

Whiteoak Court Nursing Home

Whiteoak Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 21 and 22 June 2016 and was unannounced. At our previous inspection in September 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Whiteoak Court Nursing Home provides personal care and nursing support for up to 27 older people. The home is situated within a quiet residential area of Chislehurst, Kent. At the time of our inspection the home was providing support to 21 people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found a 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 provider failed to support staff through regular supervision and appraisals of their practice and performance in line with the provider's policy. Staff administering medicines had not received appropriate up to date training and competency assessments, however the registered manager took immediate action and sourced appropriate medicines training for all staff that administered medicines and implemented a formal medicines competency assessment process. We will check on the progress at our next inspection of the service.

There were safeguarding adult's policies and procedures in place to protect people from harm and incidents and accidents were recorded and acted on appropriately. Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance for staff to ensure people were kept safe by minimising assessed risks.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. There were appropriate levels of staff on duty and deployed throughout the home to meet people's needs. There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor the safety of the premises and equipment used within the home.

Staff demonstrated good knowledge and understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. People were supported to eat and drink suitable healthy foods and received sufficient amounts to meet their needs and ensure well-being. People had access to health and social care professionals when required.

Interactions between staff and people using the service were positive and staff had developed good relationships with people. Care plans demonstrated people's involvement in their care. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. People received care and treatment in accordance with their identified needs and wishes. Detailed assessments of people's needs were completed and reviewed in line with the provider's policy. People were supported to engage in a range of activities that met their needs and reflected their interests.

People and their relatives told us they knew who to speak with if they had any concerns. There was a complaints policy and procedure in place and complaints were managed appropriately. The manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. The provider took account of the views of people using the service and their relatives through annual residents and relative's surveys.

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.

We found some issues relating to the management of medicines, however the registered manager took appropriate actions to address these issues and we will check on this at our next inspection of the service.

There were safeguarding adult's policies and procedures in place to protect people from harm and incidents and accidents were recorded and acted on appropriately.

Assessments were conducted to assess levels of risk to people's physical and mental health.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor the safety of the premises and equipment used within the home.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs; however staff did not receive appropriate formal support, regular supervision and appraisals of their practice and performance and professional development.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being.

People had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Care plans documented people and their relative's involvement in their care.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Is the service responsive?

Good ●

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Detailed assessments of people's needs were completed and reviewed in line with the provider's policy.

People were supported to engage in a range of activities that met their needs and reflected their interests.

People and their relatives told us they knew who to speak with if they had any concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were systems and processes in place to evaluate and monitor the quality of the service provided, however, we found that these were not always effective in identifying and ensuring the quality of care people received.

There was a manager in post at the time of our inspection and they were knowledgeable about the requirements of being a

registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

The provider took account of the views of people using the service and their relatives through annual surveys.

Whiteoak Court 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.

The inspection was carried out by two inspectors on 21 June 2016 and one inspector on the 22 June 2016 and was unannounced. There were 21 people using the service at the time of our inspection. Prior to the inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and local health care professionals. We used this information to help inform our inspection.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people using the service, two visiting relatives, two health professionals and eight members of staff including the provider, registered manager, clinical lead, nursing and care staff and the cook. We spent time observing the support provided to people in communal areas, looked at four people's care plans and records, staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home and with the staff and the support they provided. One person said, "Oh yes I feel very safe. It's a wonderful home with lovely staff." Another person told us, "The staff are all very kind and I really like living here." Comments from visiting relatives were also positive. One relative told us, "The staff are wonderful and the home is lovely. I am very happy with all the care and support my love one receives." Throughout the course of our inspection we observed that people appeared safe and were well supported by staff when required. However we found that people's safety was not always maintained as staff had not received up to date medicines training and formal medicines competency assessments to ensure the safe handling and administration of medicines in line with best practice.

Staff administering medicines had not received appropriate up to date training and competency assessments relating to the management and administration of medicines. Staff records confirmed that of the seven senior staff that administered medicines only one had attended training within the last 12 months. Staff told us that observations of medicines administration practice relating to medicines competencies were conducted; however there was no formal process in place to record this to identify any risk related to administration. The lack of appropriate medicines training and competency assessments was brought to the registered manager's attention. They took immediate action and sourced appropriate external medicines training for all staff that administered medicines which was due to be conducted by 21 July 2016. On the second day of our inspection they had also implemented a formal medicines competency assessment process that was scheduled to start with immediate effect and to be conducted on an annual basis. We will check on the progress of these issues at our next inspection of the service.

