

Springfield Healthcare (Seacroft Green) Limited

Seacroft Green Care Village

Inspection report

Seacroft Crescent
Seacroft
Leeds
West Yorkshire
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Tel: 01134261230

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20 February 2018

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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

Seacroft Green Care Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Seacroft Green Care Village accommodates up to 76 people across four separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of our inspection 46 people were using the service.

This first comprehensive rated inspection of Seacroft Green Care Village took place on 19 and 20 February 2018 and was unannounced. We found the overall rating for this service to be 'Requires Improvement'. The rating is based on an aggregation of the ratings awarded for all 5 key questions.

There was a registered manager in post. 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.

Medicines were not always managed safely and we found areas of concern. These issues included gaps on room temperature monitoring charts, a lack of guidance for staff with regard to the application of topical medicines, items which were no longer in use had not been disposed of. The quality systems in place for monitoring medicines management had not identified these issues.

People's feedback about the food at the home was mostly negative. Although people enjoyed the home made food and snacks at the home, we received a number of negative comments relating to the frozen meals people were served for lunch and their evening meal. The provider had listened to people's concerns and was committed to making improvements for people. We have made a recommendation about this.

The design and adaptation of the home met people's needs on the whole. However, the addition of appropriate signage on the unit for people living with dementia should be considered by the provider. We have made a recommendation about this.

All the people we spoke with said they felt safe at Seacroft Green Care Village. Staff supported people to be as independent as they wanted to be and protected them from risks to their safety. Staff were trained in protecting people from abuse and understood their responsibilities to keep people safe.

There were enough staff to keep people safe and to support them with activities. The provider's recruitment procedures ensured that only staff suited to work at the service were employed.

The premises were clean and hygienic. Maintenance contracts were in place for premises and equipment

and some regular safety checks were carried out. Staff practised effective infection control.

People's choices were respected and they were not restricted in any way. People spent their time the way they wanted. People were supported to have maximum choice about their daily routines and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The service ensured people's human rights were protected and their cultural needs promoted. Staff completed a range of training to help ensure they had the skills and knowledge they needed to provide effective care. The registered manager and staff had a working knowledge of the Mental Capacity Act 2005 and understood the importance of people consenting to their care.

Most people told us the staff were caring and kind and that their privacy and dignity was respected at all times. We saw the registered manager had taken swift action when they had received negative feedback about staff's approach.

People experienced care and support that was planned to meet their needs. Care plans provided guidance to staff on people's care and support needs.

People and their relative's views were sought and acted upon. The provider's complaints procedure was displayed in the entrance area and records showed that complaints were responded to appropriately and constructively.

The service worked closely in partnership with other services to support people. The registered manager worked on making people feel the service was their home.

Systems were in place for monitoring quality and safety and actions were taken where areas for improvement and shortfalls had been identified.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 12, Safe care and treatment and Regulation 17, Good governance. 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 was not always safe.

Medicines were not always safely managed.

People and relatives told us that people were safe living in the home.

Accidents and incidents were reported, recorded and actions taken to minimise future risks.

Staff were safely recruited and sufficient staff were deployed to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not effective.

People were supported to maintain a healthy diet and could choose their meals. However, people spoken with were not happy with the meal provision at the service.

People had their needs assessed and plans were in place for effective support. Staff were knowledgeable and received training updates.

People had access to health professionals and received consistent care and support.

People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Good ●

The service was caring

The staff were caring in their approach. We saw pleasant and positive interactions between people and staff. Relatives were made welcome.

People were treated with respect and staff understood the importance of maintaining people's privacy and dignity while

providing care.

People's care records were kept secure.

People could make choices and were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's preferences were understood and they were involved in their assessments, care plans and reviews.

People were supported to take part in activities and follow their individual interests.

People could be confident that any complaint would be listened to and acted on.

People had opportunities for discussions about their wishes for end of life care.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered provider had systems in place to monitor the service however, these were not robust. Issues we found relating to the management of medicines had not been previously identified.

People who used the service, their relatives and staff felt supported by the registered manager.

Staff were supported in their work and were positive about the management team in place at the service.

Seacroft Green Care Village

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.

This inspection took place on 19 and 20 February 2018 and was unannounced. The inspection team consisted of one adult social care inspector, two specialist advisors 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. Our expert by experience had experience of caring for an older person. Both specialist advisors were registered nurses and looked at how the service managed medicines and other aspects of nursing care.

