Bupa Care Homes (BNH) Limited

Puttenham Hill House Care Home

Inspection report

Puttenham
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Tel: 01483810628

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on the 25 August 2016. Puttenham Hill House provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 30 people. At the time of our inspection 25 people were living at the service.

There was a registered manager in post however they were on annual leave on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Instead on the day we were supported by the interim manager and the clinical lead.

There was insufficient numbers of care staff deployed at the service to meet people's needs. This was a continued breach from the previous inspection around staffing levels.

The provider did not always have systems in place to regularly assess and monitor the quality of the care provided. They had not acted on concerns we identified at our last inspection.

Qualified staff had not always received appropriate clinical supervision. However other staff were having one to one support with their manger that promoted their development. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

People told us they were safe at the service. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business contingency plan that identified how the service would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People had enough to eat and drink and there were arrangements in place to identify and support people

who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the service and on a continuous basis to reflect changes in their needs. People's care and welfare was monitored regularly to ensure their needs were met within a safe environment.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Concerns and complaints were used as an opportunity to learn and improve the service. The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. There were a range of activities available within the service and outside.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive.

During the inspection we found 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 the report. We have also made recommendations around some regulations. Details of these are shown on the full 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 was not always safe.

There were not enough staff at the service to support people's needs at all times.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Requires Improvement

The service was effective.

People's care and support promoted their well-being in accordance with their needs.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs however clinical supervision was required.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy was respected and promoted.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

The home was organised to meet people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

Is the service well-led?

Requires Improvement

The service was not always well- led.

The provider did not always have systems in place to regularly assess and monitor the quality of the service the home provided. The provider had not met breaches in regulation from the previous inspection.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager.

The management and leadership of the home were described as good and very supportive.

Puttenham Hill House 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 was an unannounced inspection which took place on the 25 August 2016. The inspection team consisted of one inspector, an expert by experience in care for older people (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of service) and a nurse specialist.

Prior to the inspection we reviewed the information we had about the service. We reviewed information on the 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.

We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the interim manager, 11 people, two relatives and nine members of staff. We looked at a sample of seven care records, medicine administration records and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 28 July 2015 where breaches were identified.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough care and clinical staff at the service to meet people's needs. The provider sent in an action plan that did not address the levels of staff on duty and we found on this inspection that the staffing levels had not improved.

People and relatives told us that there were not enough staff at the service. One person told us, "There could be one or more staff, when I use my call bell they (staff) take a while to come; I find it's worse during staff handover." Another person said, "The staff respond to the call bell when they are not busy, at night it is more difficult." They told us that response time from staff depended upon how busy staff were. One relative said, "I think at weekends there are enough staff but during the week there isn't."

There were not enough staff to meet people's needs consistently. When we arrived at the service staff were busy providing personal care to people in their rooms. We observed on the first floor there were two carers providing support to one person in their room. This meant that all of the other people being nursed in bed on that floor were not being supported by staff. Staff told us that all of the people on that floor required two members of staff to assist them with personal care but that only two members of staff were allocated to that floor. We saw that people were left for long periods of time without support. One person was in bed and was trying to drink from an empty cup, we tried to find a member of staff to assist them but couldn't. We used the call bell and a member of staff from another floor did assist very quickly. There were people in bed that could not use their call bell who required hourly checks. We saw that one person (according to the hourly check sheet) had last been checked by staff at 8.45am. We observed that the person had still not been checked three hours later and had not been offered a drink. This was a hot day and we saw that the person's lips were very dry. We asked the interim manager to address this and they asked a member of staff to check on them.

Staff told us that there were not enough of them. One member of staff said, "The response time (to call bells) depends a lot on the day and dependant on the numbers of staff we have." Another member of staff said, "Staffing levels vary, it's a challenge." They told us that the hourly checks on people was not always easy and they had concerns that people who could not call out for help or use the call bell may be at risk. Staff said that they did not have enough time to spend with people in their rooms other than to undertake tasks. One member of staff said, "I would like to talk and chat to people, but who would do the personal care and assisting people to eat?" The interim manager told us (and we saw from the rotas) that the numbers of staff had not changed since the last inspection despite there being the same amount of people living there and with the same amount of needs. We were provided with the call bells records, however this did not accurately reflect how soon people's needs were met as people told us that staff would turn the call bell off and would say to the person that they would return.

