Rolamgold Limited

Adey Gardens Care Home

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

Overall summary

This inspection took place on 16 and 17 December 2014 and was unannounced which meant the provider and staff did not know we were coming.

The last inspection of this home was carried out on 26 June 2014. At that inspection we found a breach of regulation in relation to the assessment and monitoring of the service. We issued a warning notice about this because the provider had no systems to check the safety of the service so had failed to identify potential risks to people. During this inspection we found the provider had met the requirements of the warning notice and was no longer breaching the relevant regulation. We found the manager had developed a system of quality checks and audits to assess the quality of the service. We found the checks had only recently been implemented so it was too early to assess their effectiveness.

At the inspection on 26 June 2014 we also asked the provider to make improvements to the safety of the premises and to the support of workers. During this inspection we found the provider had improved the

Summary of findings

arrangements for training and support of staff and for dealing with premises shortfalls. However, we found the provider had breached a further regulation relating to the control of infection in the premises.

Adey Gardens is a two-storey purpose built home which is registered to provide care for up to 37 older people some of whom have nursing care needs. The first floor unit provides 12 places for people living with dementia. Some shared rooms had been converted to single occupancy so the total number of places in the home was 34. At the time of our inspection there were 27 people living at the home. The home did not have a registered manager. A former manager had been re-appointed and 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 2008 and associated Regulations about how the service is run.

During this inspection we found some areas of the premises could not be kept clean, especially in bathrooms and toilets. This was because they had worn or porous surfaces, such as exposed flooring. Some bathrooms had a poor odour because waste bins were not kept clean. This compromised the control of infection as well as the dignity of the people who lived there. You can see what action we told the provider to take at the back of the full version of the report.

People made positive comments about the service they received. People said they felt safe and comfortable with staff. One person commented, "I like it here and the staff are nice to me." Staff knew how to report any concerns and had been trained in safeguarding people. There were enough staff to meet people's needs and to respond quickly to any requests for assistance. The staff team was stable and there had been no new staff employed since the last inspection. We previously found that the provider had used robust recruitment and selection checks to make sure only suitable staff were employed.

People described the care service as "very good". Staff received training and support to help them carry out their jobs in the right way. People were able to have enough to eat and drink. The meals were home-made and the quality of food was good, but there were no written or picture menus to show people what the choices were. The unit on the first floor was not specifically designed to help people living with dementia to find their way around. The unit was locked so people on this unit could not leave without staff support. At this time there were no safeguards in place (called Deprivation of Liberty Safeguards) to make sure people's rights were not being compromised by this restriction.

The staff reported any changes in people's health to the relevant health care agencies. A health care professional we spoke with said, "The care is very good. They always contact us when it is appropriate."

The people and relatives we spoke with said staff were "lovely" and "caring". Staff were polite and friendly when speaking with people or helping them with care tasks. People were encouraged to make their own decisions and choices, and said staff listened to them. Staff were good at engaging people in conversation. People were treated with dignity and respect.

People enjoyed a range of activities in the home. Although there were not many chances for people to go out, the manager said she wanted to improve the opportunities for people to be part of local community. Staff were knowledgeable about each person and knew how to support them. Care records included details of each person's specific needs and how staff should support them.

People and their relatives were invited to comment on the service in an informal way and they felt able to give their views about the home at any time. People and relatives had some information about how to make a complaint. Although this was out of date, relatives felt confident about raising any issues with the manager. There were also monthly residents/relatives' meetings. People and relatives felt the manager and staff were approachable and that the home had a friendly, welcoming atmosphere.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Some areas of the premises could not be kept clean, especially in bathrooms and toilets. This compromised the control of infection as well as the dignity of the people who lived there.

People said they felt safe and comfortable with the staff who looked after them. There were enough staff to respond quickly for any calls for assistance.

People were supported with their medicines in a safe way.

Is the service effective?

