P S P Health Care Limited

Edenmore

Inspection report

7 Hostle Park ,
Ilfracombe, EX34 9HW
Tel: 01271 865544
Website:

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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on the 3 and 5 March 2015 and was unannounced.

Edenmore is registered to provide nursing and personal care for up to 48 people. At the time of the inspection there were 38 people living at the service. Most people were living with dementia and health conditions related to older age.

The service has a registered manager who has been in post for over ten years. 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.

Not all care staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Staff were assisting people to make choices in their everyday lives but where people lacked capacity, staff did not always understand the law which underpinned those people's rights.

Some wheelchairs and parts of the kitchen were in need of cleaning, although most other parts of the home were kept clean and fresh smelling. There were some arm

Summary of findings

chairs which were dirty and one had a hole in the arm rest which would have made it difficult to keep clean and free from cross infection. When highlighted this armchair was removed and the kitchen and wheel chairs were cleaned.

Systems were in place to ensure people were protected from the risk of cross infection. Although there were individual risk assessments or care plans in place for people who had been ill recently with sickness and diarrhoea, we were told these had been archived.

Care and support was being well planned and staff had a good understanding of how to support people. However some records relating to some individual's had not been updated to reflect their changing needs. The service was in the process of introducing having a named nurse for each person, who would have responsibility to ensure the care plans and risk assessments were kept up to date. They were confident this would ensure all plans were updated in a more timely way.

The staff team were well established, trained and supported to meet people's needs. They had a good understanding of people's wishes and preferred routines and planned their care and support in line with people's needs and wishes. There were sufficient numbers of staff on duty across all shifts to meet people's needs in a timely way. The nursing and care staff were supported by cooks housekeeping, administrator and maintenance personnel. People and their relatives spoke highly about the caring attitude and skills of the staff at Edenmore. One person said ''This place is brilliant. Nothing is too much trouble. I feel cared about here. Everyone puts themselves out to be helpful and kind.''

The service had a robust recruitment process to ensure only staff who were suitable to work with vulnerable people were employed. New staff received an induction to help them understand their role, but this had not always been fully documented.

Medicines were safely stored and administered by competent staff, but records were not always clear when a variable dose of medicines had been prescribed.

People were supported to eat and drink and where risks of poor nutrition had been identified, this was closely monitored. People's health care needs were being met and monitored.

Staff reported that they felt well supported and had confidence in the registered manager. Staff felt their concerns, ideas and suggestions were listened to and acted upon. There was an ethos of caring and supporting people and the staff team. Staff described the service as a caring environment and a ''good place to work.'' There was a planned training programme covering all aspects of health and safety and some more specialised areas such as working with people with dementia care needs and care of the dying. Staff had regular opportunities to discuss their work and receive support and supervision, although this was not always recorded.

Systems were in place to ensure people and their family had opportunities to have their views heard both formally and informally. Relatives reported they were made to feel welcome and had opportunities to talk to staff and registered manager about any concerns or ideas they had in relation to any aspect of the running of the service.

We found a number of breaches 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 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 always safe.

Some parts of the kitchen were not clean and risks from cross infection had not been fully considered.

Risk assessments were not always clear about agreed action needed to keep people safe

There was sufficient staff who had the right skills, training and experience to meet the needs of people.

Medicines were well managed and audited to ensure people got their medicines on time.

The recruitment process ensured only people suitable to work with vulnerable people were employed. Staff understood the need to protect people from abuse and knew the processes to ensure this happened.

Is the service effective?

Requires Improvement

The service was not always effective.

Consent to care and support was considered and acted upon, where people did not lack capacity. Staff lacked an understanding of the importance of upholding peoples' rights and working within the Mental Capacity Act 2005 for people who lacked capacity.

Staff demonstrated skills in understanding people's ways of communicating in order to ensure choice was given where possible.

People were supported to eat and drink and maintain an adequate diet.

Is the service caring?

Good

The service was caring.

People and their relatives described staff as caring and upholding people's privacy and dignity.

Staff worked with people in a way which showed respect and dignity was upheld.

