Neva Manor Care Home

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Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Neva Manor Care Home provides care and accommodation for up to 14 people. The home specialises in the care of older people but does not provide nursing care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Both the registered manager and the provider were available for the whole of the inspection.

Although people told us they felt safe and were happy living in the home. We found the property was poorly maintained. We saw worn and stained carpets, worn

Summary of findings

furniture and walls in people's rooms that needed painting. The registered manager told us they had a plan in place to carry out internal maintenance in the winter months.

People were not protected from acquiring an infection because the cleanliness and infection control in the home was not suitable. We saw soiled toilets and sticky dirty bathroom floors; staff did not follow infection control guidelines. One person had a toilet with a stained floor and urine odour. A new cleaner had been employed and their first day was the day of our inspection.

We observed staff to be caring, kind and compassionate, as well as cheerful. One person told us "The girls are excellent and I am very happy indeed. I chose to come to this home as it is more friendly". All care staff had received training in identifying and reporting abuse. Staff had a good knowledge of signs of abuse and how to report it. They all stated they were confident any concerns bought to the registered manager would be dealt with appropriately.

People's health care needs were being met through good assessments and being reviewed regularly. People also told us staff were caring and knowledgeable about their needs. However we found improvements were needed to some people's individual care plan records to make sure their daily records and care plans provided up to date information to staff. Whilst we found staff understood people's needs and provided appropriate care, there was a risk any new staff coming to the service would not have the most up to date information available. We also found the registered manager's auditing system had not been effective at identifying this issue.

One person told us, "The girls know what I need and how they need to look after me, they have been trained well". Records showed staff had all received training that supported them to provide the care and support people needed, these included specific needs such as pressure area care and dementia care. The registered manager had plans in place to ensure staff continued to attend training to keep up to date with good care practices.

We found people's nutritional needs were being met. However, there was not a choice of meals at meal times but people were offered an alternative if they did not like the meal of the day. Everybody spoken with told us they enjoyed the food, two people told us the food was good, whilst one person said the food was fine. One person said it was a bit 'monotonous' and they would have liked some alternatives like prawns. We saw the meals provided were nutritious and well presented. People had made menu suggestions in resident meetings and a satisfaction survey we saw there was an action plan to discuss the suggestion in the next resident meeting.

We observed little in the way of organised activities during our inspection. Regular trips to the community were arranged for one person and other people maintained contact with friends in the community, going out for meals and trips. People had discussed activities at a residents meeting and decided they did not want organised activities on a daily basis. They said they wanted it to be more like being at home when they did not do something organised daily. However, some comments from some people indicated they would have liked more to do. One person told us, "Nothing else much happens", whilst another person said, "I don't think they do any activities here. I watch telly, yap with people and eat. I would love to play the keyboard but they don't have one". We observed some people watching television and others sleeping in their chairs. We did observe a sing-along session with people and staff in the afternoon. The provider had organised a mobile library service for those people who liked to read.

The provider had systems that monitored the care provided and people's experiences. They took into account people's views. A survey had been carried out asking people and their relatives about the service they received. Suggestions for change were listened to and actions were taken to improve the service. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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 fully safe. Some parts of the home were not well maintained and in some instances were unsafe and people were at risk of acquiring a health care associated infection because the standards of cleanliness and infection control practices were not appropriate.

People told us they felt safe and the provider made sure there were enough staff to support them and they received training to recognise and report abuse.

People's medicines were managed well and staff received training to support them to do this.

Is the service effective?

Good

The service was effective. People received good care and support because staff had a good understanding of their individual needs.

Staff received on going training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professional when needed.

Is the service caring?

Good

The service was caring. People told us they received support from staff who cared about them as individuals.

The registered manager demonstrated a caring attitude towards people and staff. They understood people's specific needs and how to support them when feeling vulnerable.

People told us the staff always ensured their privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not fully responsive. There was no programme of activities and some people's records were not up to date with the information needed to meet their needs.

Staff had a good knowledge of the people and the registered manager worked with professionals to ensure they responded appropriately to people's changing needs.

Arrangements were in place to deal with people's concerns and complaints. People knew how to make a complaint if they needed to.

