Bupa Care Homes (CFChomes) Limited

Tadworth Grove Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on the 18 August 2017 and was unannounced. Tadworth Grove Care Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 45 people. At the time of our inspection 29 people were living at the service.

There was a registered manager in post that supported us 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.

At the previous inspection in July 2016 we identified breaches in relation to care and treatment, governance and the deployment of staff. On this inspection we found that these had been addressed.

Care and treatment was not always provided with the appropriate consent from people and staff did always not work within the principles of the MCA and DoLS. People did say that staff asked them for consent before providing care.

People said that they felt safe. There were systems in place to protect people from the risk of abuse. There were appropriate recruitment practices in place.

There were sufficient staff deployed to meet the needs of people. People told us that there were enough staff.

Staff understood the risks to people and steps were taken to reduce the risks. Incidents and accidents were dealt with appropriately. There were plans in place to protect people in the event of an emergency.

Medicines were properly accounted for and dispensed safely. People's MAR charts included appropriate information about people.

Staff were suitably trained competent in relation to their role however additional training was being organised to ensure that staff were up to date with the most appropriate guidance. Staff received appropriate supervision in relation to their role including clinical support.

People told us that they liked the food at the service and said they had enough to eat and drink. Appropriate assessments of people's nutritional and hydration needs were undertaken and people had access to professionals to maintain their health.

People told us that staff were kind and caring towards them. We observed that staff people with respect and dignity. Family and friends were welcomed at the service.

Care was delivered to people in a personalised way and pre-admission assessments were detailed before people moved in. Information was shared with staff to ensure that the were aware of people's ongoing needs.

There were sufficient activities for people and people said they enjoyed the activities on offer.

Complaints were investigated thoroughly and people said that they were satisfied with the way complaints were dealt with.

People and staff were asked for their feedback and improvements were made as a result.

People and staff felt the service was managed well. Staff said they felt supported in their role and they felt valued by the management team.

There were sufficient systems and processes in place to identify improvements in the service records were up to date and accurate.

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 identified one breach of the Health and Social Care Act 2008. You can see what action we have taken at the end of this 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?

Good

The service was safe.

There were enough staff at the service to support people's needs.

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

Medicines were administered and stored safely. MAR charts were detailed with people's needs.

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.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff failed to apply legislation that supported people to consent to treatment. Where restrictions were in place this not always in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs however refresher training needed to be provided to staff.

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

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

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and

respect.

People's privacy were 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.

People's needs were assessed when they entered the service and on a continuous basis.

There were a range of activities available within the service.

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?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided. The provider had 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.

Tadworth Grove 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 that took place on the 18 August 2017. Due to previous concerns we had received that people were being woken up early in the mornings without choice, we arrived at the service at 06.00 to check if this was happening. The inspection team consisted of three inspectors, 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. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us about significant events 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 registered manager, three people, four visitors and nine members of staff. We looked at a sample of four care records of people who used the service, 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 7 July 2016 where breaches were identified in relation to care and treatment, governance and the deployment of staff.

Good

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. Staff were not always deployed at the service to ensure that people's needs were being met when they needed. The provider sent in an action plan that addressed the deployment of staff on duty and we found on this inspection that this had improved.

During the inspection there were appropriate numbers of staff deployed to meet people's needs. When people requested support from staff this was provided quickly. People did feedback that they felt that there were not always enough staff working at the weekends. However, we found that there were always the same number of care staff and nurses working on the weekend as during the week. The absence of maintenance, office staff and volunteers at weekends gave the perception that staffing was lower at weekends, however this was not impacting on the care that people received. The registered manager told us that they only used nursing agency staff and this was mainly at night. The same agency nurses were used to provide consistency of care. The registered manager reviewed the staffing levels regularly dependant on the needs of people. According to the rotas there were always the correct numbers of staff on duty each shift. One member of staff said, "I think there are enough staff with the amount of residents that we have, basic needs are being met." Another told us, "One nurse is more than enough at night and four carers, it is well balanced."

People told us that they felt safe living at the service. One person told us, "I feel one hundred percent safe here." A relative told us, "'She's got people around her always. Someone here to keep an eye on her.''

