

Springfield Healthcare (The Grange) Limited

Seacroft Grange Care Village

Inspection report

The Green
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Date of inspection visit: 15 December 2014, 5
January 2015 and 3 March 2015
Date of publication: 14/04/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out on 15 December 2014, 5 January 2015 and 3 March 2015. At the last inspection in August 2014 we found two breaches of legal requirements which included care and welfare of

people who use services and medicines. We issued warning notices and told the provider to be compliant with the warning notices by the 13 November 2014. At this inspection we found there was a remaining medicines breach, however we asked a pharmacy inspector to visit at a later date and we found improvements had been made. We also found improvements had been made with regard to care and welfare.

Seacroft Grange Care Village is a purpose built facility which provides residential, rehabilitation and nursing care for up to 95 people. At the time of our inspection

Summary of findings

there were 67 people living there. The home did not have a registered manager in place, however the new manager has now become the registered manager. 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.

At this inspection we found that not all the improvements required for the administration of medicines had been completed. We found some peoples medication was not being given as prescribed. We saw the storage of some medication was not as directed by the manufacturer. However, during the March 2015 inspection we found this had improved.

On our arrival at Seacroft Grange Care Village we found the premises were unsecured and there were no members of staff around. This meant we were able to move around some parts of the home unchallenged. This puts the safety of people who use the service at risk.

We found there were sufficient staff to keep people safe. We saw staff were attentive and people did not have to wait long for assistance. Staff were kind to people and it was clear from the interactions we witnessed staff knew people well. We did however, see one instance during the lunch time meal of a person not being treated with dignity.

Staff had a good understanding of safeguarding and people who used the service told us they felt safe living there. We reviewed peoples care files and found most had up to date risk assessments in place.

We found not every person had mental capacity act assessments in their care plans, in some cases these would be required to ensure people were being supported to make decisions where they could. We found not everyone had signed consent documents in their care plans.

Staff training was up to date and where people required training in specialist areas of care we found the provider was sourcing this type of training. Staff had a comprehensive induction which gave them a good insight into what was required of them.

Some care plans we looked at contained good detailed information on how to care for people and in others we found important information was missing. Some documents were blank and others had not been reviewed in the timescales stated by the provider.

People who used the service were asked for their opinions about the service and where possible these were acted upon

People who used the service and staff told us they thought the new manager had made some good changes and they thought the service had improved.

During this inspection we found a different breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has since been replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found medicines were not being managed safely. However, during a further inspection in March 2015 we found this had improved.

Staff had a good understanding of safeguarding and were able to describe what they would do if they thought abuse was occurring.

We found there were enough staff to keep people safe.

Before staff began employment robust recruitment checks were carried out.

Requires Improvement



Is the service effective?

The service was not always effective.

We found some people who would require mental capacity assessments did not have one documented. Consent documents were also missing from some people's care records.

We found the provider was complying with Deprivation of Liberty Safeguards although we did identify some people who would require an application under this legislation.

People's nutritional and hydration needs were being met.

We found where necessary people had access to other health professionals.

Requires Improvement



Is the service caring?

The service was caring.

People were generally treated with dignity and respect and staff gave us good examples on how they did this. However, we found some people's care files were left in public areas.

We saw good caring interactions between staff and people who used the service. We found the atmosphere pleasant and people told us they were happy living at the home.

We found people's rooms were individualised with things that were important to them.

Good



Is the service responsive?

The service was not always responsive.

We found some good information in people's care plans, however in others we found important information was missing.

Requires Improvement



Summary of findings

People's complaints were listened to and taken seriously. We saw examples of how the complaint had been investigated and the feedback to people who had made the complaint.

We saw people had a full assessment of their needs before being admitted to the home.

During our inspection we saw people taking part in various activities around the home.

Is the service well-led?

The service was well led.

At the time of our inspection there was not a registered manager in place. However, the new manager has since registered.

Audits of the service were carried out.

We saw accidents and incidents were monitored and where necessary an action plan was implemented.

Good



Seacroft Grange 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2015, 5 January 2015 and 3 March 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors, a specialist advisor in governance, a pharmacy

inspector and an 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.