Summary of findings

Is the service well-led?

The service was not well led in all areas. The quality of the service was monitored but audits had not been fully effective. These meant issues with people's records, activities and infection control had not been identified.

People, their relatives and health care professionals told us the home was well run.

Staff told us the registered manager was approachable and listened to any suggestions they had for continued development of the service provided.

Requires Improvement

Neva Manor Care Home

Detailed findings

Background to this inspection

This unannounced inspection was carried out by an inspector 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.

Before the inspection we reviewed previous inspection reports and information we held about the service. We also asked the provider to complete 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. A PIR was received within the time frame specified.

At the last scheduled inspection in September 2013 the service was found non compliant in the management of medicines, this was considered to have a minor impact on people. An action plan was received from the provider to say they had dealt with the issues raised and said they were compliant. A follow up inspection was carried out in January 2014 when we found the provider was compliant with the management of medicines.

At the time of this inspection there were 14 people living at Neva Manor Care Home. We spoke with eight people, the registered manager, six care staff, the cook and a visiting health care professional. We reviewed four people's care records in detail and looked at parts of one other person's care record. We looked at staff training, supervision and appraisal records. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the services provided at Neva Manor Care Home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

While looking around the home we found it was poorly maintained and in some cases potentially unsafe for people. The décor, carpets and furnishings were worn and soiled. We saw worn furniture and fittings in rooms and the carpet on the stairs had visible holes. The pull switches in the bathrooms were also worn. In one bathroom the safety rail had come off the wall and had not been replaced. In one person's room we saw the plaster on the wall was cracked and needed painting. The landing area on one upper floor was narrow with steps to negotiate. This meant the two people who were being nursed in bed on this landing would not be able to go downstairs if they wished as they could not manage the steps. The provider stated, "We would not allocate an upstairs room for a new resident who is already a wheelchair user." In one person's room we saw a mattress propped against the wall. This could be unsafe if it fell on top of the person. We asked the person why they had another mattress but they said they didn't know and they thought it was a spare.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We spoke with the registered manager about what we had found. They told us their maintenance plan had been to carry out repairs and refurbishment to the outside of the home during the summer months. We saw this work had been completed to a good standard. The registered manager told us their business plan for the internal maintenance was planned for the winter months. We asked the registered manager about the worn carpet, they told us the carpet was not as old as it looked. They said it had worn quicker than they had anticipated and the colour had run on cleaning. The registered manager confirmed they had been in touch with the supplier and new carpet was scheduled to arrive by the end of September.

On entering the home there was an unpleasant odour, however this did go as cleaning progressed. We also observed some poor hygiene practices in the home. We found soiled toilets and full rubbish bins. A toilet seat raiser was soiled and the seat cover was old and worn. One bathroom had a sticky and dirty floor. We saw two bedrooms had dirty walls and the areas around light switches were also dirty. The lid on the waste bin in the staff toilet was broken and needed to be lifted manually. This meant there was a risk of cross contamination when disposing of paper towels. One person told us when asked about their accommodation, "It's mostly good but cleaning of toilet not up to my standards. I don't think staff have time to do the cleaning properly". During preparation for lunch we observed one care worker assisting people to the table and removing walking frames; they then handled cutlery whilst laying the table without washing their hands. This meant they had not protected people from the possibility of cross infection. We also observed not all care workers wore an apron over their uniform whilst serving meals and assisting people to eat.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We spoke with the registered manager about the cleaning routine in the home. They confirmed they had been without a cleaner for about a month. They told us the night time care staff had been doing the cleaning. A new cleaner started on the day of our inspection and we saw care staff were showing them what needed doing. We discussed one room where the en-suite had a stained floor and toilet area and smelt of urine. The manager explained the person had continence issues and often 'missed the toilet'. She agreed to revisit ways of making the area easier to clean.

People told us they felt safe living at Neva Manor Care Home. One person told us, "They are all really nice I feel really safe living here". Another person told us, "It's really safe here I don't have to lock my door, but I've got my own key if I want to".