Staff talked about how they offered care and support in a personalised and caring way. Relatives spoke highly about end of life care being a dignified process.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

Care and support was planned and any changes to people's needs was quickly picked up and acted upon, although this was not always recorded accurately.

People's concerns and complaints were dealt with swiftly and comprehensively. Relatives had confidence their views were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The registered manager was well respected by people, relatives and staff. They promoted an open culture where people felt able to discuss their views.

Staff, people and their relatives said their views were listened to and acted upon.

Systems were in place to ensure the records, training, environment and equipment were all monitored on a regular basis, although some areas of improvement have been identified the registered manager acted swiftly to address these. This ensured the service was safe and quality monitoring was an on-going process.

Edenmore

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included the Provider Information Record (PIR), which asks the provider to give some key information about the service, including what the service does well and improvements they plan to make. We also reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

This inspection took place on 3 and 5 March 2015 and was unannounced. On the first day the inspection team included two inspectors, a pharmacist inspector and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. During the first day we spent time observing how care and support was being delivered and talking with people, their relatives and staff. This included 14 people using the service, nine relatives and friends or other visitors, and 16 staff. This included care staff, nurses, domestic staff, registered provider, senior managers, and the administrator.

On the second day, one inspector spent time looking in more detail at records relating to people's care as well as audits and records in relation to staff training and recruitment. We looked at six care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at four recruitment files, medication administration records, staff rotas and menu plans. We also looked at audit records relating to how the service maintained equipment and building. Following the inspection we spoke with two healthcare professionals who know the service.

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.

Requires Improvement

Is the service safe?

Our findings

Not everyone was able to verbally share with us whether they felt safe. This was because of the fact many people were living with dementia or complex needs. One person commented ‘‘They look after me properly. Staff know what they are doing and I feel safe with the standard of care I get.’’

Relatives of people living at the service were confident people were safe. They said ‘‘I am confident about the care here. She is safe, she wasn’t safe at home, but here she is happy and she is safe’’ and ‘‘There are enough staff to look after them safely…the staff know their job. Residents are safe here.’’

Some of the wheel chairs had not been cleaned following recent use and there was food debris on them. There were also arm chairs in the main downstairs lounge which were worn and stained. One had a hole in the arm rest which would have made it difficult to clean effectively. The registered manager said they were in the process of updating the furnishings and would prioritise the lounge furniture for replacement. She also said she would check why night staff had not been cleaning the transit wheel chairs as this was part of their task list.

This breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks were being managed appropriately, assessments were in place and these identified how to reduce risks. Risk of falls, pressure damage, poor nutritional intake and moving and handling were assessed and kept under review on a regular basis and as people’s needs changed. Where a risk had been identified, measures had been put in place to reduce risks. However, one bed rail risk assessment had not been updated since April 2014 and the outcome of the assessment had not been completed. We fed this back to the registered manager who acknowledged this needed to be made clearer on the risk assessment documentation.

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The service had recently had an outbreak of diarrhoea and vomiting. There was an outbreak chart and notification to Public Health England, however, the records for four people who had been affected did not have a care plan concerning this in their current records. We were told later that these had been archived.

Two nurses said there was an infection control policy, but neither knew how to access it. This did not impact on people’s care as they demonstrated a working understanding of infection control in caring and supporting people. The home completed a twice yearly infection control audit; however the last audit performed in February 2015 had no actions or targets noted.

There were daily comprehensive cleaning schedules which were signed by staff for the kitchen and general areas of the home. However, some areas in the kitchen had been signed as clean but were unclean. Also, other areas that were unclean had not been cleaned because they were not due to be cleaned on the schedule. We fed this back to the registered manager who immediately made arrangements for the kitchen area to have a thorough clean. The kitchen floor was in need of replacing as one area was lifting off and there were also areas around the tiled wall and work top which needed cleaning. The registered manager explained this was due to be replaced as part of the schedule of refurbishment. When we visited on the second day the kitchen areas had all been deep cleaned. The environmental agency had given them a good rating for the cleanliness and recording of keeping the environment risk free. All other parts of the home were clean and fresh smelling.