People were protected from the risk of abuse. Staff were able to correctly identify categories of abuse and the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. There was a safeguarding adults policy and staff had received training in safeguarding people.

People and relatives felt that risks were managed well. One person told us, "Never had a fall. Everything is happy in here we watch out for one another." A relative told us, '"She (their family member) can stand on the frame and uses a wheelchair. It should be two staff to move her and there are always two doing it."

There were assessments undertaken to identify risks to people. We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. One staff member said, "People need to be safe. That's why there are locks on some of the doors but we don't restrict people in the home". Care plans contained up to date and relevant information concerning the risks associated with independent movement. There were manual handling assessments and bed rail risk assessments in care plans, in addition to falls prevention strategies.

When clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring. People that were at risk of developing pressure sores had pressure relieving mattresses and were moved every three hours in bed (or more frequently if needed). Mobility assessments on each person were completed monthly, unless there was the necessity to do it more often. Other risks were also

assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans to minimise risks.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. There were detailed records of the incident that took place and the information staff were given to help reduce the risk of re-occurrence. One person had a skin tear as a result of scraping their foot on the foot plate of their wheelchair. Staff ensured that the foot plate was moved out of the way when not in use to avoid this happening again. Another person scratched themselves whilst putting on their wrist watch. The person was encouraged to ask staff to assist them with this in future. Where people had fallen steps were taken to reduce the risks of this including referral to the falls clinic and providing people with walking aids.

The premises layout was such that it did not present significant difficulties in evacuating people in the event of an emergency. Staff understood how to evacuate people in an emergency and there were personal evacuation plans in the reception that detailed the safest way to evacuate people.
We looked at documentation related to fire safety. We found up to date information concerning, fire policy, weekly fire alarm tests, emergency lighting test certificate and fire equipment testing for example extinguishers. There was a business continuity plan in the event the building needed to be evacuated.

There were appropriate systems in place to ensure the safe storage and administration of medicines. The medicine trolley on each floor along with the medicine administration records (MARs) were locked and kept in the nurses' station on both floors. People's medicines were recorded in all the MARs and were easy to read. Each MAR chart had a dated picture of the person, details of allergies, and other appropriate information, for example if the person had swallowing difficulties and whether medicines should be given covertly (hidden in food). The stock balance of each medicine was written on the MAR chart and the date the medicine was opened written on each box or bottle along with the name of the person. There was also a list to record the medicine wasted and destroyed for each person.

There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use. Temperatures for both the room and the fridges used to store medicines were checked daily. There was a list of all the nurses' signatures at the front of each MAR chart. The medicine audit was undertaken by the senior nurse on night duty. All of the nurses had been competency assessed to ensure that they had the skills required to administer medicines.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information and noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including full employment histories, professional and character references, immigration status information and up to date professional registration details for nurses in staff files.

Requires Improvement

Is the service effective?

Our findings

People's rights were not always protected because staff did not act in accordance with the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments were not always undertaken to ensure people's rights were protected. In each person's care plan it stated whether the person did or did not have capacity to make basic decisions. For more complex decisions there were not always assessments in place. The registered manager told us that there were people at the service that lacked capacity to make decisions about their care and there had been reliance upon the family making some decisions on their behalf. We found no evidence in care plans that family members were legally authorised to do so, through the use of Lasting Power of attorney for Health and Welfare. For example, one person's family had agreed that they should have a flu jab. However no MCA had taken place in relation to this and this was not supported with any evidence of a best interest meeting. Another person had bed rails and there were no specific MCAs or evidence of meetings to establish whether this was in their best interest.

There were people at the service that had Do Not Resuscitate forms in place that had been signed by their GP as not having consent in relation to this particular decision. However there were MCA assessments in place that stated that people had capacity. This meant that there was a risk that decisions were being made for people without their involvement. The registered manager told us that they had requested for the GP to review this.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that applications for DoLS authorisations had been made to the local authority where restrictions were involved in people's care to keep them safe. For example, when they wanted to leave the service or were refusing care. However these were not always supported with MCA assessments to establish if people had the capacity to make these decisions. One person was assessed as requiring their medicines to be given covertly (disguised in food or drink) and they had not been referred for a DoLS assessment, though others in the same position had.