Staff told us they had all attended training regarding safeguarding people. They were able to tell us about the signs they should watch for that might indicate someone was being abused. They also told us they knew who to report this to if they had concerns. We saw people had access to information on how to report abuse. The contact details for the local authority safeguarding team were displayed on a communal noticeboard for people, staff and visitors to read. One visiting healthcare professional told us, "I am confident people are safe. Staff know people on an individual level and they can always give me the information I need".

We found records relating to recruitment showed the relevant checks had been completed before staff worked unsupervised at Neva Manor Care Home. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. DBS is

Requires Improvement

Is the service safe?

a service that maintains criminal records providers can check before employing staff. Staff told us they received induction training and worked with a senior member of staff until they felt confident and were assessed as competent to work alone.

We saw people's risks were well managed. Where people had been identified as at risk, clear risk assessments were in place. These provided staff with the information needed to keep the person safe without taking away their freedom and choice. For example one person was identified as being at risk of falls. Their care plan stated how staff were to support that person to maintain independence whilst moving. We observed staff follow the care plan by walking slowly behind the person and ensuring they had their walking frame nearby when they were sat down.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at the time the decision is being made. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff were able to explain how they made sure people who did not have the capacity to make decisions for themselves had their legal rights protected. For example, we saw someone had made an advanced decision about their end of life care before they lost the capacity to make this decision. We found the paperwork and processes for this had had been followed correctly. We saw the decision had been verified with their family and GP and was in an accessible place for staff to view and follow. If a person required an advocate the provider had the information available to direct them to organisations which could provide support.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of our inspection no one in the home was subject to a Deprivation of Liberty Safeguard. The manager was aware of the recent supreme court judgment which widened the remit of who may need a DOLS. They were in discussion with the local authority regarding the provisions in place for one person who could only go out with support from an agency care worker. Staff confirmed recent training had covered deprivation of liberty safeguards and were able to demonstrate an understanding of when they should consider making a referral.

People we spoke with told us there was always enough staff on duty. One person told us, "There are always enough staff, I don't have to wait long for the bell to be answered. They know me and what I want and need so that is good enough for me". Another person told us, "The bells are answered quick enough and they never seem to be too rushed to chat with me". We saw from staffing rotas there was a good skill mix of people on each shift, with senior staff available for support and guidance. One staff member told us, "I think there are enough of us on each shift, you get good days and bad days but it is never too rushed to get things done". The registered manager confirmed staffing ratios could be adjusted to meet changing needs or to support an activity such as going out for a meal. One member of staff told us, "We discuss what people need at staff meetings or at handover time". Another staff member told us, "The manager is really good if we say things are a bit busy they put another person on to help". They also told us about one person who received extra support from an agency to go out regularly.

One staff member told us the home had not had a fire drill for at least three months. We looked at the records held by the home to record fire equipment checks, training and drills. We saw most staff had attended a fire drill in line with the Somerset fire brigade guidance and all staff had attended training in what to do in the event of a fire. This meant people could be assured staff supporting them knew what to do if an emergency arose.

We saw medications were stored safely in locked cabinets or in a locked medication room. Appropriate arrangements were in place to manage controlled medicines. They require special recording and storage arrangements. Staff demonstrated an understanding of how people liked to take their medication. One person told us, "I have my tablets on time, they are really good at remembering. We saw staff asked people if they wanted pain relief and offered drinks of their choice to help swallow tablets. Staff remained with people whilst they took their medicine and they signed the Medicine Administration Records (MAR's) after. We saw the MAR's were completed correctly and in full. One staff member confirmed they had received

Requires Improvement

Is the service safe?

appropriate training for managing medicines and the registered manager confirmed staff did not administer medicines until they had been assessed as competent to do so.

Good

Is the service effective?

Our findings

People told us staff knew what their needs were and looked after them 'well'. One person told us, "They are all really good; they look after us well and always consider what we want". One person told us, "I think they get plenty of training as they know what to do if you ask them". One healthcare professional told us, "The staff all seem to be well trained. They know what they are talking about and I know they understand what we have asked them to do".

