Tamaris Healthcare (England) Limited

Hollie Hill Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Hollie Hill provides accommodation for people with nursing and personal care needs. The home can accommodate up to 61 people. At the time of our inspection there were 58 people using the service. The home is on two floors and is divided into four units including a nursing unit and residential care.

This inspection took place on 16 and 17 February 2017and was unannounced.

At the last inspection in November 2014, we rated the service as overall "Good" and found the home was meeting the regulatory requirements.

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.

People who used the service and their relatives told us they felt safe in the home. We saw there were regular checks to ensure the building was a safe place to live. Where a person's individual risks had been identified then actions had been put in place to mitigate those risks.

We could not be reassured that people's prescribed topical medicines (creams applied to the skin) had been applied in the manner they were prescribed. A new audit had been introduced by the registered provider had had been used by the registered manager. It showed action needed to be taken to improve the use of topical medicines in the home and reduce the risks to people where they were not receiving their topical medicines as prescribed.

The registered manager showed us the, "CHESS" tool; this is designed to enable the registered manager to calculate the number of staff hours required. They demonstrated to us they were providing more hours that required. However people in the home and their relatives experienced the need for more staff. We therefore recommended the home review the level of dependency needs.

We found appropriate checks were carried out on staff before they started working in the home. This meant people were being cared for by staff who were able to do the work and had been considered safe to work with people living in a home.

People told us they liked the food in the home and we observed staff offering to support people to eat. We found the catering staff understood about people's dietary needs.

We found the service adhere to the principles of the Mental Capacity Act 2005 and where people were unable to make decisions for themselves best interests' decisions had been put in place. These had involved family members and other professionals.

Staff were supported to carry out their duties through supervision, training and appraisal.

People living in the home and their relatives during the inspection told us staff were caring. We saw thank you cards and letters from people which thanked staff for their levels of care. Some of these were from relatives who had experienced the loss of a family member whilst being a resident at Hollie Hill.

We saw examples throughout our inspection of people being treated with respect and dignity. Staff closed people's bedroom doors before attending to people's personal care needs.
Staff were able to give us detailed information about people's needs, backgrounds likes and dislikes. This meant staff knew and understood the people for whom they were providing care.

We found people had detailed care plans in place which guided staff on what actions to take to meet people's care needs. These were reviewed on a regular basis to ensure they were up to date. Staff had also completed care documents required by the commissioners for people requiring intermediate care. These were for people who had been discharged from hospital who required a period of further care before they went home or alternative accommodation was found.

People were given a choice about being involved in activities. We observed people making Easter cards and two people were taken out to a luncheon club. Other activities in the home included bingo and knit and natter. We saw one person had taken up exercise and people had been supported to attend a local swimming session for people with dementia care needs.

The service constantly gathered feedback on the home through electronic systems. We saw the registered manager had access to the feedback outcomes and was able to analyse the information at any given point. We found this feedback was largely positive.

Audits were carried out in the home by the registered manager to look at the quality of the service. We saw actions had been put in place to improve the service.

Staff felt supported by the registered manager. Although one relative felt unhappy with one response they had received from the registered manager the majority of relatives felt they had experienced a positive working relationship and were complementary about the registered manager's skills and abilities to manage the home.

The registered manager had developed positive relationships with local community groups. This had enabled the home to receive funding for activities and a group of young people had transformed the garden making it more suitable for people to use.

During our 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 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 not always safe.

Arrangements in place for the administration of people's topical medicines did not show people had been given their topical medicine as prescribed.

The registered provider had a rigorous approach to staff recruitment. Checks were carried out on all staff before they started working in the service.

Risk assessments had been carried out to ensure the home was a safe place in which to live. Risks to individual people had also been assessed and actions taken to mitigate them.

Is the service effective?

Good

The service was effective.

People told us they enjoyed the meals in the home. We found the catering staff were aware of people's different dietary needs.

The service adhered to the principles of the Mental Capacity Act and where people were unable to make decisions for themselves the home consulted with professionals and other family members to make best interests decisions.