Staff showed a good understanding of the various types of abuse and they knew who and where they should go to report any concerns they might have. For example, staff knew to report concerns to the registered manager, provider and externally such as the local authority and the Care Quality Commission (CQC). Staff had received training in the safeguarding of vulnerable adults in their care. The service had reported any alerts appropriately to CQC and the local safeguarding team.

Medicines were observed being given in a safe way. People were asked if they needed any medicines prescribed to be taken when necessary, for example pain killers, and the nurse spent time with people to make sure their medicines were taken. There was no-one who looked after their own medicines at the time of this inspection, but we were told that it would be possible for people to do this if it had been assessed as safe for them.

Requires Improvement

Is the service safe?

Medicines were stored safely and securely. There was a refrigerator for medicines needing cold storage, and the temperature of the refrigerator and storage room were monitored to make sure medicines were stored in the recommended way, so they would be safe and effective for people. There were suitable arrangements for storage, recording and checking of controlled drugs, and for the ordering, receipt and disposal of medicines. Records were kept of medicines received and sent for destruction, allowing for an audit trail of medicines handling in the home.

Medicine records were generally well completed, however for some medicines where a variable dose was prescribed, for example one or two tablets, it was not always recorded how many were given. We also found a dose of one medicine that had been signed as being given where the dose had not been removed properly from the blister pack and had been left attached to the cover of the pack by mistake.

Most people who had been prescribed medicines to be given 'when required' for example pain relief or sedative medication, had protocols with their medicines charts or a record in their care plan, to guide staff as to how and when they should be given. However, one person who was prescribed two different pain killers, had no record in their care plan as to which should be given. Nursing staff were able to tell us in detail about this person's needs, but this had not been updated in their records.

There were policies and procedures in place to guide staff as to how to look after medicines in the home. The registered manager explained about medicines update training for the nurses. We were told that syringe driver training had recently been undertaken, and this was confirmed with one of the nurses we spoke with. Advisory visits were arranged with the supplying pharmacy, and regular audits were completed by the registered manager, to check whether medicines were being correctly handled, and any actions recorded.

There were sufficient numbers of staff with the right skills and experience to meet the needs of people who lived at the service through out the day and evening. Nursing and care staff were supported by domestic staff, cooks and maintenance. There were also three activity coordinators who worked during the weekdays. Staffing levels were determined by the number and needs of people living at the service and on admission a dependency tool was used, which was updated on a regular basis.

One relative said, ''My wife can wander around here, she likes that, but there are always staff around to keep an eye. They look after her well and I know she's safe.'' Staff confirmed there were sufficient staff throughout the day and evening to meet people's needs. The registered manager said they had not had to use agency staff as they had a core of staff who were willing to cover holidays and sickness and they had a low turnover of staff. Observations showed staff were able to deliver care and support in a timely way and the atmosphere was relaxed.

There were appropriate recruitment procedures that ensured staff were safe and suitable to work in the home. Recruitment files showed all staff had completed an application detailing their employment history. Each staff member had two references obtained, and had a Disclosure and Barring Service (DBS) check completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

Staff understood how to promote people's independence and ensure people were offered choice of the day to day care they provided. For example, one staff member explained how choices were offered to one person when they were having their personal care. When people needed support to move safely, staff gained consent to the support being provided.

Where people lacked the mental capacity to give consent, staff were less confident in their knowledge of how best to support these people. They had either not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and/or were unsure how these applied to their practice. For example, the staff were unable to explain what depriving someone of their liberty meant, but this had not impacted on people's care and support in a detrimental way. We asked the registered manager for further information about what training staff had received. She said all nursing staff had completed a distance learning course and some care staff had completed MCA training. She said ''19% completed and 18% are working towards completion All other staff are yet to start this I will make this part of their supervision feedback.'' There was evidence of best interest decisions being made, for example, for use of covert medication where the GP and family had been consulted where the person lacked capacity but needed to be assisted to take their medications.