Staff told us they attended training and received regular one to one supervision with senior staff when they could discuss the needs of people in the home and any training and development they might wish to follow. We spoke with one staff member who had not worked in the home for long. They confirmed they had completed an induction and had worked alongside experienced staff to learn how people preferred their care to be provided. They told us they still had to do safeguarding and manual handling training. We also spoke with a staff member who had been at the home for a few years they told us they had regular updates of essential training as well as supervision and staff meetings. Records showed all staff had received training appropriate to the needs of the people in the home. The training included areas such as pressure area care, dementia care and dignity in care. There was a plan in place to ensure all staff kept up to date with essential training.

Care records listed people's preferences and needs in relation to their diet. We saw assessments had been carried out and were kept up to date for people's dietary and cultural needs. Where people had been identified as being at risk of weight loss their food and fluid intake was recorded. This meant staff could monitor their intake to ensure they were having enough to meet their needs. We looked at the records for the weights of two people who had been identified as being at risk of weight loss. Advice had been sought from a dietician and food supplements were provided. We saw one person had maintained their weight whilst one had gained weight.

Two people told us the food was good. One person told us, "the food is fine", whilst another told us the food was 'monotonous' they told us they would have liked a change such as prawns. One person said they did not like lamb and staff didn't offer it to them when it was on the menu, whilst another person told us the vegetables were always fresh and cooked well. We observed that people were not offered a choice of meals at lunchtime, however if people stated they did not like the meal an alternative was made available. The portions offered were of a suitable size and well presented. The atmosphere during lunch was cheerful and the tables were laid with table clothes, mats, napkins and flowers. We saw a menu was displayed on the noticeboard for people to see. Resident meeting minutes showed people were consulted about the meals they would like. The agenda for a planned meeting included feedback to people about comments made about meal choices in their survey.

People had access to health care professionals to meet their specific needs. People's care plans contained records of discussions and meetings with appropriate professionals. We saw one person had been identified as being at risk of developing pressure sores. They had been visited and assessed by the district nursing team. The care records showed the agreed plan to prevent pressure sores from occurring. The visiting healthcare professional told us staff had been experiencing difficulties persuading the person to lie on their side as they preferred to be on their back. They said the staff had taken notice of the advice they had given them and we saw pressure relieving equipment such as cushions and mattresses were in place, as recommended. One person told us they were able to see their GP when they wanted and confirmed they had recently seen the optician and been able to choose new glasses.

Records showed us regular appointments had been made with the chiropodist, optician and dentist. Two people confirmed they saw the chiropodist regularly and one person told us, "The carers take me to the dentist round the corner". Two people told us they had just received new glasses following their optician appointments. The visiting healthcare professional confirmed the registered manager contacted them for assessments and advice. They said the home worked well with the community nursing team and put their recommendations in place.

Good

Is the service caring?

Our findings

During the inspection we observed caring practices. Staff were kind and compassionate, as well as cheerful and it was evident they had a close and friendly relationship with people in the home. People told us staff were kind and caring as well as supportive. One person told us, "I am really happy here", whilst another told us, "All the carers are really nice". Another person said, "The girls are excellent and I am very happy indeed. I chose to come to this home as it is more friendly".

Two people told us, "Staff treat us well and respect our dignity", and one confirmed "Especially when we have a bath". The visiting healthcare professional told us, "I love coming here the staff are so friendly, I would put my mum here". People also told us they were encouraged to do what they could for themselves to help them maintain as much of their independence as possible. People also said staff treated them as individuals. They told us staff listened to them if they wanted something done differently. One staff member told us they discussed how to ensure people's dignity was respected at most staff meetings. They demonstrated an understanding of respecting people's dignity. They told us, "It is about the person at the end of the day, you must respect what they think. I always think how I would like my dad treated"

We saw some people had returned to their room after breakfast. One person was watching TV. They told us they were happier in their room as they preferred their own company. We asked if they were left alone for too long. They told us staff would visit and bring "tea and a chat". Another person sat in their room told us, "The staff here really do care, they are happy and will have a laugh and a joke with you".

People told us they were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. We saw 'resident meetings' were held when people could discuss the day to day running of the home. One person told us, "They listen to what you have to say, we see the manager nearly every day so they know what we like as well". People's care plans also included their likes and dislikes. For example one contained information about how they liked to go out and how the home had supported them to go out as often as they could. Part of the care plan also included people's preference for end of life care. We saw information to show the registered manager had discussed people's wishes about things such as resuscitation and where they would prefer to be cared for. We also saw relatives had been involved in these discussions when required.