Staff were supported to carry out their duties through induction, training, supervision and appraisal.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively to us about the staff and the care given to people in the home. We observed people and their relatives enjoyed good relationships with the staff.

Relatives had written to staff in the home expressing their thanks for the care shown during stay and also when they had experience end of life care.

People were treated with dignity and respected in the home. Staff protected people's privacy.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans in place which described people's individual needs and gave detailed guidance to staff on how to care for people.

Training staff in the care of people with dementia care needs had resulted in improved care plans.

We found people were protected from social isolation by being enabled to participate in activities which they enjoyed.

Is the service well-led?

Good

The service was well led.

Systems and processes were in place to monitor the quality of the service. Actions were taken when deficits were noted.

Community links were in place to support people in the home. Community groups had supported the home to improve people's quality of life.

The registered manager demonstrated they were meeting the registration requirements for the service.

Hollie Hill 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 on 16 and 17 February 2017and was unannounced.

The inspection was carried out by one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had expertise in caring for people with dementia type conditions.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners and the Prevention and Infection Control team.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we spoke with 11 people who used the service and 10 of their relatives We also spoke with 11 members of staff including the registered manager, a regional quality manager, and a nurse, a Care Home Assistant Practitioner, senior care staff, care staff and ancillary staff.

We looked at three people's care records in depth as well as other care records in the home. These included people's daily records and their activity records. We looked at six staff records and we spoke to two professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "Yes it's very safe -what makes it safe is the area and that there are staff around if I need them." Other people echoed the same rationale for feeling safe, one person said," I feel safe as people are always around and help is at hand if I need anything." Another person told us," I feel safe as the girls are great- there really look after me and me feel secure." Visitors and relatives endorsed the views about people feeling safe in the home. One relative said, "I feel it is very safe for my family member. They are very settled here and there is a buzzer if they need any help or anything. It's great peace of mind knowing they are safe and settled here. "Another relative said, "I feel my family member is safe. I am happy they are here and I feel very reassured. It really means a lot that they are safe and I don't ever have to worry."

We checked to see if the home managed people's medicines in a safe way. People told us, "I find my medication ok -I am not in any pain and don't seem to have any problems" and "Medication is fine as it's all prescribed by the doctor. I am on the same as I was before I came in here."

We looked at people's Medication Administration Records (MAR) and found there were signature gaps in the records. This meant we could not be reassured people had been given their medicines. We cross referenced the gaps with the office diary and people's daily records alongside the registered manager to see if we could find any possible explanation. There was no indication as to why there were gaps in the records. One person was due to take alendronic acid one a week before breakfast. We looked at the current MAR record and found gaps for two weeks.

We looked at people's topical medicines and found these were kept in people's wardrobes in their bedrooms. A topical medicine is a cream applied to the surface of the skin. We found people had been prescribed topical medicines which were meant to be applied more than one per day. We saw the topical MAR sheets did not demonstrate people had been given their topical medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the registered provider had a rigours approach to staff recruitment. Prospective staff were required to complete an application form outlining their expertise and training. They were also required to provide the names of two referees. We saw references had been taken up and these were subsequently verified by the registered manager who checked to see the author of the reference actually wrote it. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

The registered provider had in place a whistle-blowing policy which told staff what they were able to do if they had concerns about the service. We saw this information was on the notice board in the staff room. The registered manager told us there were no on-going investigations into concerns raised through whistle-

blowing.

Checks were carried out in the home to make sure people were living in a safe environment. We found the home had a fire risk assessment in place and there were regular checks on fire alarms, fire extinguishers and fire doors. Hot water temperature checks were regularly carried out for bedrooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Tall furniture checks ensured wardrobes were secured to the wall to prevent people from pulling them over. This meant checks were carried out to ensure that people who used the service were safe.

We also saw that where a risk to a person was identified the service had in place actions to mitigate those risks. For example if a person was at risk of falls actions had been taken to reduce the possibility of a fall. Accidents and incidents were reviewed by the registered manager to ensure people could be kept safe and the risks of re-occurrences mitigated. Each person had a personal emergency evacuation plan completed. Everyone's plan was held in one file and kept in an accessible place for use by emergency services.