Requires Improvement

The service was not fully effective. The manager understood Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, but had not yet made any applications to the local authority about these. The accommodation was not specifically adapted for people living with dementia, and the manager was aware of the improvements needed.

People and their relatives were positive about the support provided by the staff and they felt the care service was good. People enjoyed good quality meals and were supported to eat and drink enough to maintain their nutritional health. But there were no menus for people to choose from.

Staff training opportunities had improved and staff were now receiving supervision from the manager. Staff said they felt supported in their role.

Is the service caring?

Good

The service was caring. People felt staff were kind and friendly. People were assisted in a caring way that upheld their dignity.

People's individual preferences were respected and they were encouraged to make their own decisions about their daily lifestyle. Staff asked people for their permission before supporting them.

Many of the staff had worked at the home for some years and had established good relationships with people and their relatives.

Is the service responsive?

Good

The service was responsive. People received care that met their individual needs. Staff were familiar with each person and knew how to support them. People's care records included details of their individual needs.

The home had an activity organiser who arranged group activities. Staff also spent time chatting with people and their families.

Summary of findings

People and their relatives had information about how to make a complaint. Although this was a little out of date, people said they were confident that any comments would be looked into by the manager.

Is the service well-led?

Requires Improvement 

The service was not always well-led. The home did not have a registered manager. A former manager had returned to the home about six months ago and was in the process of submitting an application to register with the Care Quality Commission.

People, visitors and health agencies were positive about the way the service was now being run. Staff said the manager had begun to make several improvements at the home, including training and support.

Following our last inspection the manager had developed checks and audits to monitor the quality and safety of the service. These had only started recently so it was too early to assess their effectiveness.

Adey Gardens 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 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 over two days. Our visit on 16 December 2014 was unannounced. Our second visit on 17 December 2014 was announced. The inspection team consisted of an adult social care inspector, a specialist adviser and an expert-by-experience with experience of care service for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 10 people living at the home and 15 relatives. We also spoke with the manager, the deputy manager, a unit co-ordinator, five care workers, an activity staff, a housekeeping staff and a cook. We joined people for a lunch time meal. We observed care and support in the communal areas and looked around the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of four people, training records and quality monitoring reports.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also joined people for a lunchtime meal to help us understand how well people were cared for.

Before our inspection we sent the provider 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. The provider did not send us their PIR.

We also reviewed the information we held about the home, including the notifications of incidents that the provider had sent us since the last inspection. We contacted the commissioners of the service, community dietetic services, a community nurse and the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

People who lived in the home were not always safe because there were a number of cleanliness shortfalls that compromised the control of infection within the home. Some bathrooms had an unpleasant odour. At one of the assisted baths there were brown stains on the underside of the chair which would be immersed into the bath with a person. The flooring in one bathroom had split open, exposing the concrete base. The flooring in other bathrooms and toilets had areas of exposed concrete where toilets or bidets had been moved. This meant the floors could not be kept fully clean. There were brown stains around the sealant to baths and brown grime around the base of some toilet pedestals. Most surfaces in the bathrooms and toilets were chipped, scuffed or permeable so were difficult to keep clean. The light pull cords to some bathrooms and shower rooms were grubby.

Infection control checks had been carried out by staff which had identified some areas for attention. However the checks had failed to identify that flooring in toilets and bathrooms was not impervious as there were exposed areas of the concrete underneath. These matters meant the provider had not made sure the premises were kept clean and hygienic for the people who lived there. The provider was not meeting criterion 2 of the Code of Practice on the prevention and control of infections (which is the Department of Health guidance on good infection and prevention control). This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Bedroom and lounge accommodation was clean. The home's housekeeping staff carried out daily cleaning schedules, and routine mattress cleaning and checks. There were suitable systems for laundering soiled materials. The provider had recently purchased two new washing machines and laundry staff told us, "The new machines are great and we've got all the equipment necessary."