The MCA provides the legal framework to ensure people's rights are upheld if they lack capacity to make certain decisions, at a certain time. 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. DoLS are safeguards protect the rights of people by ensuring if there are restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There was no one currently subject to this type of safeguard, however applications were being made in respect of the supreme court judgement made in April 2014. This ruling made it clear that if a person lacking capacity to consent to arrangements for their care, was subject to continuous supervision and control and was not free to leave the service they are likely to be deprived of their liberty.

New staff received an induction programme which covered aspects of care, support and protecting vulnerable people. The induction included working alongside more experienced staff to learn the role. One new member of staff, currently on induction training, was supported by a senior staff member. They were helping them get to know people's individual needs. The 'Care Practice Manual' had not been completed for some new members of staff. This was a record to show new staff had undertaken the necessary training and achieved competencies in areas such as personal care, meal times and infection control. We discussed this with the registered manager. They said they were aware of this and would be ensuring the records were completed for new staff.

Staff understood people's needs and had received regular training to do their work effectively. They were given regular reminders of when their training was due which they found helpful. The training included fire safety, moving people safely, infection control, first aid awareness, health and safety and food hygiene awareness. Training records showed staff had received in-house training about conditions that affected people using the service, such as dementia and challenging behaviour. Further specialised training for staff in both of these areas was in the process of being introduced into the home. Staff were encouraged to complete formal qualifications in care and improve their skills and knowledge.

Staff said they had received formal supervision of their work but this had not taken place regularly. The registered manager said they were in the process of ensuring all staff had regular support and supervision to enable them to review their practice and discuss training needs, but this had been delayed. However, nursing staff gave support to care staff on a daily basis and were available for advice or support to care staff when needed.

There was positive interaction between staff and people during lunch. People were assisted to eat and drink in a relaxed and unhurried manner. Staff sat with individual people and chatted to them whilst assisting them to eat their food. They were offered the level of support and encouragement required where people could not eat independently. Where those people needed more help, this was done in a discreet and dignified manner. People were offered a choice of meal and an alternative of their choice if they wished. A member of staff told one person they could have "anything they fancied". People said the food was

Requires Improvement

Is the service effective?

‘‘Brilliant, lovely, can’t complain about anything they cook up. Another person said, ‘‘I don’t like some of the meals, but then I know I’m a bit fussy. I only have to ask and they will give me something else, they are so good to me. They make sure we have enough to eat, and I can always find something I like. If I want a drink during the day, I only have to ask.’’

Where people required special diets or their food prepared in a consistency needed to ensure they did not choke, there were clear instructions and details in the kitchen for catering staff to follow. Where people had been assessed as being at risk from not eating enough, records were kept of amounts and types of food offered and taken. These were reviewed by the nurses to ensure people were eating and drinking sufficient amounts. During staff handover between shifts, staff highlighted people they were concerned about who had not eaten their lunch because of being sleepy for example and the afternoon staff said they would offer additional food to the person.

People’s specific health needs were understood and met by registered nurses and care workers . Daily care records and staff handovers showed that people’s health needs were closely monitored and advice and support was sought from the relevant professionals as needed. For example, recognising when expert advice was needed, such as liaising with a speech and language therapist or specialist nurse. One healthcare professional said, ‘‘I have always had good interaction with the manager and nurses at Edenmore. They listen and ask for advice about how to work with people.’’

Good

Is the service caring?

Our findings

People who were able to give their views were complimentary about the caring nature of staff. Comments included, ‘‘They look after me really well. They are very kind. My (television) control is not working and they told me to ask them if I want to change the programme…so kind. I think that they look after me really well.’’ Another person said ‘‘People (staff) look after me very well. I’m only here for a few weeks but the staff know my little likes and dislikes and they put themselves out to be helpful. It’s a great place and I am quite happy here.’’

Relatives also gave a positive view point about how well they felt their relative was being cared for.

One relative said ‘‘I’m sure about the care she gets. I watch these staff helping the residents, doing little things to keep them comfortable…nothing is too much trouble.’’ Another said ‘‘I’m very happy with the care he is getting. The staff are very kind and they acknowledge the relatives and keep us involved.’’

Staff provided care and support in a kind and respectful way. For example, people were assisted to transfer from arm chairs to wheelchairs by staff who explained each step of the process and ensured the person was comfortable and understood what was happening. At lunch staff sat with people and maintained eye contact and offered support to eat in an unhurried manner.