We checked to see if there was enough staff on duty. The registered manager provided us with a tool called "CHESS"; this is designed to measure people's dependency needs and has an in-built formula to calculate the number of staff required. The latest CHESS calculation showed there was a greater number of staff hours provided than calculated. We observed there were members of staff visible on each floor throughout the inspection visit. We found that staff seemed very busy -especially during meal times as there were only two staff serving meals to people in their rooms and in the dining room whilst the senior staff were administering medication during this time.

We spoke with people about their experience of staffing levels; one person said, "The staff are very good here, they always pop in and check on me when they can. I can't walk more than a few yards so I have to stay in my room a lot. It would be nice if they had more time to chat." Another person said, "All of the staff are lovely. I don't feel there is enough staff, they are always so busy." Two relatives commented to us about staffing levels; one said, "I don't think there is enough staff". The other relative said, "I don't feel there is enough staff and I have raised this with the Manager but they told me that they have adequate staff and a planning tool."

We recommend the registered provider review people's dependency needs in the home.

The registered provider had in place a staff disciplinary policy which described how they could address any inappropriate behaviour to people in the home. The registered manager told us they had no on-going disciplinary investigations.

We found the home had in place systems and equipment to reduce the risk of infections spreading. Hand sanitizer was readily available on all floor levels and by the entrance to the home. We found personal protective equipment (PPE) including gloves and aprons were visible on all floors and in all bathrooms. We found used toiletries in a side board and a member of staff explained they use these toiletries if people do not have their own. Although this may have been very well intended this may also have been an infection control risk. We brought this to the attention of the registered manager who took immediate action to clear out the side board.

Staff had been trained in safeguarding and understood when they were required to report any safeguarding concerns.

Good

Is the service effective?

Our findings

We spoke with people about the food in the home. People said, "Food is fine yes -if I enjoy my food", "Do I love the food? - of course I do, what's not to love" and "The food is fine, I have no complaints." One person said, "Food is lovely, there is always a choice. I sometimes choose to eat in my room and sometimes like to eat in the dining room, it depends on my fettle." Relatives also gave us the views on the food. One family member said, "Food is fine yes but, I feel my family member gets their breakfast a bit too late sometimes. It came around at 10.15am today when I was here which I feel is very late as my family member is up early - they just don't like going to the dining room. Also at times their coffee is cold when they get here with the trolley." Another relative said, "My family member doesn't always eat a lot and doesn't always like some of the deserts they like ice cream. On some days there is no ice cream. It's the little things that matter that they like and enjoy. It would be nice if they always had the ice cream in stock." Another relative said, "My [family member] seems happy with the food -it's nice, my family member likes their food."

We saw staff support people who needed assistance with their meals in a caring manner whilst maintaining dignity, respect, and their independence. For example, one person required their food cut up and staff were very respectful and ensured they were managing. Staff were heard ask people about their mealtime. One staff member said, "There you are-is that ok for you?" and "Are you managing ok?"

We spoke with the catering staff who showed us the systems they had in place for meeting people's nutritional and hydration needs in the home. Catering staff were aware of people's dietary needs and were able to demonstrate to us how people's nutrition needs were met.

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 so that they can 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." We found staff had carried out mental capacity assessments to determine if people had capacity. Best interests' decisions were in place including where people were unable to consent to living in the home.

We looked at support which was given to staff to enable them to effectively carry out their duties. The registered manager advised us that not everyone's supervision meetings were up to date. A supervision meeting takes place between a member of staff and their line manager and can include a look at their progress, discussions regarding any concerns and their future training needs. The registered manager had developed a plan to ensure staff supervision was planned.