Before the inspection we reviewed the information we held about the provider and contacted the local authority who provided us with a copy of an action plan which showed improvements they had asked the provider to make.

During our inspection we spoke with six people who used the service, four relatives, eight members of staff including the nominated individual and the new manager. We also conducted observations around the home and reviewed the care records of 11 people who used the service and tracked the care pathway for one person.

Is the service safe?

Our findings

At our inspection in August 2014 we had concerns that people were not being given their medication as prescribed and we found some records of medicines were inaccurate. We concluded the service was in breach of our regulations. During this inspection we were still concerned with the way medicines were being managed in the home and therefore people were not protected against the risks associated with the unsafe management of medicines.

We reviewed the medicines administration records (MARs) of eight people who used the service. Whilst we found there had been some improvement in the recording of people's medication we still found there were gaps on some people's MAR charts.

We saw one person had been prescribed patches for pain relief which needed to be changed once a week on the same day of the week and at the same time. New patches should be applied to a different area of skin, and people administering the medication should avoid using the same area for the next three to four weeks. We found the patch had been missed on the designated day. We were told by a member of staff they had noted this error the following day and had administered the patch. They then moved the day of administration forward a day the following week. However, this had not been highlighted to the manager to enable them to speak with the person who had failed to administer the patch. We saw a body map for the person which indicated three areas where the patch had been sited, however these were not dated so the next person to administer the patch would still not have been able to tell which area was next.

We found eye drops unopened in a drugs cabinet which clearly stated they should be refrigerated until opened. We told the nurse in charge about this who advised the drops would be destroyed. We found vitamin B12 ampoules which did not have a pharmacy label on it and no details of who it was for. We spoke with a nurse who thought she knew who it was for and that a district nurse was going to administer it at the end of December as it needed to be administered every three months. We looked at the person's care plan and could not see any record of this.

We found lorazepam on a person's MAR but we could not find the medication in the medication cabinet. We were advised by a nurse they had moved it into the 'to be

destroyed box' that morning because it had expired, this was not recorded in the destroyed book. We asked a member of staff to measure the contents of both bottles of this liquid medication and we found 30ml's were unaccounted for. We were unable to ascertain how this error had occurred.

For two other people we were unable to consolidate the amount of medication left with what had been signed for on their MAR sheets. This meant we could not be certain people had been given their medication as prescribed. We found a box of one person's medication left on a trolley in the dining area of one of the units which put people who used the service at risk of taking medication which was not prescribed for them.

Due to our concerns we asked the provider to take immediate action and a further inspection of the administration of medication at the home was conducted by a pharmacy inspector on 3 March 2015. During this inspection we spoke with the manager and two nurses responsible for the management and administration of medicines and we observed part of a medication round. We reviewed records relating to the management of medicines within the home, including medication administration records (MARs) and other records for sixteen people living in two different units within the home.

We saw the service's policies, procedures and systems for managing medicines were under review and being rewritten to reflect the new improved procedures nurses and care workers were using. The manager told us she expected all policies to be formalised within the

Medicines records were generally clear and accurate and most medicines could be accounted for easily. This showed they had been given correctly. We observed part of a medication round and saw people were supported to take their medicines safely. The nurse administering medicines explained what she was doing clearly and was kind and patient.

Some medicines, such as painkillers, were prescribed to be taken only 'when required'. Many people living in the home could ask for those medicines when they needed them, although some people with poor communication skills were unable to do so. Although some information about how the medicines should be given was available for

Is the service safe?

nurses to follow, this was not always as detailed and personalised as it needed to be in order to enable them to support people to take their medicines safely having due regard to people's individual needs and preferences.

Some people had difficulty taking their medicines and nurses gave most people the support they needed. However we saw one example where a person had refused one of their medicines for almost two weeks. No attempt had been made to re-offer the medicine or change the timing so that the medicine was offered later in the morning when the person was more awake and compliant. The manager told us she would look into this and arrange a medication review with the person's doctor.

Medicines were only handled and administered by trained nurses and care workers. Having well trained staff reduced the risk of making mistakes with medicines.

We looked at how medicines were audited to make sure they were being handled properly. The manager used a variety of audit tools and techniques to carry out regular checks. We saw evidence that action was planned and carried out when necessary to further improve medicines management within the home.