Medicines were stored and administered appropriately. During the inspection we observed medicines were administered correctly to people and medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We looked at the homes medicines records which were easy to follow and included individual medicine administration records (MAR) for each person using the service. We saw that each MAR was correctly completed and detailed people's names, photographs, date of birth and information about their prescribed medicines including any side effects and allergies to ensure medicines were administered safely. Medicines records also included the names, signatures and initials of staff trained to administer medicines. MAR charts we looked at were up to date and accurate and checks confirmed that people were receiving their medicines as prescribed by health care professionals. Medicines were stored securely and medicines that required refrigeration were also stored appropriately. Temperature checks were conducted in medicines rooms and for medicines refrigerators to ensure medicines were safe and fit for use.

There were suitable safeguarding adult's policies and procedures in place to protect people from possible harm and staff had received appropriate support and training which enabled them to identify abuse and take appropriate action to report and escalate concerns. One staff member told us, "I would not hesitate to report any concerns to the manager. I know they would listen and take all appropriate actions necessary to make sure people are kept safe." There was safeguarding adult's information displayed within the home for people to access providing information on who to contact if people had any concerns. Safeguarding concerns and records we looked at were documented, well managed and demonstrated that where

concerns were raised the registered manager worked with other agencies to ensure people were sufficiently protected.

Assessments were completed to assess levels of risk to people's physical and mental health and ensured staff had information and guidance they needed to promote people's health, safety and welfare whilst ensuring known risks were reduced or minimised. Care plans demonstrated staff routinely assessed and reviewed risks posed to people and risk assessments included areas such as falls, nutrition, moving and handling, skin integrity, medicines and communication. Risk assessments and care records documented actions staff must take to ensure identified risks were minimised so that people were sufficiently protected. For example, one care plan documented the person was at risk of choking. We noted a risk assessment was in place which instructed staff on the appropriate diet, texture and thickness of foods given, equipment required for safe eating at meal times, position and posture required when eating and the assistance required by staff in supporting the person to eat safely. We also saw that appropriate referrals were made to health care professionals when required such as the speech and language therapy team and the GP. Peoples' weight was regularly monitored and risk assessments were also completed where people were considered to be at risk of malnutrition.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely. There was a fire evacuation plan in place to ensure people's safety in the event of an emergency and staff had received up to date training and knew how to respond in the event of a fire. One member of staff told us, "We receive training on a regular basis and have frequent fire alarm tests so we all know what to do in the event of a fire." Records confirmed that staff participated in frequent fire alarm tests and checks on fire equipment within the home were conducted to ensure they were in working order. Fire signage and exit points were clearly displayed and we observed that fire exits were clear and free from hazards. Maintenance and environmental checks were carried out at appropriate regular intervals to ensure the home was safely maintained and the home had an allocated maintenance person to deal with any issues or repairs on site.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, taken appropriate action and referred to health and social care professionals when required. Information relating to accidents and incidents were recorded and analysed on a monthly basis to address any recurrent risks and patterns. Action plans were also implemented when required to ensure any actions needed were taken and concerns addressed. Where appropriate, accidents and incidents were also referred to local authorities and the CQC.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Staff records included application forms, references to previous health and social care experience, qualifications, employment history, explanations for any breaks in employment and health declarations confirming people's fitness to work. Records relating to nursing staff also included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

There were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. People told us there was enough staff available to support them when requested. One person said, "There is always enough nurses around when I need them. They are so kind and always come when I call." Staff told us they felt staffing levels were appropriate to meet people's needs. One member of staff said, "We are a small team but there are enough of us to ensure people are well cared for."

We all work together really well." Staffing rota's demonstrated that staffing levels were suitable to ensure people's needs were met at any given time and observations during our inspection confirmed that there were sufficient numbers of staff on duty to support people in a timely manner.

Is the service effective?