We used information the provider sent us in the 'Provider Information Return' (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service, ten relatives, 12 members of staff, the registered manager, the quality lead and the head of operations. Following our visit, we spoke with one visiting professional. We reviewed five people's care files and 11 people's medication records. We looked at five staff personnel files which included supervision and appraisal documents. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

We looked at the arrangements for the management of medicines. Although systems were in place to monitor the management of medicines, we found a number of issues which had not been identified through these systems. This meant they were not robust.

Thickening agents were not always stored securely in a locked treatment room. We reported this to the registered manager who informed us that locked cabinets had already been ordered as this had been a matter that had been identified through their own processes.

Room temperatures were taken in the rooms where medicines were stored. However, we saw there were gaps on the documents which meant these had not been recorded consistently. For example, on Terrace unit room temperatures had not been recorded for five days in January 2018.

Medicines which required cool storage were not always stored appropriately. For example, on Terrace unit fridge temperatures were recorded as between 15-17 degrees centigrade on ten occasions. This meant the quality of the medicines may have been compromised, as they had not been stored under required conditions.

When we checked the content of the fridges used to store people's medicine's we found items which were no longer in use and had not been disposed of. We also found two tubes of hydrocortisone cream for one person dated as being opened on 24 November 2017 and 19 December 2017. A staff member removed these items from the fridge.

We found a number of issues where the service had not updated the electronic system (eMAR) for the recording of administration of medicines. This included one person who had a medication discontinued on 1 February 2018 as the person was allergic to this medicine as confirmed by the GP. However, the allergy status on the eMAR had not been updated accordingly.

Some people received support with topical creams. There were a number of examples which showed inconsistent recording of application of topical creams for people. For example, for one person, we saw there was no completed body map in place to show staff where the topical cream should be applied. The application of the cream had been recorded on the TMAR 25 times in February 2018. However, the application of the cream had not been recorded on the eMAR for February 2018. This meant we could not be sure if people were having their medication administered correctly.

These issues demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they felt safe in the home. One person told us, "If I ask for anything I get it straight away I am happy here." Other comments we received in relation to people feeling safe was related to the building and how safe people felt it was. A relative told us, "The staff are very good they are very

attentive. Any problems are sorted straight away. I feel my relative is safe because of the security of the building and there are staff around all the time."

Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they had not needed to raise a safeguarding concern since working at the service but would not hesitate to do so if required.

Risk assessments were completed, for example, in relation to moving and handling, eating and drinking, skin condition and development of pressure ulcers and falls. Risk management plans were in place where risks had been identified. Assessments were reviewed and updated on a regular basis and when there were changes.

In the PIR we were informed, 'When there are admissions to the home staffing levels are reviewed and monitored to ensure the needs are being met correctly.' The registered manager told us they used a formal dependency assessment tool to calculate the staffing needs in the home. They told us they spent a lot of time talking with staff, people who used the service and relatives to obtain views about staffing. We saw the registered manager regularly walked around the home and was visible and accessible to everyone during our visit.

Staff we spoke with told us they thought there were enough staff on duty. One staff member said, "There are enough of us about. Sometimes it's about being organised." Another staff member said, "I think we have enough staff to care for people. People stay in their rooms a lot on this unit so we plan the shift and we know who we are looking after. People also like joining in activities on other floors so we can go with them. It doesn't leave us sort if we move around."

Most of the people we spoke with told us staffing was sufficient. They told us staff responded to calls for help and support in a timely manner. People had access to call bells and during the day of our visit calls for support were promptly responded to. We also received some negative comments about the use of agency staff. People told us that agency staff on duty at night did not know their needs as well as regular staff. They also said at times they had to wait longer for assistance. We shared these comments with the registered manager who told us there were systems in place to ensure the same agency staff were used, where possible, to aid consistency of care for people.

People lived in a safe environment. All of the relevant safety checks had been completed, such as gas and electrical appliance safety. Premises safety checks had been completed for water temperatures, legionella control, electrical and gas safety, lift maintenance and hoist checks. There were procedures to make sure regular and ongoing safety maintenance was completed. A business continuity plan provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

The registered manager demonstrated an awareness of their legal duties with respect to fire safety. A fire risk assessment had been completed and the registered manager confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. Individual Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. There was also guidance available for visitors regarding what to do in an emergency.