There was positive interaction between staff and most people during lunch. However, we saw one person who had no interaction, prompting or stimulation throughout their lunch from any staff member present. We observed another example of someone who was asked to wait for their pudding until everyone else had finished their main course. These negative interactions were fed back to the registered manager who said they would be addressed with the staff concerned

Staff understood people’s different ways of communicating and were observant of cues when someone became uncomfortable or distressed and offered them to move to their room. People were enabled to have a choice in their daily lives. One person for example, told us ‘‘The staff here look after me properly. They treat us as individuals. We have a choice whether we go down in the lounge or stay in our rooms. I find there are too many people in the dining room, I like to eat my meals up here. I go down to join in the Bingo and the other games when I want to, but it’s up to me.’’

People’s privacy and dignity was upheld. Personal care was only delivered in the privacy of people’s own rooms or in a treatment area. Staff were able to describe ways in which they ensured people’s dignity, wiping their hands and mouths following mealtimes for example. One staff member said ‘‘I always think about what my gran would want and treat our residents like they were my gran. If they have food on their face, I make sure they are clean and tidy.’’ Relatives confirmed that people’s privacy and dignity was maintained. One commented on how staff made sure their relative had colour coordinated outfits on. They said ‘‘My wife was always smart. They take the trouble to dress her properly. All her clothes are hung up in the cupboard, colour co-ordinated, and her shoes. She is helped to stay clean and tidy…I have never smelt any nasty smells anywhere here. The carers make sure she’s changed regularly.’’

Staff were observed to interact with people in a kind and respectful way, chatting about when their relatives would be visiting or talking about events coming up. There was a calm and relaxed atmosphere and staff spent time chatting and laughing with people.

CQC received some positive feedback via the ‘Have your say’ webpage. One relative had written ‘‘I cannot praise this service highly enough. The staff are professional, kind and caring. They

work well together as a team and create a friendly welcoming atmosphere - nothing is too much trouble for them. Not only do they deliver excellent care services to the residents, but they support families too..... However, the palliative care that my mother, who sadly passed away today, received at Edenmore by far exceeded all my expectations.’’

Requires Improvement

Is the service responsive?

Our findings

Most people would be unable to contribute to the development or review of their care needs or plan. One relative said ''The care plan is assessed every six months. My wife likes to wander around a lot and sometimes she has a little fall. If this happens they always phone me, they keep me informed of any changes or anything that happens.'' People's daily records showed that people's relatives were being kept informed and consulted about various aspects of care.

The service was working in a personalised way. Care files contained details about people's preferred routines and how best to support them. For example, one care plan included details about how staff should work with someone who presented challenges at times. This included what the likely triggers for this behaviour might be and how best to diffuse the situation. Details also included what time people liked to rise and go to bed, what they enjoyed doing and how staff should support them to be as independent as possible.

Staff were able to describe how they worked with people to enable them to have choice and to be responsive to their needs. For example staff said some people were able to voice their preferences about staying in bed longer in the morning and this was accommodated. One person was distressed because their DVD player had stopped working and staff gave them reassurance that this would be fixed or replaced but in the interim gave them a temporary solution so they could still watch their DVD's.

Two care plans had not been updated to reflect the person's needs. One related to an old assessment about a behaviour which could be challenging to staff. This had not been reviewed since 2012. The registered manager said this was old information and should have been archived from the file. The other care file which needed updating was for someone whose healthcare needs had significantly increased. The staff team were all aware of this person's care and support needs and they were getting the care they needed, but the care plan had not been updated to reflect their increased dependency. The nurse on duty explained they were moving to a new reviewing system whereby each nurse was lead nurse for four or five people which they felt once this was embedded would ensure care plans were updated in a more responsive way.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff responded promptly to call bells. People were not left waiting and staff responded to people and their needs quickly. Staff were responsive to people's moods and gave reassurance to people when needed.