Requires Improvement

Is the service responsive?

Our findings

Although all the care plans were written in depth with plenty of information for staff, we noted they could become confusing as they did not identify when the plan had been reviewed and updated. We saw changes to people's needs were commented in the daily notes but not always recorded in the care plan. For example one care plan stated the person was, "able to cut up food". However they had been assessed as requiring a diet that was thickened so they did not choke, meaning they no longer had food that would require being cut up. The care plan did not reflect this update which could mean new staff working in the home might not be aware the person's needs had changed. In the same care plan the person had been assessed by the district nurse who advised two hourly position changes. However there was no information in the care plan on how this should be carried out. This could place the person at risk of pressure damage if new staff were not aware of this. However, all staff spoken with knew the person had thickener in their food and needed to be repositioned two hourly. We saw they also completed separate records for food and drink intake and position changes.

Staff spoken with demonstrated a clear knowledge of the needs of the people in the home. Staff were able to tell us the specific needs of people they looked after. For example, the need to ensure one person's position was changed every two hours to prevent pressure damage. They could tell us how they would meet people's needs in a way that encouraged them to maintain their independence. One staff member told us, "The care plans are really good you can get an idea of how they want to be cared for. You have to remember though that they could change their minds about how they want something done, so you need to be flexible as well".

Before moving into the home the registered manager would visit a person in their home or in hospital to assess the care they needed. The registered manager confirmed if they felt the staff at the home could not meet the person's needs they would not be offered a place.

We saw all care plans were individual to the person rather than generic. We looked at care plans for four people living in the home, one of which identified a person had complex needs and was at risk of developing pressure sores. This person's care plan clearly stated how to protect them from developing pressure areas such as two hourly position changes to relieve pressure. The plans identified people's needs and gave clear direction for staff to follow. They all showed evidence of people or their relatives being involved in decision making. One person told us they knew about their care plan and had been asked if they were happy with it.

Another care plan recorded the way to support one person in the community; it showed they had extra support to take them out regularly to places they enjoyed visiting. This care plan contained up to date information and guidance for staff to follow. Staff could explain the person's care needs and their likes and dislikes, demonstrating a clear understanding of their specific needs. We observed staff carry out care and support through the day that was consistent with the information in the plans.

During the morning nobody took part in any organised activity. One person went out on their usual trip to town but other people remained in the home watching TV or chatting with staff and other people. One person told us, "There were some chair exercises about a month ago". Another person and a member of staff told us they went out for a meal two to three weeks previously. One person told us, "Nothing else much happens", whilst another person said, "I don't think they do any activities here. I watch telly, yap with people and eat. I would love to play the keyboard but they don't have one". During the afternoon we observed care workers encouraging people to join in a sing-a-long. We asked the registered manager about the provision of activities in the home. They told us at a resident's meeting held in May 2014 that people had said they didn't want regular organised activities but wanted the home to be more like being at home. We saw a copy of the minutes of the meeting and it was recorded that people had said they 'preferred not to have planned activities and felt the way the home did it was more like being at home. With the ability to go out or do their own activity'. This recorded the views of people who were able to express their opinions but had not taken into account those people who were unable to leave the home or decide on the type of activity they would like to do. One staff member told us, "Activities do happen, but they are not planned, we do things when people want to like popping out for a meal or going shopping". The registered managers evaluation of the services resident survey showed people enjoyed 'the weekly pamper sessions and foot spa, but preferred own activities'. The provider had organised a mobile library service for those people who liked to read.

Requires Improvement

Is the service responsive?

People told us they were encouraged to maintain friendships they had before moving into the home. One person told us they went out with a friend or met them in town most weeks. A staff member explained that ministers of religion visited the home on a regular basis. One person confirmed they received Holy Communion each week. This meant people were supported to maintain their beliefs when not living near that community.