People and relatives told us they had no concerns about the safety in the home. All the people we spoke with said they felt safe with the staff. One person commented, "I like it here and the staff are nice to me." Staff had a good understanding of how to respond to safeguarding concerns. All the staff we spoke with said they would not hesitate to report any allegations or incidents of abuse.

Staff were able to describe the different signs of abuse and knew how to raise any concerns immediately. Staff told us, and records confirmed, they received training in safeguarding vulnerable adults and had access to the policies in the office. Staff also described the whistle blowing procedures in the home and said they had had recent training in 'Raising concerns and whistle blowing'. Staff told us they would feel confident about reporting any unacceptable practice to the manager. One care worker commented, "We all know how to report any concerns and I know the manager would definitely act on them."

The provider had recently had an innovative new call alarm system fitted throughout the home. The new system included portable call alarm sets that people could carry with them and press if they needed urgent assistance. The call alarm sets were also easily accessible in each room, including lounges and bedrooms. The new system produced computerised information for the manager, such as how long it took for calls to be answered and how many calls individual people made. In this way the manager could check whether people needed additional support at different times of the day. The computer records for a 24 hour period showed that the average length of time for staff to answer a call was less than one minute.

At the last inspection on 26 June 2014 we asked the provider to take action to make improvements to the way premises defects were managed. Since the last inspection the home had employed a part-time member of maintenance staff who managed health and safety checks within the premises such as hot water temperatures and fire safety checks. There were individual risk assessments about people's specific needs and these were kept under regular review. Risks to people's safety and health were assessed, such as risks of choking or falls, and appropriate action was set out in care plans to reduce the risk of harm to people. The manager had introduced a weekly management report that was used to analyse any accidents and incidents, including falls, pressure damage, weight management and infections. We saw appropriate action had been taken where necessary, for example seeking timely advice from relevant health professionals. In this way the manager checked and acted upon any emerging trends and any concerns about people were referred to the appropriate health care agencies.

During discussions people and their relatives did not have any concerns about the staffing levels in the home. The

Requires Improvement

Is the service safe?

people we spoke with described the care in the home as "very good". The manager used a dependency tool based on people's individual care needs to determine the level of staffing that was required. The manager described how staffing would increase if people required additional support, for example for end of life care. The staffing levels for the 18 people living on the ground floor nursing unit were one nurse and three care workers. The staffing levels for the 12 places on the first floor dementia care unit were one senior and one care worker. There were also the manager, the activities co-ordinator, a cook and three housekeeping staff members on duty through the day. Staff rotas for previous weeks showed this was the usual level of staffing at the home.

During this inspection we did not find that people had to wait long for a response if they needed assistance. Staff spent time with people, engaging them in conversations and one-to-one activities that interested them. Staff on the ground floor were busier during the meal time as several people needed full assistance and some people were poorly in bed so staff assisted them individually in their rooms. During the mealtime the activities coordinator provided additional support to people who needed help with their meals.

At our last inspection in June 2014 we found the recruitment processes used by the provider were robust and that only suitable staff were employed. There had been no new staff appointed since that time. The manager carried out regular checks to make sure that nursing staff were registered with the Nursing and Midwifery Council (NMC). This helped to make sure people received care and treatment from nursing staff who were required to meet national standards and abide by professional code of conduct. There was one vacant post for a registered nurse. These hours were being covered by the existing nurses and by the manager who was also a registered nurse. Three other staff, a catering assistant, a care worker and a laundry assistant, were on maternity or sick leave and those hours were also being covered by existing staff. The manager said staffing was "sufficient and manageable" and that staff were always willing to help out in an emergency. There were contingency arrangements for staff absence although the manager tended not to use agency staff unless it was critically essential.

The arrangements for managing people's medicines were safe. Medicines were securely stored in a locked treatment room. Only the nurse on duty held the keys for the treatment room. Medicines were transported to people in locked trolleys when they were needed. The person's understanding and consent was checked before they were given their medicines. The nurse gave people the support and time they needed when taking their medicines. People were offered a drink of water and the nurse checked that all medicines were taken.