People were protected by the prevention and control of infection. The cleanliness of the service was maintained to a good standard. Staff told us and records confirmed that the majority of staff had received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

Accidents and incidents were recorded and actions taken to reduce future risks of injury. For example, one person had fallen out of bed and sustained an injury. Actions were taken, medical advice was sought and the person's care plan was reviewed. They were provided with an 'ultra-low' bed to reduce their risk of future injury. This meant that patterns or trends were identified and actions taken where needed.

The provider completed the relevant checks before staff began working at the service to help ensure they employed people who were suitable to work at the home. Staff files included a range of documentation that included application forms with full employment history, photo identification and written references. Disclosure and Barring Service (DBS) checks had been completed to help ensure staff were safe to work with vulnerable adults. DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. Additional checks were completed to make sure registered nurses had current registration with their regulatory body, the Nursing and Midwifery Council.

Is the service effective?

Our findings

Prior to moving into the home people's care needs were assessed by a senior member of staff to ensure their needs would be able to be met. We saw the assessments covered aspects of people's care such as physical needs, mental health and social needs. The initial assessment enabled a care plan to be written and implemented.

People had access and were referred to external health professionals. The records showed that people had been visited by a range of health professionals that included GP's, nurse practitioners and social workers. Care plans reflected the advice and guidance provided by external health and social care professionals. One health care professional told us they were slightly concerned that the guidance they added into people's care records may not always be followed by staff, and verbal handovers seemed to be more effective. They also said that the paperwork they completed was often used by staff to record other aspects of people's care which were not appropriate.

In the PIR the provider told us, "Our meals are provided by an external organisation and the menu is designed with the residents." On both days of our inspection visit we observed breakfast was served to meet individual preferences for each person and where they chose to eat, for example in their own room. We received many positive comments about the breakfast served at the home which were in direct conflict with the many negative comments we received about lunch and evening meals served to people.

All of the people we spoke with told us they were not enjoying the frozen meals they were served and preferred the fresh meals served at breakfast. Comments included, "For what we are paying to be here the food is appalling"; "The food is like a microwave meal you would have if there was nothing else. How can you look forward to that" and "I think the food is awful. I look forward to breakfast and then my relatives bring bits in for me."

We reported this feedback to the registered manager and the head of operations. They told us they had made a number of attempts to engage with people and their relatives to improve the food. This included 'taster evenings' and theme nights. However, they were aware that people had issues with the food at the home and told us they would continue to work with people and their relatives to make improvements.

We recommend the provider continues in their efforts to improve the food for people who use the service.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called 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. At the time of our inspection there was one person who had an authorised DoLS in place and 22 people waiting for responses from the local authority. Where people lacked capacity to consent, best interest decisions were made in consultation with relevant others, such as relatives or GP's. Staff we spoke with told us how some people declined care on occasions. One member of staff said, "[Name of person] is very receptive if you are quiet and gentle. If he doesn't want you to help, you just go back and try later." The service had sought the involvement of an Independent Mental Capacity Advocate (IMCA) for one person in relation to decision making.

People received effective care from staff who had received training and support to carry out their roles. Relatives told us they thought staff were generally well trained and supported their relatives well.

Staff told us they felt well supported by colleagues, the nursing staff and the registered manager. One member of staff commented, "The training is all kept up to date by the manager. They let us know when we are due for a refresher." We saw training records showed staff had attended training in line with the provider's expectations. These records highlighted when staff training was due.

When new staff started in post they completed an induction programme and then shadowed colleagues to gain practical experience. The induction programme incorporated the care certificate, a national training process introduced in April 2015. This was designed to ensure staff were suitably trained to provide a basic standard of care and support.

Seacroft Green Care Village is a purpose built residential nursing service. One of the units which accommodated adults of working age had direct access to a large paved garden area as well as a separate patio area. The garden area could also be used by people from the other units within the service. All bedrooms had ensuite bathrooms. Corridors, bathrooms and bedrooms all allow good space for ease of movement of people and equipment including hoists. There was a lift that serviced all floors and each room had a nurse call system to enable people to request support if needed. The unit which accommodated people living with dementia was located on the top floor of the home.

We recommend the provider adds signage to further support people living with dementia in order to meet their needs and promote their independence.

Is the service caring?

Our findings

From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. Relatives told us people were being cared for by staff who were knowledgeable and who understood their needs.

Information was in an accessible format for people to understand, for example, the activities schedule for the week was printed in large print with pictures and words describing the event and where they would take place. We saw other information in large print and pictorial format to accommodate the needs of people using the service. On the unit which accommodated people living with dementia we saw these aids were available to show people what they would be having for lunch. However, staff had not used these.