Our findings

People told us they felt staff were suitably skilled and experienced to meet their needs. One person said, "The staff are very good at their jobs. I never have anything to worry about." Another person commented, "They are very skilled and know exactly what to do." We observed that staff had the knowledge and skills to enable them to support people effectively. However although staff were effective in meeting people's needs we found that staff had not received appropriate formal support, regular supervision and appraisals of their practice and performance and professional development.

We spoke with the registered manager and the clinical lead who confirmed that supervisions and in particular clinical supervisions had not been conducted on a regular basis and in line with the provider's policy. The providers supervision policy confirmed that supervisions were conducted three times a year, with a forth supervision combined with an appraisal. Staff we spoke with told us they felt supported by management, however confirmed that supervisions did not always take place on a regular basis. One member of staff said, "The previous manager had not provided supervision when it should have happened, but I think the current manager is on the case now." Another member of staff told us, "I feel supported by the manager but can't remember when I last had supervision." Staff supervision records showed that two members of staff had no supervision records retained in their files, another file showed that the member of staff had last received supervision on 17 December 2015 and a fourth showed that the member of staff had not received their appraisal in April 2016 as planned.

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

There were systems in place to ensure that staff new to the home had the appropriate skills and knowledge to provide effective care. New staff completed an induction programme that included familiarisation of the home environment and the people who live there, shadowing experienced colleagues and completing the provider's mandatory training. New staff also completed an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. We discussed with the registered manager whether newly recruited staff would follow the Care Certificate Standards (CCS). The CCS was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers. The registered manager told us that they were in the process of introducing the Care Certificate.

Staff told us they felt they received appropriate training to support people with their care needs. One member of staff told us, "I have received lots of training like moving and handling, infection control, safeguarding and dementia awareness. The training we get is good." Training records showed that staff received up to date training appropriate to the needs of the people using the service and which also meet the needs of staff. However we noted that the providers training programme did not offer all staff training on The Mental Capacity Act 2015 (MCA) despite many people using the service experiencing capacity issues. We spoke with the registered manager who took immediate action to source appropriate MCA training for all staff. This required improvement and we will check on this at our next inspection of the service.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty 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. At the time of our inspection we noted that applications had been made to the local authority where necessary. Authorisation that were in place and had conditions applied were being met by staff as appropriate. Care plans contained mental capacity assessments and best interests meetings that were held were documented where appropriate. The registered manager understood the process for requesting a DoLS authorisation and staff demonstrated good knowledge and understanding of the MCA and DoLS including people's right to make informed decisions independently but where necessary to act in someone's best interests.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs. People and their relatives spoke positively about the food on offer at the home. One person told us, "The food is lovely. I always enjoy my meals." Another person said, "The cook is marvellous. I really enjoy meal times." A relative commented, "The food is exceptional here. My loved one always enjoys the food and snacks on offer." Menus were discussed and planned with people to ensure they took account of people's preferences, dietary needs, religious and cultural wishes whilst promoting a healthy diet. People were offered menu choices daily and accurate records of people's dietary requirements and preferences were available to the cook and kitchen staff to ensure people's needs were met. For example, any food allergies, low sugar diet and the texture of meals. We noted that the kitchen was kept clean and had been awarded a five star food hygiene rating from the Food Standards Agency. We observed the lunchtime meal experience in the dining room and saw people were able to make choices about the food they wanted to eat. Some people required support from staff during mealtimes and we saw staff were available and offered appropriate assistance in a relaxed and unhurried manner. Drinks and snacks were offered frequently throughout the day.

People told us they were able to see health care professionals when they needed. One person said, "The GP visits often. If I'm not feeling well staff call the doctor for me. They are very good." We noted there was a range of health care professionals that visited the home to ensure people were supported to maintain good physical and mental health. Professionals that visited included chiropodists, GP's, occupational therapists, community mental health workers and local hospice nurses for those requiring support with end of life care. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were identified we saw people were referred to appropriate professionals as required in a timely manner. Records of health care appointments and visits were also documented within people's care plans so staff were aware of any treatment required or advice given.

Is the service caring?

Our findings

People and their relatives told us about their experiences of the care and support provided at the home. One person told us, "Everyone here is wonderful. I am happy and have all the help I need." Another person said, "The staff are very kind and are always willing to help me." A visiting relative told us, "The care here is excellent. Staff are so welcoming and friendly. I know my relative gets all the care and support they need."