We were provided with evidence after the inspection that an additional carer had been rotered on to provide care. However on the day of the inspection the lack of staff had impacted on the care that people were

having. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. Staff told us about the selection procedure that they went through to ensure that they were safe to start work. All staff told us that they were interviewed for the job and had to provide two references and had to undergo police checks. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. Notes from interviews with applicants was retained on file and showed that the service had set out to
employ the most suitable staff for the roles. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Assessments were undertaken to identify risks to people. The environment was clean, well lit; the corridors were wide and fitted with rails to aid with mobility. The flooring was in good state of repair and free from obstructions. People had walking aids and wheels chairs to assist them. The staff were also vigilant and we observed staff reminding a person to use their frame. There were an adequate number and selection of hoists to assist staff to support the people requiring transfer that had been regularly serviced. When clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring. Other risks were also assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans developed to minimise risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Equipment was provided to the person to reduce the risk of injury. This included walking frames, hoists and wheelchairs. The staff told us that they had training on risk assessment. Staff had knowledge of people's risks and we saw plans being put into action on the day of the inspection.

People told us that they felt safe at the service and relatives felt their family members were safe. Comments included, "Mum is happy here and I can see staff are looking after her", "The staff make me feel safe, they are marvellous", "I feel entirely safe here, even at night" and "Very safe here, it's the systems that they have in place and the calibre of staff."

Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "If I saw something I would go straight to the manager or if needed to the local authority or CQC." Staff said that they knew about the whistleblowing policy and would have no hesitation in reporting concerns. There was a safeguarding adults policy and staff had received training in safeguarding people.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. However we did raise with staff there was not always detailed recording of how the incident was dealt with. They told us that they would ensure that this was done. We followed up on recorded incidents and found that steps had been taken to reduce the risks. One person had fallen a number of times. They were referred to a health care professional and had been provided with a new walking aid. The person had not fallen since this had been provided. One member of staff said, "If I witnessed an incident I would get the nurse, assess the situation and record the information."

There were appropriate plans in place in the event of an emergency. Each person had a personal evacuation plan which was reviewed regularly by staff. These were left in the reception area and could be accessed quickly and easily if needed. Staff understood what they needed to do to help keep people safe. There was a

business continuity plan in the event the building needed to be evacuated.

People's medicines were managed safely and people understood the medicines that they received. There was a clear policy and procedure in place and staff had training in medication management and had been passed as competent to dispense medication. Staff demonstrated good knowledge of medication being dispensed and recognising possible side effects. There was information available to the people about the medication they were on. All prescriptions were appropriately signed and regularly reviewed by the G.P. Medicines were ordered in a timely manner and were checked well in advance of the person receiving their medication. One staff told us, "We have a very good understanding and communication with our chemist. They deliver the medicine well in time to allow us to check and have the medicine ready." Medicine was appropriately stored in cupboards and medicine trolley.

The service required that medicine audits were completed daily, weekly and monthly. Records showed gaps in the daily audit, weekly audit and monthly audit. The clinical lead told us "I noticed that when I first started that audits were not being done. So I have started the audits and have started having supervision regarding medication management."

Each person had their own Medicine Administration Record (MAR). In front of the MAR was a photograph to enable identification. We observed medicines being given and the nurse making the person comfortable. They checked the identity of the person and asked which medicine they would like to take first. The nurse asked each person whether they were in pain and whether they required any additional pain killers. The nurse checked that the person had taken the medicine before signing the recording sheet. There was a PRN (as and when) protocol in place and this was reviewed regularly. Anticipatory drugs for people were prescribed and available to people. On person told us, "The staff make me comfortable and I have pain-killers all the time. I can't complain" whilst another said, "I am comfortable and I get medication when I require it."