The manager had carried out competency checks of staff who were responsible for administering medicines to make sure their practices were still safe. Records about the administration of medicines (MARs) were accurate and up to date.

Requires Improvement

Is the service effective?

Our findings

People and relatives said they had confidence in the skills of staff to meet people's needs. People described the care service as "very good". A visiting health care professional told us, "The staff are very enthusiastic about training and learning. The manager always checks staff practices and instructs staff if necessary."

The staff we spoke with were very knowledgeable about people's individual care needs. Staff told us they were encouraged by the manager to undertake training that was relevant to their role. Staff felt this developed their skills and understanding of people's needs and supported their own career progression. All staff were expected to complete mandatory training, for example in safeguarding, safe moving and handling, fire safety, hand hygiene and infection control. The deputy manager also described recent specialist training they had completed, including phlebotomy, verification of death, nutrition and dementia awareness. The manager described her intention to develop a 'workforce development plan' to encourage learning and personal development. She was aware of the new Care Act that is to be introduced which will change the training arrangements for care staff.

At the last inspection on 26 June 2014 we asked the provider to take action to make improvements to the training and support of staff, and this action had been completed. Staff said they felt supported by the manager and confirmed that supervision sessions had recently been re-introduced by her. Supervision sessions allow individual staff to discuss their professional development and any issues relating to the care of the people who lived there. Most staff had now had at least one supervision session with a supervisor, and there was a planner to show when the next supervisions would take place. There were also plans for the deputy manager to take on a supervisory role. The deputy manager commented, "I've held experiential group supervisions with care staff where we've experienced what it is like for a person to be pushed in a wheelchair and also what it is like to be fed food and drink."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager was aware of the supreme court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. In discussions staff had some awareness of MCA and DoLS and were enthusiastic about training that was planned to take place in the near future. The home had a dementia care unit on the first floor that could only be exited by a keypad lock. This meant people were unable to leave independently and were continuously supervised by staff. However, the manager had not yet carried out assessments of people's capacity or submitted any DoLS applications in respect of people who may need these safeguards. This was also confirmed by the local authority DoLS officer after the inspection. The manager acknowledged that applications needed to be submitted to make sure people's rights were being protected.

The first floor dementia care unit was not specifically adapted for people living with dementia. There were some picture signs for bathrooms and toilets for people. However there were few items of visual and tactile interest for people around this unit, such as reminiscence artefacts. There were no memory boxes or pictures outside bedrooms to help people to recognise their own room. There were no picture menus to help inform people to make choices about meals. It was unclear how people on this floor could access the secure garden area (accessible from the ground floor conservatory). This meant the provider had yet to develop some specific design features to support people who were living with dementia. The manager agreed and had plans to introduce rummage boxes, memory boxes and a reminiscence room.

People told us the meals were "tasty" and there was "plenty". We joined people in the ground floor nursing unit for lunch. The room was bright and cheerful and tables were nicely set out with tablecloths. The main meal was well presented, good quality and home-made. Individually plated meals were brought from the kitchen to the dining room or taken to people's own bedrooms if they were dining there. We did note that plates taken to bedrooms had covers on but the plates brought across the corridor to the dining room by hand did not have covers. The manager agreed it would be better practice for all plates to be covered until served.

Staff supported people in a sensitive way that upheld their dignity, explaining what the dish was and engaging people throughout the meal. The staff made sure that meals were served promptly so the food did not go cold. There was a pleasant atmosphere in the dining room which helped to make the mealtime a social occasion for people. People

Is the service effective?

were offered drinks and snacks throughout our visits. We did note that there were no menus on display in either of the dining rooms or anywhere else in the home. Staff told us they got a list of the main menu choices each day and asked people what they would like. The manager agreed it would be helpful for people to have the menus in suitable format.