We recommend the provider ensures staff utilise all communication aids available to ensure people's needs are met.

We observed the interaction between the staff on duty and people who used the service. People appeared very relaxed in the company of the staff and there was a good rapport between them. People made choices about where they wished to spend their time for example. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

Staff knew people's individual communication skills, abilities and preferences, and information was available in care plans about people's likes and dislikes. Care records contained a 'This is me' document which provided staff at a glance information about the person. One person's relative told us, "Staff read the 'This is me' section of the care plan which is in my relative's room and they act accordingly. I feel staff are well trained because of the way they adapt to the different needs of different residents, it's not just one blanket fits all."

People said that staff respected their needs and wishes and they felt that their privacy and dignity was respected. They told us staff closed doors and curtains before carrying out personal care. Staff told us, "We never just walk into a person's room. We always knock and ask if they are ready for us. Even if we are carrying out our checks, we always knock first, it's about being respectful."

People and their relatives said that they would feel confident to speak to a member of staff if they were worried about anything. One relative said, "The manager is very approachable and very visible around the home. They hold surgeries where you can go and speak to her about anything. I think the home has improved a lot since she came."

The service had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

The service demonstrated a clear understanding through the planning and delivery of care about the

requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics. These are, age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

Is the service responsive?

Our findings

People had their needs assessed before they started using the service. We saw care plans had been put in place and these were reviewed regularly. People told us they were involved in their assessments and making decisions about their care however, they had not been involved in developing their care plans. One relative told us they had been involved in the review of their relative's care plans and two other relatives told us that there was a place in the care plan for them to write any comments or feedback they had.

Staff told us they were informed if people's needs changed and could describe how people's needs were assessed and the plans in place. We found staff followed the care plans when supporting people. We saw people's care plans were updated regularly to reflect their changing needs.

People received personalised care and support. People gave examples of how the staff treated them as individuals and knew how to support them in the way they liked. One person told us, "I like my clothes set out the night before. The girls are lovely and always do this for me." Another person told us, "I like to have some time in bed with a warm drink in a morning. The staff always bring me one when they are about to go home."

We saw people's care records included detailed information about their life histories, which included their family, where they lived, what they did for a living and what hobbies they enjoyed. There was personalised information and guidance for staff such as people's likes and dislikes for food and activities. Staff maintained daily records for each individual, which included daily logs of how the person was, what they had eaten and any noted concerns or issues. Staff also detailed any activities the person had participated in or any visitors that the person may have had.

In the PIR the provider told us, "Activities are tailored to the individual preferences of the residents with a combination of group and 1:1 activities taking place throughout the home daily. We encourage residents to regain lost skills or take up old and new hobbies and relatives too enjoy partaking in some of the events. We encourage weekly shopping trips or trips to the local pub to ensure that our residents remain an integral part of the community."

The registered manager told us that there were two full time members of staff who supported people to engage people in activities if they wished. People and their relatives told us there were plenty of opportunities to take part in activities. One relative told us, "My relative stays in their room but the staff do try to involve them in activities for example, they take the dog into them which brings them out of themselves." Another relative told us, "There are always magazines about to read and plenty of activities going on. They are constantly changing the activities and they let me bring my dog in which people love."

We observed a range of activities taking place throughout both days of our inspection. These included; staff playing dominos and other board games with people, a local singer was invited at the request of one person as a birthday treat. This was well attended with approximately 25 people attending from across the service. We saw a weekly programme of activities planned for each of the four units. These included; 'Pat a dog'

visits, children from a local school visited the home weekly to entertain, Bingo, floor dominoes, music and film activities. Recent celebrations at the home included; Valentine's party, Chinese new year and first anniversary of the service opening. We were informed that staff accompanied some people across to the nearby pub for a pub quiz night, as well as watching cricket in summer. Many photographs decorated the walls throughout the home which showed people's participation and enjoyment of activities provided.

People and their relatives told us they knew how to make a complaint or raise a concern. One person said, "I have no concerns. If I have any issues, I just speak to the manager, but have had no reason to complain so far." A relative told us, "I am able to go to the manager, or any of the staff if I have an issue. The manager is always around the home and I know she'll deal with any issues." People and relatives we spoke with felt that their concerns would be dealt with appropriately. We saw there was information available to people and visitors which showed how to make a complaint. All the senior staff told us they were always accessible to people and would discuss any concerns they had. We found there was a complaints policy in place and where a complaint had been received an investigation had been undertaken and an appropriate response given. We could see action was taken to learn from complaints.