We asked staff about issues of consent and about their understanding of the MCA. Staff could tell us the implications of Act and of DoLS for the people they were supporting however they were not putting this into practice. The registered manager told us that they have misunderstood when MCAs needed to be completed but assured us that this would be addressed. This will be checked at the next inspection.

As care and treatment was not always provided with the appropriate consent this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were required to keep up to date with the required service mandatory training (including clinical) that included areas specific to the people who lived there. When we reviewed the training records in relation to this we saw that there were gaps were staff were not up to date with their training. For example clinical staff were not up to date with wound care, falls prevention and management and end of life care. Other staff had not always received refresher training for example in safeguarding, dementia and basic food hygiene. However we had no concerns with the practices of staff on the day of the inspection. For example staff's moving and handling techniques were competent and clinical care was appropriate to the needs of people. The registered manager told us that training had been arranged for staff to ensure that they received the most up to date and appropriate guidance around care.

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, "I was new to care but it wasn't a problem. I shadowed someone for two weeks and I had a lot of training too." 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. We asked staff about their experiences of supervision and appraisal. One staff member told us, "It happens quite a lot. It is open and honest. The manager is very good". Nurses were assessed on their practices by a clinical lead.

The PIR stated that, 'We are working with staff to identify 'Champions' who will take the lead in all areas of care and pass on their knowledge to other staff to improve service.' This had taken place and we saw that staff had been allocated champions of training, fire safety training, infection control and dignity.

People told us they liked the food at the service. One person said, "I like the food. I eat anything that comes. They have some nice meals. We tell them more or less what we want." One relative said, "From what I've seen it looks quite nice" and another said, "Excellent cannot fault the food. There is a choice and you can ask for something if she doesn't like the two options."

We observed breakfast and lunch being served in the dining room. In the morning people had the option of a full cooked breakfast either in their rooms or in the dining room. One person told us, "I had a nice breakfast; I have the same every day. Chopped bacon on toast and baked beans." The dining tables were laid out pleasantly with matching table cloth and serviettes. At lunchtime people were offered choices of meals and were able to ask for an alternative if they wanted. Those that required support to eat were given this and people in their rooms did not have to wait long for their meal.

The chef had records of people's individual 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 staff would update this list regularly to ensure they had the most up to date information. They said that they would meet with any new people to establish what their likes and dislikes were. All people who were on a restricted diet including pureed meals and vegetarian diet were offered a choice. In between meals there were cakes and snacks provided and later in the evening there were sandwiches (amongst other things) freshly prepared for people. The chef told us, "I do go out after meals to get feedback and comments are left in a book. I do what people want." We reviewed the comments book and feedback included, '(The person) enjoyed the soup and beef was very good', 'Thank you for keeping us all well fed with delicious well-presented and hearty meals. Very much appreciated.'

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 being done.

People had access to health care. One person told us, "I see the doctor, dentist, opticians and chiropodist." A relative told us, "She had a chest infection and the doctor came in and put her on antibiotics." Another relative said, "Wherever there has been any issues of a health nature the nurses have always told us they are arranging for her to see the GP regularly." People's care records showed relevant health and social care professionals were involved with people's care. 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. One member of staff told us that if they required advice from the GP during the night they were able to call the 'Out of hours' GP. They also said that the clinical lead at the service was on call during the night.

Good

Is the service caring?

Our findings

People were able to make choices about when to get up in the morning, what to eat, and what to wear. We arrived at the service at 06.00 and found that the majority of people were asleep in bed. Those people that were awake and receiving personal care was out of the person's choice. One person told us, "I always wake up at 05:30 but it's no hardship for me as I like to get downstairs for breakfast." Another person said, "They ask me if I want to get up." One relative said, "She (their family member) tells staff if she wants to stay in bed." One member of staff said, "We do check people hourly through the night. If we need to wash people we would give them a thorough wash and leave them in bed." They told us that some people insist on getting up early and we saw this on the day.

People were able to personalise their room with their own furniture and personal items. Each room was homely and individual to the people who lived there. There was detail in people's care plans about things that were important to them. One person liked to have the television on through the night and we saw that this happened. Another person's care plan stated, 'Does not want male carers'. We checked their daily notes and these were signed by female carers.