We arrived at Seacroft Grange at 8.15am and found the door was unlocked and the reception area was unmanned. We were able to walk around one side of the building unchallenged. This puts people who use the service at risk. We spoke with the manager about this who told us the door should not have been left unlocked until after the receptionist arrived.

We were told by a member of the management team that staffing levels were approximately one member of staff to care for three people with clinical needs, with one member of staff to five people who required residential care. We were told the home did not use a dependency tool to assess the staffing levels and they would use agency staff to ensure safe staffing levels, based on the quality and quantity of care to be delivered. We were told due to a number of staff changes agency staff were being used regularly and the home were recruiting more permanent staff. People who used the service told us, "I think they need more staff" "They keep changing staff and I wish they wouldn't" "I don't think there is enough staff at the moment but I have been told they are recruiting" "There is a high staff turnover, relationships need to be built up

again." Although our observations throughout the inspection was that there appeared to be enough staff to meet the needs of people who used the service. We did not see people waiting long periods for assistance.

We looked at the staff files of four people who worked at the service. We saw records of the checks made before staff were employed. The manager obtained two written references and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that holds information about criminal records. This ensured only suitable people were employed by the service, which should help to protect people against the risks of unsuitable staff.

We spoke with staff about their understanding of safeguarding and they were able to confidently describe what they would do should they have any concerns. They all said they would have no hesitation in using the whistleblowing policy. One person said, "I would discuss concerns with the Unit Manager as I get on with her and if she wasn't available I would speak to the manager and I would follow the whistle blowing policy."

We reviewed the records of safeguarding incidents within the home and found they had been referred to the appropriate organisations and had been reported to ourselves. People who used the service told us they felt safe living at Seacroft Grange. One person said, "I do feel safe here staff are lovely" "Yes, there are always carers about" "There has been no incidences what so ever and Mum would tell us herself if she has any concerns" "I have never heard staff speak harshly to anyone, they always show a lot of patience with residents." One person said, "I feel safe when I have a buzzer." We were told the person's buzzer had been broken for two days, however, the engineer arrived to fix it on the day of our inspection.

We looked at the care plans of 11 people who used the service. We saw most had thorough risk assessments in place which had been reviewed. We saw for example, risk assessments for moving and handling, maintaining safety and falls.

We saw people had personal emergency evacuation plans (PEEP) in place which we found were personal to the person. In one person's PEEP it said, 'the noise of the loud alarm distresses (person's name), reassurance to be provided'.

Is the service effective?

Our findings

We found not everyone had consent documents in their care plans. We saw in some people's care plans there were consent documents which were blank. We saw photographs of people in their files; however, again we did not see a signed consent document agreeing to this. We spoke with the manager about this who told us a member of staff was going through the care plans for everyone living at Seacroft Grange Care Village and was making sure any missing documents were completed.

We concluded this was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We found not everyone who required a mental capacity assessment under the Mental Capacity Act (2005) had one documented in their care file. For example, we saw some people had bed sensors in place which would require either the person to agree to the sensor or for a best interest's decision to be made.

We spoke with the manager about the Deprivation of Liberty Safeguards (DoLS) authorisation and found one person who lived at Seacroft Grange had a DoLS in place and we were told the home was in the process of submitting an application for another person. This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. We spoke with the manager about other people who could be deemed to require a DoLS, we were told the manager would look into this.

We asked staff how they ensured people had consented to care, one person said, "If a person refuses help I always leave them a little while and then ask again, you can use distraction techniques or ask another member of staff to try and often that works."

The provider kept records of each member of staff's attendance at training, so they knew when staff should attend refresher training and this was updated on the 'training matrix'.

Staff completed an 'induction programme' and also on-line training which commenced following the completion of their probationary period. We were told staff had to

complete this within the first twelve weeks of their employment, this covered, dementia awareness, effective communication, challenging behaviour, continence promotion, dying, death and bereavement, deprivation of liberty, Mental Capacity Act in practice, record keeping and care planning, risk assessments, role of the care worker, person centred care, safe administration of medication, diversity and equality, principles of care and confidentiality. We were shown the on-line training matrix and we were told each unit of training took between 90-120 minutes to complete.