Requires Improvement

Is the service effective?

Our findings

People were satisfied with the care that they received. Comments included: "When I came in here I was really in a state and I've improved so much since I've been in here", "The staff are excellent" and "The staff are very good here."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One member of staff said, "The training is really good, you get prompts when you needed updated training." All staff received the service mandatory training including moving and handling, infection control and health and safety. Nurses were kept up date with the clinical training including wound care, catheter care, skin integrity, syringe driver and falls prevention. One member of staff said, "The training I have had informed me about the care of a person with type One diabetes. We have made sure that we have involved the relevant experts in his care such as the diabetic nurse to advise us on the diabetes, the dietician about his diet, the optician about his eyes and the chiropodist about the care of his feet." Staff had knowledge, skills and attitude to give the care required for people who required palliative care. One told us, "I have not had any training about caring for somebody with end of life and palliative care, but the experience that I have gained the last three months have made me confident in providing the care these people require. I have learnt by observing and working alongside more experienced staff. I have asked to go on a course to enable me to deal with end of life care." The interim manager confirmed that additional training for people at the end of their lives was being provided.

Care staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "I feel supported, it's good to have one to ones with my manager." However there were gaps around the clinical supervision with the nurses. The nurses were unable to tell us when they last had supervision around their practices. The clinical lead would normally undertake the supervisions however most days they were assisting the other nurse on duty with the clinical care.

We recommend that all staff receive appropriate and on ongoing periodic supervision in their role to ensure that competence is maintained.

People told us that staff asked their consent to care. One person told us "I make all my own decisions, staff do ask my consent." We saw that staff obtained consent before carrying out any care for people that included personal care and before they were given medicines. Staff had received training around Mental Capacity Act (MCA) 2005 and how they needed to put it into practice. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We saw assessments had been completed where people were unable to make decisions for themselves. However some assessments were not always specific to the decision that needed to be made for example, in relation to bed rails. The interim manager was aware of this and steps were being taken to address this.

Staff were able to describe MCA to us and showed us that they carried small cards around with them with the main principles of the MCA. One member of staff said, "In the first instance you assume capacity and if needed consult the nurse if you have doubts about the person's capacity." Whilst another said, "People should be allowed to make their own decisions. And when they lack capacity any decisions that are made on their behalf should be in their best interest and you must arrange a meeting."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLS had been completed and submitted in line with current legislation to the local authority for people living at the home for example, in relation to bed rails.

Without exception people told us that they enjoyed the food at the service. Comments from people included, "Food is good here I haven't got to cook it and I get a good choice and I haven't got a favourite meal but I do like a good roast. I never get hungry at night I have a hot drink and a biscuit at about 7pm to 9pm and that's it" and, "The food is excellent I always ask for seconds. We get a menu the day before and we have a good choice, I have a drink by my bed at night, you can have a light bite menu at night." Relatives told us, "Mum asks what she wants. Like today she asked for jacket potatoes with cheese and marmite and she got it" and "The food is marvellous."

We observed lunch being served in the dining room. There was a menu displayed just outside of the dining rooms for people and menus on each table. People were offered a choice of drinks including wine and beer. People who were in their rooms were not left waiting for their meals. The chef had records of people's individuals requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. The chef told us that the nurse would update this list regularly to ensure they had the most up to date information. They said that the chef manager would meet with any new people to establish what their likes and dislikes were. However people who were on a soft or pureed diet were not offered a choice of meal. The chef told us that they would address this.

For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this was not always completed accurately. It was noted that the meal or drink had been given but no record of the amounts. We raised this with the interim manager who
said that they would address this immediately with staff.

People's care records showed relevant health and social care professionals were involved with people's care. One person told us, "I see the doctor as needed and I go out to see the dentist and the optician. The staff take me in the company car." Records showed involvement of diabetic nurse, dietician, Speech And Language Therapist (SALT) and the local hospice. Staff followed the guidance provided the health care professionals.