Some people using the service were not able to verbally communicate their views to us about the service. We therefore observed the care and support being provided. We saw that staff were familiar with people using the service and knew how best to support them. Interactions between staff and people using the service was positive and indicated that staff had developed good relationships with people. Communal areas were relaxed and welcoming and we observed staff took their time and gave people encouragement whilst supporting them. We saw staff spent time with people and engaged them in conversations while others participated in organised activities. Staff addressed people by their preferred names and answered people's questions with understanding and patience. Staff respected people's choice for privacy as some people preferred to remain in their own rooms and not to participate in planned activities.

Staff showed good knowledge of people's personalities and behaviour and were able to communicate effectively with them. We noted that clocks and calendars on display throughout the home were correct and these aided people's orientation and awareness especially for people who had difficulty in remembering. Staff took time to build relationships with people and their relatives and there was a keyworker system in place which promoted this. One member of staff told us, "We are allocated to be individual keyworkers to people. This allows us to get to know the person and their families better and ensure they have everything they need." Care plans demonstrated that people's preferences were documented and respected. For example care plans included sections on people's life histories and choices. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff gave examples of how they address people's cultural needs and provided detailed information about some people's dietary choices and personal care preferences.

Staff respected people's dignity and privacy and treated people with respect. They told us how they promoted people's privacy and dignity and explained they did this by knocking on people's doors before entering, ensuring doors and curtains were closed when offering support with personal care and making sure information about people was kept confidential. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person.

People's end of life care needs and wishes were documented and contained within their care plans to ensure their wishes and choices were respected. For example, care plans documented the support staff were required to deliver and the support they requested from the local palliative care team if required. We saw that the home had been accredited with the Gold Standards Framework (GSF). The GSF is a systematic evidence based approach to optimising care for all people approaching the end of their life. Staff told us they had received training on the GSF and training records we looked at confirmed this.

People were supported to maintain relationships with relatives and friends and people told us that they were involved in making decisions and in planning their care. One relative commented, "The staff are very good at keeping us informed of every part of my loved ones care. They involve us with everything and I am very happy with the care they give to them." Care plans documented where appropriate that relatives and or advocates were involved in people's care and were invited to review meetings and any other relevant meetings or events held. We observed visitors were free to visit the home when they wanted without restrictions. One visiting relative told us, "I visit my loved one often. The staff know me and I'm always greeted well and made very welcome."

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. People were provided with a 'service guide' which provided information about what people can expect from the service. We noted there was also a 'service user' information folder located in the reception area which contained information on the service, local health and social care services and local community activities. A comments and suggestions box was also located in the entrance hall and provided people with the opportunity to give feedback on the service or to suggest improvements.

Is the service responsive?

Our findings

People told us they received care and support that was responsive to their needs and respected their wishes. One person told us, "The staff know me so well. I've lived here for a long while and wouldn't want to be anywhere else." Another person said, "Staff are so kind and know just how to help me." Visiting relatives also commented positively on the responsiveness of staff and the care and support provided to their loved ones. One relative told us, "The staff are so caring. They always keep me informed of what's happening with mum."

People were assessed to receive care and treatment that met their needs and care plans showed that before people moved into the home their needs were assessed through the provider's pre admissions assessment process. This ensured that people's individual needs could be met by the home's environment and staff. People were provided with pre admission information about the home that included details of the service, care provided, provider's statement of purpose and information relating to the Gold Standards Framework that was practiced at the home.

Care plans contained people's needs assessments which covered areas such as people's personal history and daily routines, activities and interests, medical history, risk assessments, physical and mental health, nutrition, communication, mobility, pain, medicines and end of life care. Care plans were developed using pre admission assessment information and expressed preferences voiced by individuals and their relatives where appropriate. Care plans were reviewed on a quarterly basis or when required and were up to date and reflective of people's current needs. People and their relatives told us they were involved in their care plan and reviews that were conducted. Care plans provided clear guidance for staff about people's varied needs and how best to support them. For example one care plan detailed the support the person required to ensure they received a stable healthy diet and the equipment and support required by staff to ensure they ate appropriately minimising the risk of choking. Health and social care professional's advice was sought when required and recorded in people's care plans to ensure that people's needs were met. Care plans also recorded people's progress that was monitored by staff and as advised by health care professionals, such as guidance for food and fluid monitoring, weight charts or skin integrity. Daily records were kept by staff about people's day to day wellbeing and the activities they participated in to ensure that people's planned care met their needs.