The cook was knowledgeable about each person's dietary preferences and needs. He described how people were encouraged to choose their own breakfast meals and how several people on the ground floor required 'soft' foods. The home used a four weekly menu and we saw there were at least two main choices at each mealtime. The cook told us, "Sometimes people do ask for something different from the menu and I'm happy to make them anything if we have the ingredients."

A dietitian told us the staff followed any advice provided by dietitians and screened people's nutritional well-being. They commented, "The manager has a keen interest in this area and ensures that they are providing the fortified diets to the residents that require it."

Relatives told us people were supported with their health care needs at the home. Staff responded quickly to changes in people's well-being. For example, during our visit one person had begun coughing so the nurse telephoned the community nurse practitioner to request a visit. We also saw the deputy manager discussing her concerns with a GP about a person who was feeling unwell, together with concerns regarding their nutrition and hydration. This resulted in a review of the person's medicines and meant that the person was supported to maintain their health.

There was clear evidence in people's care records of the home's involvement with other health and social care professionals. The home was part of a local community health care pilot, called the Coalfield Initiative. The initiative aimed to improve primary care and nursing care in care homes and to reduce admissions and readmissions to urgent care. As part of the pilot a local GP and community nurse visited the home every week to check people's health care needs. This helped to ensure people received timely support with any changes in their health, which could also help to prevent some admissions to hospital.

A visiting community nurse told us, "The care is very good. They always contact us when it is appropriate. There is always a qualified nurse to escort us who is able to comment on a person's well-being."

Good

Is the service caring?

Our findings

The people and relatives we spoke with said they were "very happy" with the care provided. One person commented, "I love it here, staff are nice, I am very happy and love my room." Another person said, "I love it here as the staff are kind." A relative told us, "We looked at a lot of homes before coming here and we liked this immediately and have no regrets. The care is good, mum is happy and all the staff love her."

Staff were polite and friendly when speaking with people or helping them with care tasks. Staff were good at engaging people in conversation and used their preferred names. This helped to support people's dignity.

Staff spent time sitting talking to people about their life and family. Staff asked people what they would like to do and made sure people made their own decisions where this was possible. For example, we heard staff offering people different activities that they might like to choose from. Staff offered their support in a courteous way. At all times staff asked permission to undertake a care task such as giving a drink, moving someone, and asking what they would like to watch on TV.

A community nurse commented, "The care is very good and staff are compassionate and caring. People [on end of life care] have been helped to have peaceful, dignified deaths."

People were asked when they would like assistance with a bath so this was their decision and staff arranged themselves around people's choices. One person told us, "Staff do listen to what you say." Another person told us, "It's ok here, I can get up when I want."

People's dignity and privacy were respected. For example, we saw staff knocking on bedroom doors before entering. Staff also made sure people's personal appearance was clean and tidy, for example by discreetly checking that they had not spilt anything on their clothes. We saw a care worker call a person by their name then gently hold their hand to gain their attention.

All the staff we spoke with told us they had worked at the home for some time and we saw they had established good relationships with people and their relatives. Staff were respectful, friendly and welcoming towards people and visitors. Staff interacted positively with the relatives of people living in the home and knew visitors' names. Visitors told us they felt they were kept up to date with what was happening in the home and were able to make a tea or coffee if they wished.

All the staff we spoke with felt the staff team were respectful and caring. For example, one care worker told us, "The staff are lovely to people and to other staff." Another staff member said the home was a "lovely, caring environment" for people. A senior member of staff told us, "We treat people as if they were our own parents."

Good

Is the service responsive?

Our findings

People and their relatives said the home met people's individual needs. It was clear from discussions with staff that they had a good understanding of the individual needs, choices and preferences of people who used the service. A unit co-ordinator on the dementia care unit told us, "We tend to keep the same staff on the same units so they are very familiar with people and vice versa. We spend as much time as we can talking with people to find out about their wishes." On the ground floor we saw a person receiving the support of a visiting physiotherapist. The deputy manager discussed the person's case with the physiotherapist and demonstrated her in-depth level of knowledge of what the person was able and not able to do. The deputy manager and the physiotherapist agreed a joint plan as to how the person's health could be supported and maintained.

