection of 13 October 2015 we found that the provider had not always identified and mitigated risks to people using the service. At the inspection of 17 May 2016 we found that improvements had been made. For example, they had reviewed staffing levels and taken action to make sure people were cared for by the same regular staff. They had also made improvements to the way in which records were maintained and the service was monitored.

During the inspection of 17 May 2016 we identified that some staff did not care for people in a kind or person centred way. We discussed this with the deputy manager and operations manager. They took action by speaking with the staff involved and planning more training and supervision.

The provider had asked people living at the service, their relatives and staff to complete satisfaction surveys about their experiences. Following a recent survey the majority of feedback about the service was positive. Visitors felt welcome and felt there were regular staff who knew people who lived there well. The majority of people felt the staff were kind and caring and were happy with the care people received. The staff survey indicated that the majority of staff felt supported and well trained.

The provider employed a manager who had been in post since July 2015. This person was an experienced care home manager, a qualified nurse and had a management qualification. They were in the process of applying to be registered with the Care Quality Commission but their application had been delayed because they were waiting for a completed check from an external agency. The operations manager told us they were following this up in order to complete the application.

The provider's operations manager visited the home on a regular basis. The provider also employed a quality manager. Both senior managers carried out checks on the service and the manager supplied them with a report each month which included information about staff training and supervision, accidents and incidents, complaints and changes in weight and health. The operations manager showed us an example about the information the manager had included when there was concerns or following an accident to show what action had been taken.

The manager and staff carried out regular audits about the service. These included audits of records and care plans, cleanliness and the environment and falls and accidents. There was evidence that action had been taken when concerns were identified. The provider also carried out audits based on whether the service was safe, effective, caring, responsive and well-led. These checks included an action plan where improvements were needed.

Records were well maintained, up to date and accurate. Information was clear and accessible.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that the care and treatment of service users was always appropriate, met their needs and reflected their preferences. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person did not ensure that service users were always treated with dignity and respect. Regulation 10