People's diverse needs and independence was promoted and supported. People had access to equipment that enabled greater independence and met their physical, emotional and sensory needs. Equipment included hoists, wheelchairs, adjustable seating, tables, cutlery and adapted beds. Care plans contained guidance for staff on the use of equipment and we saw equipment was subject to regular checks and servicing when required.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being. We spoke with staff and the activities coordinator who told us they worked to develop a programme of activities that people liked or preferred to do. They told us that they planned group activities but also arranged one to one activities for people who were unable to participate in larger groups. We saw

that the home had a weekly activity plan on display which informed people of the activities on offer. Activities planned included quizzes; one to one time with staff, games, singing, reminiscing and group chats, craftwork and every Friday an external entertainer would visit the home. We noted that the arranged entertainer at the time of our inspection was a guitar player and vocalist.

There was a complaints policy and procedure in place and information on how to make a complaint was on display in the reception area and accessible to all. Complaints information provided guidance on the provider's complaints handling process and how complaints could be escalated and managed. People told us they knew how to make a complaint if they had any concerns. Complaints records we looked at showed that complaints were recorded maintained and responded to in a timely manner.

Is the service well-led?

Our findings

People and their relatives told us staff were helpful and they thought the service was well led. One person said, "All the staff are wonderful. I don't have a bad word to say about it here." Another person commented, "Everyone's so friendly and kind. It's lovely." A visiting relative commented, "The care my relative gets is second to none. It's a lovely home managed by lovely staff."

There were systems and processes in place to evaluate and monitor the quality of the service provided, however, we found that these were not always effective in ensuring the quality of care people received. For example, in relation to identifying the lack of up to date medicines training and formal medicines competency assessments for staff who administer medicines and the lack of regular staff supervision and appraisals as referred to earlier in this report. These issues require improvement and we will check on the progress of these issues at our next inspection of the service.

We looked at the systems used within the home to assess and monitor the quality of the service. These included regular audits conducted by the registered manager and the clinical lead. Audits conducted included maintenance and environmental checks, infection control, fire procedures and equipment, care plans, incidents and accidents including falls and risks and medicines amongst others. Audits confirmed that checks were conducted on a regular basis and had identified some areas requiring improvements. We noted that records of actions taken to address any highlighted concerns were recorded.

There was a registered manager in post at the time of our inspection. Staff told us that the manager was approachable and listened to any concerns or suggestions they had about the home. One staff member said, "I feel that the home is well led and I'm supported to do my job well." Another staff member told us, "It's a small home and it feels like family. Communication is very good we all have input." We observed the registered manager was visible during the course of our inspection and assisted staff in meeting people's needs when required. The registered manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required.

Team meetings were held on a regular basis and provided staff with the opportunity to discuss people's needs and the day to day management of the home. Daily staff handover meetings were also conducted at shift changes to ensure staff were informed of people's daily needs and treatment. Records demonstrated the home had good links with community based health and social care professionals in order to promote people's safety and well-being. A visiting health professional told us, "Communication we have with the home is very good. Staff are very keen to engage with us and really take on suggestions and approaches we advise them of when supporting people. Staff are very willing to learn and the manager is open and honest."

The provider took account of the views of people using the service through resident and relatives surveys that were conducted on an annual basis. We looked at the results for the survey conducted in September 2015. Results were positive showing that over 90% of people and their relatives felt the staff were caring respectful and polite, 90% felt the food was excellent and 80% felt the home environment was clean and

tidy. We noted that where there were areas requiring improvements for example relating to improved activities on offer at the home, the provider took appropriate action and employed a new activities coordinator to look at introducing new and varied activities such as working with the cook to deliver planned cookery lessons. Staff surveys were also conducted on an annual basis and results were largely positive. Comments from the staff survey results included, "I feel I am highly respected by residents, staff and the management", "Communication is great and management are very approachable", and "I feel I am very much involved in the way people are cared for."

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 The provider failed to ensure staff received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.