We were told the provider was sourcing specialist training to support people with, Parkinson's Disease, Huntington's Chorea, epilepsy, rare genetic disorders, together with DoLS training and Multiple Sclerosis. This would mean staff would have the knowledge and skills to deliver appropriate care to people's needs. We received positive feedback about the staff team; however, one person who used the service told us they thought staff did not have the experience to understand their specific health needs, they said, "I have to tell staff if I feel unwell. A bit of TLC goes along way."

Staff we spoke with told us they had received some supervisions and the manager told us as the home had only been open a year and there had been a lot of changes to the staff team they were only just beginning annual appraisals. In the staff files we reviewed we saw copies of peoples 'Individual Supervision Record' and a 'Supervision Contract' which was dated in June 2014. The manager confirmed the unit managers were going to hold eight weekly, thirty minute supervision sessions with their staff and this was to be discussed further at the Registered Nurse meeting on 18 December 2014. We were told "Registered Nurse supervision will be held monthly, we will talk through things regarding issues and training needs at the first one, they will be held monthly for fifty minutes to one hour and we will also have a half hour weekly meeting." We saw this evidenced on the 'white board' in the manager's office.

We observed the lunch time meal experience on three units and found generally people had a good experience. The atmosphere was calm and Christmas music was playing. People were talking and laughing with each other. A member of staff told us there were two choices of mains and two desserts plus people could always have ice cream or yoghurts. We saw staff offering choices to people and

Is the service effective?

being encouraged to make their own choices. One person said they did not want their dessert and wanted to go back to their room. A member of care staff asked if they would like them to take the dessert to the person's room for them to which they agreed. Staff spoke in an appropriate, caring manner and maintained an awareness of everyone's needs. We saw the mealtime service was efficient with enough staff to ensure the safety of people. We observed one member of staff asking a person if they could assist them, the person agreed. The member of staff continued to involve the person by enabling them to eat at their own pace and asking when they wanted more. However, another person started to cough and the member of staff left the person to help. The person was left sitting for 10 minutes and when the member of staff returned they stood next to the person whilst assisting them to finish their dessert. They then wiped the person face without asking permission. This did not maintain the person's dignity.

People we spoke with said, "We get a good dinner but tea is not too good as it is sandwiches. Whatever we ask for they will give it us if they can." "We have quite a lot of choices, it's good." Someone else said, "I always get enough to eat and drink." Another person said, "There are choices at mealtimes but they are not good meals." They also said they would not be offered something else if they did not like the food.

We found people were referred to health professionals when necessary. One person we spoke with told us they had been admitted to Seacroft Grange with a pressure sore and they had been referred to a tissue viability nurse and it was being dressed every two days by a member of the home's nursing staff. We were told by a member of the management team that the pressure sore had greatly improved since the person had been admitted.

Is the service caring?

Our findings

At our last inspection we looked at what systems were in place for people who required 'end of life' care and found in some cases this had not been effectively managed. We saw 'end of life' care plans were not always followed. We saw during this inspection people where appropriate had good 'end of life' care plans in place. We saw people had been prescribed anticipatory medication which alleviates symptoms at the end of life.

We found on one unit people's care files had been left in the dining area of the unit. We found people's personal information was accessible to anyone using the dining area. We also found a set of drawers which contained people's personal information. We spoke with the manager about this who said, "I don't understand why this is here, we have a room which is always locked and that's where care plans are normally kept." The manager said they would look into this and advise us of why this had happened. All the files were returned to the lock roomed before the end of our inspection.

We were told by people who used the service and their family members they were pleased with the quality of care received. One person said, "My (relative) has got to know all of the girls so has settled in well and gets all of the care she needs here." A person who used the service said, "I enjoy living here; they look after me very well. They work very hard." We observed a member of care staff walking alongside a person who was using a walking frame. The member of staff enabled the person to walk independently, at their own pace, therefore promoting their independence.

We spoke with a unit manager who said they had new staff to train and she told us she ensured new staff 'met her exacting standards of delivering care'. People who used the service spoke very highly of the unit manager.