The registered manager had a training matrix in place and showed us staff training certificates which needed to go on the matrix. During our inspection staff members gave the registered manager copies of certificates of their most recent e-learning. Staff members completed an induction to the service and if they did not have a background in care services they were required to complete the Care Certificate. This is a nationally recognised qualification designed to introduce staff to the standards required in the care industry. Staff told us about their training; one staff member said, "I feel I receive enough training yes we have completed many courses including Dementia training and Nutrition. We are always completing E learning courses." A second staff member said, "I feel we all have the right training to be able to meet people's needs and requirements here. I feel we have too much training sometimes to be honest." They told us they had completed a significant number of e-learning courses. We found training was provided to staff irrespective of their role in the home. This meant the registered provider gave staff.

The home had become involved in the registered provider's dementia framework. This is an initiative which included looking at the building to check if it is dementia friendly. We saw some improvements had been carried out in the building and discussed with the registered manager possible further improvements. For example whilst one bathroom was clean and white people who experience dementia type conditions may not be able to distinguish the toilet. The registered manger agreed with our findings and said they would look to change the colour of the toilet seat.

Arrangements were in place to promote good communication in the home. We saw the staff held a diary for people's appointments. They completed handover notes to highlight to the next shift information about people's needs. This meant essential information was passed from shift to shift.

Good

Is the service caring?

Our findings

We discussed with people about their views on caring in the home. Family members, their relatives and visitors made positive comments about the care and support provided. They spoke highly of the staff who assisted them or their family member. People told us, "Yes the staff are great here I cannot complain at all", "Yes the staff are lovely -everyone is very friendly, it's just like a family" and "The staff are just great-I couldn't manage without them." Visitors told us they felt very comfortable visiting their family members and loved ones and always felt welcome

We read cards and letters sent to the home since our last inspection. One person wrote in a card, "Thank you for everything you did to make my stay as comfortable as possible." One relative wrote, "Thank you for the wonderful care given to our mother." This meant people experienced staff promoting their well-being.

Another relative wrote, "Staff were extremely friendly, cheerful and always smiling, even near the end of their long shifts which made for a very happy environment. We observed the staff laughing and joking with people and their relatives. This led to a relaxed atmosphere in the home and good relationships between staff and people who used the service. One person said, "The staff are fabulous I always have a really good laugh with them and I really like that." A relative told us, "The staff are brilliant though and they have really good banter."

Information about the home was on display in the reception area for people and their visitors. We observed staff giving people information to guide them on what was happening during the day. For example staff told people when it was a mealtime or if there was an activity in the home. They gave people choices and supported and encouraged them to participate in the life of the home.

We saw staff approached people in a respectful manner. For example we observed that when a person in their room called for help and their door was already open by choice, the staff knocked on the door first and politely said "Hello are you ok? Is it all right to come in?" The person gave permission for the staff member to enter their room. The staff member closed the door to assist the person's needs in private. All of the people we spoke with advised us if they needed any help with personal care, bathing, or other assistance they felt much respected and told us curtains were always pulled across or doors closed for privacy. They also said staff would always knock first and ask their permission before entering or assisting. We saw this was repeated throughout our inspection. This meant people's privacy and dignity were respected.

People talked to us about their decisions being respected. We were told by all people asked that they could go to bed and get up when they wanted. Some advised they like to go to bed quite early, others advised they like to go around 10pm or 11pm. "One person explained staff supported them and said, "I love to sleep a lot and like to go to bed early."

It was evident that staff had developed a good understanding of people's needs and how best to communicate with each person. We observed staff kneeling down to speak to people and communicate with them face to face. Staff were able to give us detailed information about people's backgrounds, their

needs and preferences. Several relatives told us that they felt happy and involved in making choices and decisions about their family member's care. Although one relative would have preferred to be kept better informed other relatives felt staff gave them the information they needed. One relative said, "Staff always call and let us know if there are any changes to discuss." Another relative said, "They do inform me, yes always if anything happens with my family member. When I was away on holiday for example, they called to let me know my family member had gone in to hospital and explained everything. This meant I was fully informed of what had happened and it was then my decision if I wanted to fly home early. I called my family member and spoke to them and the hospital who assured me they were fine so I didn't need to fly home, but we were kept informed while I was away which I thought was great."