The service had activity coordinators available throughout the weekdays and one day during the weekend. They offered a variety of activities which included games, exercises, quizzes and trips out to the local town or seafront in the better weather. There were also some paid entertainers who provided sessions on a weekly or fortnightly basis. For people who preferred to stay in their room, or who were being nursed in bed, the activity staff spent time with them reading, giving hand massage's or just spending time talking with people. On the day of the inspection a session of music bingo was being set up but was unable to proceed as the CD player was broken. During the afternoon was saw staff spending time doing crafts and chatting with people. One person said ''I enjoy the bingo and other activities they do.''

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives as part of their information pack. People, were able to express a view, felt their concerns and complaints would be dealt with. One person said ''I can find nothing to grumble about. If I had a complaint I would tell them and I'm sure they would listen. I can't think of anything more they can do to make me comfortable.'' Complaints had been recorded and actions taken to resolve or investigate these were evidenced.

Relatives who visited the home at the time of the inspection said they were confident their concerns or complaints would be dealt with. One relative said ''If had any complaints I would go to the management. I complained about the standard of food and they really listened and responded to me.'' Another said ''If I had any complaints I would go to the senior staff and I have every confidence they would take it seriously.''

Good

Is the service well-led?

Our findings

People and their relatives expressed a high level of confidence in the registered manager's ability to run the home. One person said ''This place is run well. The service is wonderful. I haven't experienced better service anywhere and I've stayed in hotels all over the world.'' A relative commented ''The manager keeps a good ship. She wouldn't let anything slide…this place is run well. ''

Staff were confident their views were listened to and described the management approach as open and Edenmore as a ''A good place to work.'' They said there were staff meetings where they could have their views heard or they could talk to the registered manager at any time.

Ednmore is one of several homes owned by the same registered provider. They have a number of regional people who provide quality assurance monitoring checks and advice to each of the homes. For example, they have until recently had a catering manager, who undertook check and provided advice on menus for each service. They also had a clinical support lead and the nominated individual of the company completed monthly checks and audits on various aspects of delivery of care and support. This included random sampling of care records. Registered managers were also completing audits on records relating to care.

The registered manager has worked at the service for 17 years and has been the manager for the last ten years. The registered provider described her leadership as ''developed a positive culture based on honesty, integrity, fairness and transparency.'' Staff confirmed this view and said the registered manager strived to ensure people get good care from the staff team. There was a clear vision to ensure people got personalised care. When we highlighted areas of improvement as part of our feedback the registered manager was quick to respond to these areas.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. She discussed the recent increase in number of deaths explaining that most had been expected as they had admitted people with palliative care needs. She was aware that the increase in death notifications would highlight a possible concern for CQC and wanted to assure us of the reasons for this peak in numbers.

The service used surveys to gain the views of people and their families. The last resident survey was sent out in January 2014 and ten families responded. Eight of these marked quality of care as very good and one as good. One comment from the survey was, "You should have excellent box. Mother was made very welcomed, better than a hotel. My Mother has been with you a couple of years, she is being so well looked after that in December we put my mother in law in there as well. Staff call me by first name like they have known me for years which I think is lovely."

Systems were in place to audit the records, building, cleaning, medications and equipment. The registered provider stated in their provider information return that accident and audits database was used to monitor trends and the ''clinical audit tools ensure substantively that clinical indicators are moving in the right direction for each person, and our surveys and feedback calls provide information from visitors - both lay and professional. Combined with staff and resident meetings this system operates well…..Resources have been made available to allow the service to improve. For example a number of external works have just been completed such as the exterior painting and relaying of the driveway. These were identified as being important to both families and staff as requiring improvement through our quality assurance processes.'' However there were some areas identified in this inspection which the providers systems had failed to pick up. For example, some care plan information had not been reviewed and updated, . Some staff supervisions and inductions had not occurred or were not accurately recorded. The registered manager acted swiftly to remedy these concerns once identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 (RA) Regulations 2014 Premises and equipment The registered person had not made suitable arrangements to protect service users and others who may be at risk from the use of unsafe equipment by ensuring the equipment is properly maintained and suitable for its use.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person had not taken proper steps to protect services users from risk of receiving care or treatment that is inappropriate by means of the maintenance of accurate records for each service user