All staff told us they were confident in providing a high standard of care to people at the end of their life. At the time of inspection there was one person receiving end of life care. The registered manager showed us the processes that were put in place if that level of support was required. We found that people had opportunities to discuss their preferences for when they came to the end of their life, and that healthcare professionals were involved as required. The registered manager could describe how they had previously supported people within the home, ensuring that discussions had taken place about people's preferences and choices and to make sure that people were supported with dignity and in the way they wanted. We found that consideration was given to people's spiritual and cultural beliefs and that these were respected.

Is the service well-led?

Our findings

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. Examples included where safeguarding matters had been investigated positive actions had been taken to keep people as safe as they could be. The issues relating to the management of medicines that we found had not been identified via these systems.

In the PIR the provider told us, "Daily, weekly and monthly medication audits across the home are completed. All of our staff have completed medication training and competencies. This is monitored monthly, any concerns noted and another would be completed. There is also a self-reflection supervision that is linked to any medication errors such as missed signatures or more serious errors."

However, despite quality assurance and auditing systems being in place and some positive work being carried out, we found these systems were not always effective as shortfalls were identified relating to the storage of medicines, and recording of the administration of medicines, as highlighted in the safe section of this report. In addition, all of the people we spoke with were not happy or satisfied with the quality of food provision, which for lunchtime and evening meals was frozen meals that had been heated up and not freshly prepared food. There were shortfalls which the provider needed to address relating to the environment of the home, so that people living with dementia related conditions were supported with appropriate signage to promote their independence and aid their orientation around the service. Best practice guidance in this area had not been applied to the service provision. The provider's quality assurance systems and processes had not been effective in identifying the aforementioned shortfalls and driving necessary improvements in a timely manner.

These issues demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post who promoted a caring, positive, transparent and inclusive culture within the home. Everyone spoke positively about the management arrangements and knew who the registered manager was. Feedback included, "They (registered manager) has made a difference to the home and although there have been a lot of changes I think they have all been for the best. Things get sorted now whereas in the past I would not have held much hope for things being as good as they are." A staff member told us, "I am happier at work than I have ever been. The manager is motivated to make things as good as they can be for people and she is getting staff on board."

Staff told us they felt supported and part of a team with the people using the service as their focus. During the inspection, we attended a daily 'Huddle' meeting which was attended by the registered manager, the deputy manager, the clinical lead, nursing and care staff from each of the four units. The meeting was focussed and lasted 15 minutes allowing the registered manager to update all key staff of any information or changes to be cascaded to their respective teams. It also allowed staff to update the registered manager of

any issues on that particular day for example, staffing, sickness, transfers to hospital and admissions to the service. Maintenance and housekeeping staff also attended the meeting and were informed of an immediate issue relating to the air conditioning unit on one of the units which required repair.

We were told that the registered manager was friendly and made themselves available if people wanted to speak with them. People felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. The registered manager was often seen around the home and would stop to say hello and ask how people were as they passed by.

The provider actively sought feedback from people using the service, relatives, visiting health professionals and staff. In the PIR, the provider told us, "There is a staff feedback box in staff room which the manager reviews every month and feedbacks actions. A quarterly letter is sent out to relatives updating them on goings at the care centre." The registered manager held a weekly surgery with appointments available to people using the service and their relatives. Relatives we spoke with told us this enabled them to go through any concerns they had. They also said their concerns were acted on and improvements had been made in the home.

The registered manager and staff team worked in partnership with other agencies to support care provision so that people received joined-up care. For example, the GP visited on the first day of inspection and the district nurses on both days. Also, there was a correspondence in people's care records from a range of healthcare professionals.

There was an infrastructure of support for the registered manager which included a deputy manager, nursing staff and care staff. Housekeeping and catering staff were also on site along with administration staff to support the manager in the running of the home. The registered manager confirmed they felt supported by the provider. The current rating for the home was displayed visibly when entering the home and on the provider's website in line with our requirements.

The provider has a legal duty to inform the CQC about certain changes or events that occur at the service. There are required timescales for making these notifications. We had received information about notifications and we could see from the notifications appropriate actions had been taken.

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
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way for people using the service in relation to the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Despite quality assurance and audit systems in place these were not effective as shortfalls were noted in the administration and storage of medicines