We saw in people care records documents which stated, "Do Not Attempt Cardio Pulmonary Resuscitation" (DNACPR) in place which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). This meant people and their relatives had been approached about end of life wishes. There was no one in the home at the end of their life. We spoke to a relative who had recently experienced bereavement. They described their relative as receiving the best care and compassion as their family member passed away. We looked at letters and cards sent by family members. One relative had written, "Thank you for the care/compassion/kindness in the short time they were with you. Another relative wrote, "The staff at Hollie Hill are amazing, there is always somebody to answer queries and guide us as a family through this difficult time." This meant staff were able to support relatives during their time of great sadness.

People using the service had access to an advocacy service. At the time of our inspection there was no one using and advocate. We found the service consulted family members and used their knowledge and experience of people to develop people's care plans. We found people care plans gave guidance to staff on how to promote people's independence.

Good

Is the service responsive?

Our findings

People we spoke to advised that they did not know how to make an official complaint but if they had a problem would feel comfortable to speak to staff or the registered manager. We saw information was available to people on how to make a complaint. People told us, "I have no complaints at all-happy here" and "I have no reason to complain but if I did I would feel comfortable to say something." One person said, "I don't have any so far but I would definitely speak up if I did have any," One relative told us they had made a complaint about their family member being dirty; they said, "I spoke to the manager and they sorted this out straight away and a washing basket is now in place and used. It has not happened again since." One person described a complaint they had made and felt it could have been better handled. Another relative told us, "I can honestly say I don't have any complaints at all." We saw the registered manager had investigated complaints and given their response to the complainant. This showed the registered manager took complaints seriously.

We found there was an activities coordinator in post and saw activities were advertised. Some of the activities included "Knit and Natter", board games and bingo. Some people chose to do their own activities. One person said, "I like to knit and read so sometimes I stay up late." During our inspection we observed people being taken out to a local luncheon club. We saw five people were making Easter cards in the lounge. One person said, "I love doing crafts I join in with anything and I also like to sell the bingo tickets" Another person said, "I sometimes join in with things -I enjoy bingo and if there are any singers I enjoy watching them." Staff told us how people were supported to attend a local swimming session for people with dementia type conditions. One person had taken up exercising. There were jigsaws, games, and books present and accessible on the shelves in the lounge areas for people to access if they wished to.

On one of our inspection days, the hairdresser was visiting and they had eight people who required their hair doing. The hairdressing room was set up as a salon where people could experience a visit to the hairdressers. One relative said, "The hairdresser comes in to my family member and does it in their room which is wonderful as the love getting their hair done." We found people were supported to carry out their preferred activities and staff tried to protect people from social isolation.

Five of the bedrooms in the home were set aside for people needing intermediate care. These are people who having been discharged from hospital but need additional help and support before they can go home or a decision is made that they required alternative accommodation. Staff gathered as much information as possible before people were admitted to the care home. This included a verbal handover document where staff asked questions about a person's needs, for example the document included their personal care, their fluid and nutrition, and their mental wellbeing. We saw the staff gathered as much information as possible before people transferred into the home. The commissioners of the intermediate care service required staff in the home to complete a comprehensive assessment of each person's care needs and document a detailed care plan. Staff told us they cannot predict each person's length of stay and sometimes they just complete the care plans before the person goes home. They also told us if the person needs to stay in the home they then have a full set of information to transfer to the registered provider's care plans.

We looked at four people's records who were admitted to the home without being referred for intermediate care, and found before people began living in the home a comprehensive assessment of their needs had been carried out. This meant staff in the home were aware of people's needs before they were admitted.

We looked at people's care plans, risk assessments and other documents including food and fluid charts. We found the care plans were person centred. This meant they focused on the individual person's needs. The care plans were comprehensive. Staff told us they were able to access people's care documents to read new information or check what the plans said if they were in any doubt. We found people's plans had continued to be reviewed on a regular basis to check if they were accurate and the correct guidance had been given to staff.

People had a booklet in place called, "My Journal". We saw this was a record of people's activities and visits from family members. These were kept in people's rooms and were a source of information to promote discussion between people who used the service, their relatives and staff members.