Good

Is the service caring?

Our findings

All the people we spoke to were very complementary of the caring nature of the staff at the service. Comments included, "The staff are marvellous, helpful and nice. If I had the means I would buy each one of them a present every day", "They're all very nice and kind the staff, especially the lady that does the activities she always talks to me and she listens to me", "The staff treat me like I'm a friend without exception and yes, they listened to me when I came in here I wanted to die and the staff here stopped me feeling down now I'm ok thanks to the staff."

Staff showed concern for people's wellbeing in a caring and meaningful way. During interaction we observed that staff always approached people with gentleness and kindness and gave them choice. People were not made to hurry to do anything. People were always given an adequate time to respond. Staff were very protective of one person that we spoke with, putting their needs first. The member of staff told us, "I normally ask important questions like are you comfortable, are you in pain? The reason behind this is because of (the person's) shortness of breath and tires easily. Please try not to ask too many questions." We heard kind interactions from staff when talking to people. One member of staff was supporting someone to drink and said, "Are you thirsty? It's a bit hot today isn't it, is that better?"

Staff spoke with people in a respectful manner, gave people choices and treated people with dignity. One person told us, "They are very good. The first impressions are that they're strict but once you get to know them they are really caring. They always treat me with kindness and respect and they always knock on my door before they go into my room and they always close the door when they're doing anything for me." Another person said, "I get everything and the thing I enjoy most is that I can choose to do what I want when I want." We saw this in practice several times during the inspection. Men were clean shaven and staff ensured that people were supported to be dressed in an appropriate way to maintain their dignity.

People were supported to be independent. One person said, "I like to dress myself and wash my self they (staff) clean my room every day when I'm down having lunch." Staff told us that they would encourage people to undertake their own personal care if was appropriate to do so. One relative said, "I was afraid that the staff would take over and (the family member) would lose his independence, but I have been pleasantly surprised. The staff take their time and allow him to do as much as possible for himself. They give him a lot of encouragement. I know he approves of the care he gets here because he tells me. This is better that I expected." There were people who were happy for staff to support when needed. One person said, "I like to have a shower and I have one every other day and I have to have someone to help me which is good." The environment was set up for people to walk around the service unsupported by staff which gave them independence. One person said, "There are no restrictions to where I go in the grounds (of the service)."

People were able to make choices about when to get up in the morning, what to eat, and what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People told us that they were encouraged to bring things into the service that were important to them. Each room was homely and individual to the people who lived there.

Relatives and friends were encouraged to visit and maintain relationships with people. One person said, "My son will come and see me with the grandchildren." One relative said, "There are no restrictions on when we can come and go when we want to see her." People confirmed that they were able to practice their religious beliefs. We saw that religious services were held in the home and these were open to those who wished to attend.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. One person told us, "I came here because my daughter lives far away and could not keep an eye on me, here I get everything and I am happy."

Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. There were detailed care records which outlined individual's care and support. For example, personal hygiene, medicine, dietary needs, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative told us that staff contacted them if there was any concern about their family member.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. However we did raise with the interim manager on the day that staff had not had the handover until a few hours into their shift. Staff told us this was because it had been busy that day. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken. The staff had up to date information relating to people's care needs. One member of staff told us although they recorded changes to people's care needs, it was equally important for them to verbally share information, which they did each day.

People confirmed that there was a range of activities for them to take part in if they wished to. Comments from people included, "I like going out for a nice walk I love walking and I like bingo and card games and painting", "Yes most days they have entertainers which I like and a bloke who plays a piano which I like and the activities manager is very good", "The activities manager is very good I like a few things like the entertainer and some of the games we play" and "I like bingo and sing-along I would join in and have a look at the things to do."