We saw there was a complaints procedure displayed on the noticeboard, people told us they were confident they could speak with the registered manager if they had any concerns. One person told us, "I would talk to the manager but don't know who I would talk to if they weren't about. I am sure they would listen to me". Another person told us, "I know who to talk to but haven't seen the need to complain". The provider maintained a complaints log. No formal complaints had been received since 2012. We saw that the home's policy and procedure had been followed and with an outcome and the person's satisfaction were recorded.

Requires Improvement

Is the service well-led?

Our findings

The management structure in the home provided clear lines of responsibility and accountability. Staff members had job descriptions which identified their role and who they were responsible to. Staff rotas showed us there was a senior member of staff on each shift for staff to go to for guidance. One staff member told us, "There is always someone senior on, and I know I can talk to [the registered manager] at any time. There was a registered manager in post; the registered manager worked some care shifts alongside staff.

There were some effective quality assurance systems to monitor care and plan on going improvements. Where shortfalls in the service had been identified some action had been taken to improve practice. However the care plan audits had failed to pick up the confusion between daily notes and the guidance for staff. There was no infection control audit for 2013 and 2014. This meant they had not picked up the issues with the maintenance and cleanliness of the property. We saw an audit had been carried out on the management of medication. This was to maintain the improvements they had made following their last inspection. The registered manager told us any shortfalls would be discussed with staff in team meetings to make sure staff understood and improved practices.

The registered manager told us they operated an open door policy for all staff, people and visitors to the home. This was confirmed by one staff member who told us, "The manager really listens to what we have to say, [a staff member] bought a different idea to a staff meeting and now it has been adopted. They are good that way". Another staff member told us, "The manager is ok she listens and makes changes when we suggest them". Staff also told us communication was very good in the home and information was shared in good time.

We saw the registered manager led by example providing a service that was individual to each person in an atmosphere that was calm, happy and supportive. Staff members followed the ethos of the home that each person was important and had something to offer to the day to day running of the home, and their care needs. We saw staff talk to people about what they wanted. One person told us, "They treat me as a person not a number, that's nice".

The registered manager had a good working relationship with other professionals to ensure people received up to date and appropriate support to meet their needs. Records showed dieticians and tissue viability staff had been consulted to advice staff members on providing the correct preventative support to people with specific needs. The registered manager also kept up to date with good practice by attending training. They then shared their learning and experience with staff at team meetings. For example, at one staff meeting the registered manger had shared their experiences from dementia care training. As a result all the care staff had shown an interest in developing the training further. We saw the registered manager had arranged for dementia care e-learning for all care staff. Staff confirmed they had also discussed dignity in care they told us they had nominated a dignity champion and described the dignity challenges they had to make sure they provided appropriate care for the elderly with dementia.

All accidents in the home were recorded. The provider audited the records to look for trends or patterns. We saw appropriate action plans and, for example, referrals to the falls team were made when an issue was identified. We also saw people's risk assessments, where relevant, had been revised to reflect the change in their mobility.

There were systems to seek the views of people in the home and from their relatives. We saw the latest response from people were mainly complimentary. Comments recorded by people were, "I'm happy with everything", "Place is excellent," and "Care is ally good staff are friendly". People spoken with were able to confirm they could attend resident meetings but did not comment on the satisfaction survey. We saw suggestions made by people were being acted on to drive improvement. For example we saw a record of actions arising from a survey, this related to more choice at teatime and organising more outings and day trips. We saw in the action plan the registered manager planned to discuss the two issues at the residents meeting and to involve people in the decisions about how to improve teatime menu and day trips.

The last staff survey was carried out in 2012; we did not see how comments from this survey had been evaluated. We asked the registered manager how they involved staff in making in managing change in the home. They told us staff would speak out at meetings and make suggestions throughout the year rather than wait to make their views known in a survey. Staff told us they had regular staff

Requires Improvement

Is the service well-led?

meetings and one to one supervision when issues could be discussed and ideas shared. Staff also received formal appraisals when feedback of performance and professional development could be discussed. One staff member told us, “If you see a training opportunity you only have to ask they listen and try to provide it for you”.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).

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 of acquiring a health care associated infection. Because the provider did not maintain appropriate standards of cleanliness and hygiene in relation to the premises occupied for the purpose of carrying on the regulated activity. Regulation 12 (2) (c(i)).