People had care plans that set out their individual needs and how they required assistance. The home used a computer-based care planning system. Staff had various levels of access to the system depending on their security clearance. The four people's care records that we looked at were personalised and individual to their needs. Care plans included areas of care such as mobility, nutrition, continence and behaviour. Daily progress notes could be made under the relevant headings. The system included colour coded alerts to remind staff when the reviews were due to be recorded. Some recent changes had not been updated into people's care plans. For example one person had used toy bears to support their well-being. This had recently changed to 'empathy' dolls but the care plan had not been updated to show this.

One staff on the first floor unit commented, "It would be better if we had access to the care system on this unit. At the moment we have to write things down, then find time to go downstairs and type it into the system, which takes us away from the unit." The manager agreed and was looking into how wireless connection to the system could be achieved for the first floor unit. The manager also commented that she was going to trial keeping a copy of each person's 'care needs summary' in their bedrooms. This would help to make sure that staff had up-to-date information about people's care needs.

A community nurse told us the manager had given her appropriate access to the home's computerised care recording system so that she always had access to people's care records and risk assessments when she visited the home. The community nurse also described the personalised care people received that met their individual needs. They commented, "The home had supported some people with complex and challenging care needs and these have been managed very well."

At the time of this inspection people and their relatives felt there were sufficient activities in the home for those that could take part. The home employed an activities organiser who was on duty through the week. During the first morning she organised a baking session which 13 people took part in, followed by a brief exercise session which everyone seemed to enjoy. During the afternoon some people were involved in decorating the Christmas trees which caused quite a bit of fun. This was followed by eating some of the sausage rolls they had made and had just been baked.

We saw there was a full activities programme organised with special events for over the Christmas period. A school nativity play took place on the second day of the inspection. It was well attended by people and their relatives and was followed by tea and cakes. However people said they did not have trips out very often and this was confirmed by staff. Also the manager acknowledged that the home previously had very good ties with the community and she was working hard to re-build those connections.

Staff were also supportive of therapeutic activities for individual people. For example one person who was living with dementia used an 'empathy' doll which helped her to maintain her daily living skills when bathing and feeding it. A senior care worker told us, "It really helps her to stay active and engaged."

People and their relatives said they knew how to make a comment or raise a concern. They said the manager was approachable and they felt able to discuss any issues with her. One relative commented that they had informally raised an issue with the manager when their family member had missed a bath. They told us the matter had been resolved to their satisfaction.

The manager confirmed people were given an information pack (called a service user guide) which included details of how to make a complaint. This information was a little out of date because of changes to contact details.

Good

Is the service responsive?

The manager kept a record of complaints and we saw there had been one formal complaint since the last inspection which related to a delay in staff contacting a next of kin after an accident. This had occurred because the contact details had not been correct in the person's care file. The complaint record included details of the issue, the investigation and action taken by the manager, and the lessons learnt by staff. We saw the outcome had been discussed with the complainant. Staff had been instructed to recheck all next of kin contact details in people's files to minimise the risk of this occurring again. In this way the manager took comments and complaints seriously and acted upon them.

Requires Improvement

Is the service well-led?

Our findings

Following our inspection in June 2014 we took enforcement action against the provider because the provider was unable to demonstrate that there were effective systems to identify, investigate and monitor the safety of the service, and had failed to notify CQC of incidents and events that are required under regulation.

Since the last inspection the provider had notified us of these events as they are required. During this inspection we found the provider had started to develop a system of quality assurance checks and audits. This covered a range of areas including health and safety, accidents and complaints. We found it was too early to assess the effectiveness of these quality checks in promoting sustained improvement.

Before our inspection we sent the provider 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. The provider did not send us their PIR.