We spoke to one of the activity coordinators. They told us that an additional coordinator was being recruited to help them out. They said that they visited people in their rooms but would like to do more of this. There was a wide range of activities taking place at the service that included 'creative minds' sessions where people had painted pebbles in the garden and gardening. There were entertainers, outings and seasonal events. The coordinator said, "In September we will be having a summer fair with a steel band and an animal farm and stalls I have sent out 50 invitations and we are raising money for McMillians cancer support." On people's birthdays the chef made cakes and finger foods and the room they choose to have it in was decorated. During the inspection we saw people taking part in bingo; we could hear laughter from people who were really enjoying the activity.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People knew how to complain, comments from them included, "I have complained once or twice to the manager

and he always takes notice of me" and "It would take a lot to upset me but I would make a complaint if I needed to." One relative said, "I made a complaint about the seating at lunch times as I sit with (their family member) at lunch and supper times. They tried to move us about so I complained to the manager and it stayed the way it was." There had been one complaint since our last inspection and this had been investigated thoroughly and people and their relatives were satisfied with the response.

Requires Improvement

Is the service well-led?

Our findings

On the previous inspection in July 2015 we had identified a breach around the lack of staff to support people. The action plan that the provider sent to us after the inspection did not address this breach, it focussed more around reminding staff of their roles. The PIR that the provider completed did not reflect the lack of staffing levels nor did it mention whether they felt they had sufficient staffing. Although the provider has now confirmed that staffing levels have increased since this inspection this should have been acted upon following our last inspection. The lack of staff had a direct impact on the quality of care that people received and it was acknowledged by the interim manager on the day that the staffing levels were not adequate. The PIR also stated that clinical supervisions were carried out but we found that this was not the case on this inspection.

There were aspects to the quality assurance that were not effective and had not identified the gaps that we had identified on the day. In May and July 2016 the regional team at BUPA undertook 'Monthly Home Reviews'. The reviews stated that the levels of staff were adequate and that clinical supervisions were taking place. However this was not the case.

We saw various other audits that were being used to improve the quality of care. As a result of these audits there were action plans detailing the comprehensive maintenance taking place around the service. This included the replacement of furniture, redecoration and updates in the kitchen. Audits had also addressed other areas for example, the increase of daily meetings for clinical staff.

People and relatives all told us they were happy with the management and running of the service. Comments included, "Excellent job he always listens to you and he does what you want him to do", "He (the manager) seems to do a good job I have no complaints", "I wouldn't change anything here I'm very happy here", "The staff are fantastic they truly are" and "Yes I think he (the manager) does a really good job here." Staff were also complimentary about the manager. One told us, "I feel really supported by the manager, he is fantastic, anything you want or need, he totally understands." Whilst another said, "(The manager) is a really good, I like the guy."

People confirmed they attended the residents and relatives meetings. One person told us, "They have a residents meeting here twice a year I think and there's one coming up at the end of September." Whilst another said, "They do have meetings and they are having one in September and I think they take what's said on board." We saw minutes of the meeting where people discussed the refurbishment of the service, introduction to new staff, food and activities. People asked that the menus be available in their rooms and this had been addressed.

People's feedback about how to improve the service was sought. Surveys were carried out each May and any actions needed addressed. The last survey completed did not contain any negative feedback. Comments of the survey included, "Staff are very helpful", "Medical conditions are well documented."

We saw during the inspection that the interim manager had an open door policy, and actively

encouraged people and staff to voice any concerns. Senior staff engaged with people and had a vast amount of knowledge about the people living at the service. They were polite, caring towards them and encouraging them.

Staff morale was good and they worked well together as a team. One member of staff said, "This place is blinding, staff leave and come back to work here, it's a great family environment, staff are always there when you need them." Another told us, "The staff are like your family, it's a good team and you can have a real good laugh." Staff told us that they felt valued, one said, "They (managers) praise you, thank me for all my efforts, we also have the 'employee of the month'." Another member of staff said, "I feel extremely valued. (The manager) thanks me and we have just started with employee of the month." Staff understood the ethos of the service, one told us, "We are here to look after and care for residents and their needs."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. We found records were accurate and kept securely.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that there were enough staff deployed at the service.