The registered manager showed us newly written care plans by staff who had been trained in the registered provider's Dementia Care Framework. We found there was a marked difference in people's plans around their dementia care needs. Staff who had been trained in the dementia care framework completed plans which described in more detail people's emotional needs and gave greater detailed guidance to staff on how to meet people's needs. This meant training staff in dementia care enabled staff to have a greater understanding of people's care planning. The registered manager told us they planned to update and renew the care plans for everyone with dementia type conditions.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was able to give us a good account of the service and had several years' experience in managing care homes. They provided us with the information we needed. They explained to us due to not having had an administrator in post for a number of months not all of the information about the service was in the correct location. However they were able to retrieve the information for us and it was easy to follow. It was evident they understood the requirements of CQC and had submitted the required notifications. We saw the registered provider had on display their last CQC rating. This meant the registered manager was meeting the registration requirements.

Most of the people we spoke to advised they felt the service was well led and managed a few explained their reasons for not being as well led. One person said, "Yes I feel the place is well run I have no complaints." Another person said, "I feel it is very well run by the Manager and the wonderful staff-the full package." Nearly all people we spoke to advised they would recommend the home to others. We observed the registered manager had a good working relationship with relatives. One relative popped into the office during our inspection to say, "Thank you" to the registered manager for all their help and support in enabling their partner to return home.

For the most part staff told us they felt supported by the registered manager. Although one staff member said, "Sometimes I feel supported by my manager but not all the time" other staff members made more positive comments. For example one staff member said, "Yes I feel very supported by my Manager if I need to go to her about anything. I do feel we need some more staff-there will never be enough staff. We have a good team here though and always help each other." Another staff member said, "I feel supported by my Manager. If I have any issues I go to my senior first but I do find them approachable and supportive if I had any real problems. We have staff meetings every month and we can all have our say and speak up, I do."

The registered provider had in place a continuous system of feedback. This meant people, their relatives, professionals and staff were able to give feedback at any time using an electronic system via a point in the reception area or using handheld electronic devices. The registered manager had oversight of the feedback which meant if there were any concerns raised they would be able to address them immediately.

At any point the registered provider or registered manager was able to look at the feedback trends over a given time period. The registered manager told us they reviewed the feedback on an on-going basis and actions were taken as the feedback was received. They sent us information to show between 16 November 2016 and 16 February 2017 nine professionals completed feedback information which resulted in the home receiving a score of 93.74%.

We saw the registered manager carried out daily walk around of the service. This was a check to see if the home was clean and tidy and if staff and people using the service were happy in the home.

The registered manager chaired staff meetings where they raised issues about the standards of care and what staff needed to do to improve the care in the home.

The staff surveys showed staff were broadly positive about the home. Between 16 November 2016 and 16 February there were 406 pieces of feedback received from staff of which 74.88% of staff strongly agreed with the statement "I trust my manager to do the best for me and the home", the remaining 25.12 % agreed. This meant staff had faith in the manager to lead the home.

The registered provider also had checks in place to ensure the home was meeting their required standards. For example the regional manager was required to track different aspects of the home on a monthly basis. This included checking to see if the registered manager had carried out their tasks in the home.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service.

The registered provider had in place a charter for people who used the service and their family members underpinned by a set of values. These were visible in the entrance way of the home and meant families were able to see the standards in the home they could expect.

We saw the service had community links in place. These were with other professionals. We found GP's, community nurses, chiropodists and opticians frequently visited the home. Partnership working was in place with the Speech and Language Team and local care managers. We also found the registered manager had made contacts with local groups who had provided funding for activities, one group had revamped the garden area to make it more appealing to people who used the service.

During the inspection we found people's topical medicines records were not up to date or reflected the prescription guidance given by healthcare professionals. However the registered manager showed us a new medicines audit which had recently been introduced by the registered provider and included checks to see if people's topical medicines were being appropriately administered. The registered manager had use this new audit and demonstrated to us they had found topical medicines was an area which required improvement. The registered manager told us they intended to use the tool and take action to improve the administration of people's topical medicines.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of their prescribed topical medicines not being properly administered.