All the people we spoke to were very complementary of the caring nature of the staff at the service and felt staff treated them with respect and dignity. Comments included, "Staff call her by her name that she prefers", "They (staff) have banter with me", "Doors are always open the only time the door is shut is when they are dressing her (their family member)", "Staff brought (their family member) an armchair from home", "Staff knock on the door."

During the inspection we saw examples of staff showing care and affection to people. Saw a member of staff using the lift with a person. The member of staff was chatting to the person and gently smoothing down the person's hair. On another occasion we saw a staff member sitting chatting to one person and another staff member doing a person's nails whilst chatting to them. A third person was sitting in the reception area reading the newspaper that staff ensured was delivered each day. Whilst people were having breakfast in the dining room music was played for them in the background. During the lunch staff, regardless of their role, were assisting people with their meals. One staff member told us, "Coming here is like home." Another member of staff said, "We are here to assist people and make them happy."

We observed that staff always approached people with gentleness. People were not made to hurry to do anything. People were always given choice and adequate time to respond. We heard kind interactions from staff when talking to people. Staff spoke with people in a respectful manner and treated people with dignity. We heard staff knocking on people's doors and say, "Good morning" as they entered. When any personal care was being delivered staff ensured that doors and curtains were closed. One person who was sat in the lounge started to feel unwell and told one member of staff. The staff member discreetly spoke to the person and ensured that they had everything they needed.

People were supported to be independent. One person was seen coming out of their room to take the lift down for a coffee and to check something with staff. We saw the person walked (with a frame) to their

electric wheelchair and take the lift to the lounge. One relative told us, "(Their family member) wheels herself to the bathroom and when she needs help staff will support her." Another relative said, "She (their family member) gets around on frame."

Relatives and friends were encouraged to visit and maintain relationships with people. One relative said, "We can come during the night as well. It's always open." We saw during the inspection that friends and family were visiting people at the service. Staff welcomed them into the service and there were a friendly atmosphere between people, visitors and staff.

Good

Is the service responsive?

Our findings

At our previous inspection the service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not always being provided that met people's needs. We found that there had been sufficient improvements in this area.

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. They were updated as soon as a change had taken place. One person had recently returned from hospital and their mobility needs had changed. The care plan had been updated to reflect this change and staff were following the new guidance. 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, health, dietary needs, and mobility. Staff always ensured that relatives were kept informed of any changes to their family member.

Staff had the most up to date and appropriate information available to them for people. Where a need had been identified there was guidance for staff to follow. For those people that were insulin dependent diabetic there were care plan for staff about the signs to look out for should the person become unwell and what they should do. Where people had other health care conditions there was guidance for staff including caring for people with epilepsy, those at the end of their lives and those with Parkinsons. Staff were aware of the diagnosis of people and the care that was required.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. One member of staff said, "We handover every day and this can last 15 or 30 minutes however much is needed." They told us that they had a 'Resident of the Day' where every aspect of care was reviewed for the person. Daily records were also completed by care staff to record each person's daily activities and personal care given. Staff told us that they reviewed people's care plans as and when needed.

People confirmed that there was a range of activities for them to take part in if they wished to. Comments from people included, "I play bingo and do exercises, "They (staff) try quite hard with activities", "She's (family member) is more than happy to stay in her room. They (staff) do encourage her to come down." The registered manager had recognised that more activities needed to be provided at the weekend and had recruited an additional member of staff to do this.

On the day of the inspection we saw various activities taking place including music sessions, games and discussions. In the afternoon one volunteer was sitting with people doing a crossword puzzle and a member of staff was in the lounge area doing people's nails. Background music was being played. Other activities included hand massages, quizzes, entertainment and trips out. On the week of the inspection there were themed 'Barcelona' activities including music, food tasting, yoga, arts and crafts and games. There had been other themes arranged for other weeks prior to the inspection including 'Athens' and 'Paris.'