We asked people if they thought their dignity and privacy was respected and the majority of people thought it was. One person told us some people knocked on their door and waited to be invited in and others did not. Another person said, "It depends on the carer, some can be lovely and do it without prompting and then some won't do a thing. I prefer to have just one person to care for me but I can't have that."

Throughout our visit we found the staff we observed all showed a caring, responsive attitude towards people who used the service. We saw staff approach people and quietly ask if they needed assistance. Staff knew people well and people living at Seacroft Grange responded positively to interactions with staff. We observed a member of care staff gently touching a person's arm and re-positioning it to make it more comfortable for the person. We saw a number of thank you cards which said for example, 'thank you for all the care and kindness shown to (relative)', 'thanks for all your help and kindness looking after (relative)'.

We were told a member of the management team shopped for people who used the service. They often purchased items for people's bedrooms to personalise them and make the rooms feel more homely. We saw examples of this in people's bedrooms.

A person we spoke with told us they had an advocate who was helping them sort out their care package. An advocate is a person who helps people to understand, and take control of the decisions which affect their lives.

We spoke with relatives of people who used the service who told us staff were very good at keeping them updated with information about their family member. One person said, "If my (relative) needs a doctor they contact one promptly then let me know." Someone else said, "I visit every other day, the staff are great, my (relative's) room is lovely, clean and modern. I have no complaints."

Is the service responsive?

Our findings

We reviewed the care plans of eleven people who used the service and found most were comprehensive and gave good instructions on how to care for people, people's likes and dislikes and information about people's health care needs. However, in one person's care plan who had complex health needs there was very little information. We spoke with the manager about this who was unable to tell us why this was. We subsequently found the detailed information about the person in a file in an unlocked drawer in the dining area. The manager was unsure as to why this had happened. We observed the care of this person and found staff knew how to care for the person, some staff working with the person were agency staff and we saw they also knew how to care for the person.

We saw another person's care plan which stated the person lived on The Green, however, we were told by the manager the person had never lived on The Green. In another person's care plan we saw the pre-assessment stated 'prefers bedrails'. However, the risk assessment for bedrails had not been completed. The mental state and cognition and mental capacity assessment had not been completed. The person's eating and drinking care plan dated 10 November 2014 stated 'weigh once a week'. We could only see evidence of the person being weighed on one occasion on 2 December 2014. The 'Who am I' document had been completed but the lifestyle document had not been completed. Although we found information missing from people's care plans we concluded from the care we observed and discussions with staff, care was being delivered in line with people's initial assessments but this had not been documented.

We concluded this was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance. You can see the action we have told the provider to take at the end of this report.

People we spoke with told us staff were very attentive. One person said, "Staff always notice if I'm unwell or unhappy, they are all nice to us." A relative of a person who used service said, "Staff pick up on her change in mood and health and let us know."

We saw people had a full assessment of their needs before being admitted to the home. This was carried out by a member of the management team or one of the unit managers. The assessment ensured the home could safely meet the needs of people.

During our visit we found there was carol singing on each of the units. Staff involved everyone in the carol singing and everyone seemed to enjoy it. We were told by people who lived at Seacroft Grange Care Village that they really enjoyed the activities. People told us, "They are marvellous, we make something every week." "We go out for a meal every Thursday lunchtime and in Summer we go out quite a lot." One person told us they set the tables every day and fold serviettes, which they really enjoyed doing. A family member told us their relative had told them they would like to help in the kitchen. They had told the Chef who straight away suggested they fold serviettes.

People we spoke with told us they did not know about their care plans but family members said they were aware of them. A relative told us they knew they could see their mothers care plan but did not feel the need to. They said "Communications are good here, we do not have any complaints or concerns but if we do have any we talk to staff or the manager and it is sorted out." They said "We can come in anytime we want to visit. They let us know if she is a bit down."