Since the last inspection the previous manager had stepped down and a former manager had returned to the home. The manager had not yet submitted an application to be registered as the manager but told us they intended to do this.

People felt the manager was approachable and amenable. They confirmed the manager was regularly seen around the home and would stop and talk to them. We saw the manager and staff had good relationships with people and their relatives. The manager made herself available to visitors and was knowledgeable about each person's individual well-being. The atmosphere in the home was relaxed and convivial.

People felt they had the chance to comment and make suggestions about the service. Monthly resident/relatives' meetings had been held for the past four months. The people and relatives we spoke with stated the care in the home was good, people were happy, staff were kind and polite and the activities were enjoyable. However relatives commented critically on the "wear and tear" in the accommodation. They all felt the home was in need of refurbishment. The manager agreed and had begun to develop a brief development plan to address this. Over the past few months a small lounge had been refurbished, a new boiler system had been fitted and a new call alarm system was installed. The manager was aware that bathrooms were now in greatest need of refurbishment and told us the provider was budgeting towards those works with an anticipated completion date of July 2015.

People and relatives were offered an annual survey to give their views. There had been 12 responses to the most recent survey in September 2014. People were asked about the quality of staff, their care, activities, food and privacy. The recorded responses were positive including, "Staff always listen to me", "I have not complained as any issue would be dealt with quickly" and "a very good home".

Staff felt there was an open, friendly atmosphere in the home and said they felt supported by the manager. Many staff had worked at the home for several years and enjoyed their role. Staff understood their individual roles but also helped each other with tasks, and felt there was good teamwork amongst the staff group. Their comments included, "We all work well together" and "the staff on both units and domestics all muck in together, so we work as a team". Staff said they had opportunities to discuss any issues with the manager. Staff told us, and records confirmed, that staff meetings had been held. One staff commented, "We have regular staff meetings and we feel able to make any suggestions."

A visiting community nurse told us she had seen good improvements to the nursing care recently. She said, "The manager is very clinically sound and has improved this aspect of the service since she came back."

The manager had introduced some new checks to monitor the care and safety of people using the service. For example, a new daily handover record was completed by nurses and shared at the end of each shift. This was a detailed, comprehensive record of the well-being of each person and any issues in the home. For example, it included information about staffing issues, medicines, professional visits to people, bathing requests, observations and actions taken. The detail recorded was good. For example, it was recorded where one person had become wheezy and they were examined and medication and support was provided.

The manager completed a daily audit and walk around where she looked at room cleanliness and premises issues.

Requires Improvement

Is the service well-led?

A part-time maintenance staff member was now employed (with plans for this to become a full time post). Records were now being kept of identified premises defects and when these were actioned by the maintenance staff.

The manager had also introduced a weekly management report to monitor any incidents of infection, pressure damage, weight management and admissions to hospital. A meeting was held weekly where senior staff provided feedback to the manager. For example, one person had developed an eye infection and a prompt referral to their GP was made. Eye drops were prescribed.

The manager had introduced a robust medicines audit to make sure medicines were being managed in a safe way. The audit was monthly and included checks of medicines records, household remedies, self-medication assessments and arrangements, oxygen administration, and records relating to the receipt, storage and disposal of medicines. Fridge temperatures were monitored and recorded together with room temperature. There was a daily stock take completed and a daily count of controlled drugs was signed for by nursing staff.

Other new monitoring tools had been designed but not yet carried out. For example, a new health and safety audit had been developed to include maintenance, equipment, risk assessments, legionella testing, fire safety and premises checks. The new audits were detailed and would identify areas of concern when completed. In the meantime, fire safety assessments and servicing had been carried out by an external contractor, water temperature checks were being carried out by the maintenance staff, and the manager confirmed that legionella testing was planned.

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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People who use services and others were not protected against the risks associated with control of infection because the provider did not ensure that the premises were a clean and hygienic environment for the people who lived there.