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People

and relatives said that they would know how to complain. Complaints included, "(The registered manager is good you can talk to her and get things sorted out", "I complained about lack of activities at the weekends and they are working very hard to overcome it", "They (staff) listen. (The registered manager) assured us any issues we should see her." Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. One relative was unhappy that they had not been contacted when their family member became unwell. The registered manager wrote to them to apologise and ensured staff were reminded that this needed to be done.

Good

Is the service well-led?

Our findings

At our previous inspection the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not effective systems in place to quality assure the service that was being provided. There had been sufficient improvements in this area.

People at the service and relatives were complimentary of the management of the service. Comments about the manager included, "One of the nicer homes I've been to. Very well managed", "She's (the registered manager) is quite good in getting things done. If you go in with a concern she will try and sort it out", "Very good. Out and around always someone you can talk to. Always rings us when something happens."

Staff were also complimentary about the manager and senior staff at the service. Comments included, "The manager is really good. I have a lot of faith in them"; "(The registered manager) has been spot on. She visits night staff a lot; I have never left without seeing her. She has the interests of residents at heart", "Since this manager has come in things have started to improve", "I can go to the manager anytime a want. I've seen a lot of managers come and go here. This one is the best".

During our inspection we saw that the registered manager chatted with people, visitors and staff and had an open door policy. When we fed back any concerns to the registered manager on the day of the inspection this was responded to immediately.

Effective systems were in place to ensure the quality of care at the service. Internal and external audits were completed with actions plans with time scales on how any areas could be improved. Audits were undertaken that covered health and safety, care plans, training, medication, staffing levels, meals and environmental issues. The registered manager had a 'Home Improvement Plan' where areas that had been identified were constantly reviewed. We saw that as a result of the audits a comments book had been introduced to the dining room and new table linen had been brought. A lock had been places on the door of the rubbish enclosure, training had been arranged for staff in relation to dementia care and the flooring had been replaced in the nurse's station.

In addition to this the provider had identified that some records required additional information to ensure that staff had the most appropriate guidance in relation to people's care. This was a working progress as we found some gaps on the day in people's care plans. The registered manager told us that with the recruitment of a new clinical lead nurse work was being undertaken to improve the quality of documentation. We saw that there had already been improvements in this area and at the time of the inspection this did not affect the care that people received.

Other internal audits covered night visit checks, health and safety, infection control and medicine audits. All had actions to address that had been completed. For example staff at night were reminded to write in the 24 clock to avoid any confusion and staff were now doing this. The window area in the kitchen required updating and this had now been done.

The registered manager undertook daily clinical walk arounds to review people's care in relation to falls, hospital admissions, clinical concerns and GP requests. As a result of these checks it had been identified that people's room charts were not always completed by staff. The registered manager addressed this with staff. We found that this was not an issue on the day of the inspection. Clinical risk meetings also took place to review the care in relation to tissue viability, nutrition, safety, swallowing, admission assessments, incidents and medicines. We saw that where needed additional health care professional advice was sought.

The PIR that was completed reflected the work that was being undertaken in the service. It stated, 'During the resident's monthly meetings, it was agreed that residents would like to have resident's committee meetings. This is now in the process of being organised.' We found that this was taking place. People and relatives had the opportunity to attend meetings to feedback on any areas they wanted improvements on. We saw that people had requested parasols for the garden and lighter water jugs and these had been ordered.

People and relatives feedback about how to improve the service was sought. Surveys were each year and any actions needed would be addressed. After each survey a 'You say we did' document was produced for people to see what actions have taken place as a result of things they had raised. For example people and relatives had asked that the actions and outcomes be available for them to review from the meetings and this was arranged.

Regular staff meetings took place including general staff meetings, home manager meetings and 'Take 10' meetings daily with the heads of departments. We saw that meetings included discussions about training, policies, competencies and sickness absence. Staff confirmed that they attended these meetings and found them useful.

Staff told us that they felt supported and valued at the service. One member of staff said, "I feel so supported by (The registered manager). I never feel alone." Another told us, "We are like a family here, staff work so well together." A third told us, "One thing I love about (the registered manager) is that she will help. She understands us. You know where you stand. She is strict when she needs to be and when you do good she tells you."

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 including significant incidents and safeguarding concerns. 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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that care and treatment was provided with the appropriate consent from people.