A member of the management team told us they listened and acted upon all complaints, verbal and written from people who used the service, staff and visitors; however they received very few complaints. This was evidenced when we reviewed the complaints folder, where there were no complaints from January-September 2014. We saw there was a recent complaint regarding staffing levels at night and we saw e-mails which detailed the specific issue, the investigation and the outcome. This meant complaints were dealt with to minimise the risk of the same issue arising in the future. We also saw a letter which had been sent out to relatives regarding a newspaper article about the home, accompanied by a copy of the newspaper article and we saw the relative's response to the article. We were told the home was reviewing complaints/trends/actions as part of the Commissioning for Quality and Innovation (CQUIN) framework, to secure improvements in quality of services and better outcomes for people.

Is the service well-led?

Our findings

At the time of our first inspection there was not a registered manager in place. However, a new manager had been appointed and has since completed her registration.

We were told by the manager the key areas she was focusing on were, communication, staff support and the appointment of the right people. We were shown a list of the manager's key actions she was planning to do or that had already been done, for example, she was writing a catastrophic event policy, introducing a suggestions box, ensuring people had their appraisals and making sure fire alarm checks were completed.

The new manager told us their vision for the service was 'to be a centre of excellent care, end of life care and dementia care'. We were told the manager wanted to ensure everyone knew the service culture, vision and values by communication, meetings, governance and top down and bottom up communication which was due to begin in the New Year. The manager said, "We need to get the basics right first."

The manager told us she monitored the quality of the service by: speaking to and supporting staff with issues, for example medication and care plans. We were told a member of the staff team was auditing care plans and sitting with staff to help them with care planning.

We saw minutes of the last staff meeting where each member of staff's top three issues were discussed these included for example; communication, staff being moved from one unit to another, change of management and time to update care plans.

We saw there had been a nurses meeting in November 2014 and another one was planned in December 2014. During the November 2014 meeting we saw the agenda covered for example, policies and procedures, care planning and audit, dress code and the medication policy.

The staff meeting documentation showed these meetings were forums for communicating key information to staff and showed evidence that practice was challenged and the provider was seeking to improve the care for people.

We asked the manager if she thought the staff were happy working at the home and she said, "I hope so, they have seen managers come and go, respect is a two way trip, I

want to involve staff in things." She also said "I will support staff, I am not going to micro-manage staff", "The service has lots of potential it just needs managing." The manager said, "Staff do care about residents and go the extra mile".

We spoke with staff about the management team, one person said, "When I started the Manager had left, I see my unit manager daily, I see management daily, I know the management are going to try and change things, they respond on the phone." "I like it here, I like the staff and the residents", "I'm getting to find my way around, getting used to the systems." We asked about the improvement in the home and one member of staff said, "Things have been put in place, we've had two meetings and have one more booked." The member of staff told us they understood the values which underpinned the philosophy of the home and said, "We need to be open about things to keep improving." Another member of staff said, "It has been much better, the new manager seems nice enough."

Policies and procedures were in place which included: respect and involvement; consent to care and treatment; care and welfare of people who use services; meeting nutritional needs; co-operation with other providers; safeguarding people towards abuse; cleanliness and infection control; management of medicines; safety; staffing; statement of purpose; complaints; assessment and monitoring of service provision; notification of death; notification of incidents and records. We were told the manager was introducing a new medication policy.

Accidents and incidents were recorded on an accident report and on a monthly basis the manager manually reviewed these reports, together with the 'Monthly Accident and Injury Log' to identify trends, lessons learnt and implement action plans.

We saw copies of the recent infection control, medication and care plan audits.

We looked at the minutes from the residents meeting dated 29 August 2014 which showed a range of issues had been discussed, such as activities, food/menus and staff training in dementia. We also saw a record which said, 'all relatives were supportive of company/management and since new staff have arrived it's made a massive improvement'. We also saw the minutes from the residents meeting dated 26 September 2014 which showed a range of issues had been discussed, for example, activities and meal times.

Is the service well-led?

People were supported to be involved in the running of the service through a customer survey facilitated by the home, which explored a range of areas we saw each area was rated for example; building (excellent-good), staff (excellent- good), visit arrangements (excellent),

instructions/requests acted upon, food (fair-poor, “cold/ tepid”) and social activities (fair-poor, “bingo good idea, trips to local shops appreciated). As a result of the surveys the areas that were of concern were discussed at resident meetings.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	People who use services and others were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record of service user needs.
Treatment of disease, disorder or injury	