Care Quality Commission

Bupa Care Homes (CFHCare) Limited

Netherton Green Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the home.

The visit was unannounced, which meant the provider and staff did not know we were coming. We last inspected the home on 28 January 2014 and the home met the regulations we inspected.

Netherton Green Residential and Nursing Home is registered to provide accommodation and support for 120 people. The home is purpose built and consists of

Summary of findings

four separate single storey buildings, each accommodating up to 30 older people. The four units are called Saltwell, Darby House, Windmill House and Primrose.

There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home and has the legal responsibility for meeting the requirements of the law; as does the provider.

Most people we spoke with were complimentary about the home and its staff, describing them as kind and caring. We saw examples of positive interactions between staff and people living at the home. Staff checked with people to see whether they were comfortable or needed anything. Visitors to the home told us they were made to feel welcome and staff were considerate towards them. However, some relatives and staff said that staff had less time to be able to interact positively with people on Primrose unit and our observations confirmed this. Most concerns that we found related to Primrose unit.

The home offered a number of activities both within the home and during days out. Most people told us they were kept busy and stimulated by the activities on offer, although this was not so evident in Primrose unit, where people living with more advanced dementia lived. People said staff respected their choices around what they wanted to do.

People, their relative and representatives felt that their opinions were listened to concerning the provision of care. People told us staff and the manager were approachable.

People's health and well-being was supported by staff arranging appointments with external healthcare professionals when required, such as a G.P. Staff cooperated with, and followed the advice of, external healthcare professionals when supporting people's health needs.

People felt confident in raising issues or complaints with staff. One visitor described how staff had told them about how to raise a complaint when their relative first arrived at the home. However, we found that not all matters of complaint were recorded in accordance with the provider's policy on complaints.

We found that the provider carried out a number of audits to identify areas for improvement in the delivery of care and the environment. Some audits were focussed on particular areas of care, such as people's nutritional needs. However, we found that issues we had identified had not been picked up by the audits carried out, such as the need for repairs to one person's bedroom. We saw that the provider had a system in place to learn from accidents and incidents to reduce the risk of them reoccurring.

We found that the environment on Primrose unit was, in some areas, not adapted to people living with advanced dementia. For example, signage was not accessible and items used to assist people to find their bedrooms was not consistently used. We also found poor areas of cleanliness on the unit, including carpets, walls and chairs being stained and an offensive odour being detectable in the entrance hall and one corridor area.

We found that one person's room was not properly maintained and that repairs to damaged areas in the room had not been undertaken.

We found that people's privacy and dignity were not always supported on Primrose unit because locks on some toilet doors were not working. We saw that one person was not dressed in a way which supported their dignity. Relatives of another person living on the unit told us they were not always dressed appropriately.

Not all staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which help to support the rights of people who lack the capacity to make their own decisions or whose activities have been restricted in some way in order to keep them safe. We found that some people's records contained documents which showed that, where they lacked capacity, decisions in their 'best interests' had been taken by the appropriate people. Other records lacked the correct documentation and demonstration of the legislation being properly used.

Staff demonstrated awareness of what could constitute abuse and that matters of abuse should be reported in order to keep people safe. However, some staff were not clear about which external agencies they could report abuse to.

Summary of findings

Staffing on most of the units was at an adequate level to ensure people received the support they required. However, this was not the case on Primrose unit where we found examples of people's quality of care being affected by inadequate staffing levels.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels on Primrose unit were not adequate to ensure people received all the support they required to meet their needs. Other units did have adequate staffing levels.

We found that the environment on Primrose unit was not always appropriately maintained to ensure the safety of people. Other units were safe for people to use.

Staff demonstrated an understanding of abuse and the need to report it.

Is the service effective?

Good

The service was effective.

New staff received training and supervision which meant they were skilled and knew what was expected of them.

Where required, appointments with external healthcare professionals were arranged in order to support people's health and wellbeing.

People living with advanced dementia benefited from a safe, dementia friendly garden on Primrose unit.

Is the service caring?

Requires Improvement

The service was not always caring.

People, their relatives and representatives were positive about staff and told us people's needs were met by staff. However, some relatives and staff told us staff were not able to interact as often with people on Primrose unit and so their needs were not always met.

Most staff demonstrated that they supported people's dignity and privacy. They gave good examples of how they achieved this. However, we found that not all people's privacy and dignity was supported all the time on Primrose unit.

People were able to join in stimulating activities, including days out. People were given choices in respect of what they wanted to do. We saw that people on Primrose unit were less involved in stimulating activities.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and staff knew how to support people in the best way.

Summary of findings

People's relatives and representatives were encouraged to be part of people's lives at the home.

The provider had an effective complaints policy and people were aware of how they could contribute their opinions. However, staff did not always record complaints in the way described by the home's complaints policy.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Regular audits had not identified some of the issues our inspection had.

People told us they felt the home was well-led. There were systems in place to make sure learning resulted from accidents and incidents and that these were included in people's care planning to reduce risk.

Staff had regular meetings with management where they could raise issues or receive information and guidance which affected people's care and well-being.

Netherton Green Residential and Nursing Home

Detailed findings

Background to this inspection

The visit was undertaken by three inspectors, a specialist advisor and two experts by experience. The specialist advisor had experience of nursing for people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care home.

As part of our inspection process we asked the provider to complete a Provider Information Return (PIR). The PIR is information produced by the provider to show how they are meeting standards of care. We contacted two health care organisations to consult with them about their experiences of the service provided to people living at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who lived at the home and 13 visitors. We also spoke with the manager and 15 members of staff, including unit managers, nursing staff and care staff. We spoke with two visiting healthcare professionals.

We looked at 13 people's care records to see if their records were accurate and up to date. We looked at records relating to the management of the home, including quality audits.

Requires Improvement

Is the service safe?

Our findings

People and their representatives told us they felt they were safe living at the home. One person told us, "Oh yes, I'm very safe here".

We entered Primrose unit during the morning and noted an unpleasant odour in the entrance hall and the corridor leading from the entrance hall towards the lounge area. When we returned to the unit in the afternoon, the odour was still present. We saw that some areas of carpet were unclean in appearance and were stained. We found that a shower chair in one bathroom was unclean and had a brown coloured substance on it. One person was sitting in an armchair in their bedroom. We could see that, near where they were sitting, the carpet and the wall had dried food and liquid stains on them. The armchair they were sitting in was heavily stained. We highlighted this to the manager and, later in the day, saw staff cleaning this person's bedroom. We also saw that the stained chair was removed. Other units at the home were clean and odour free.

One person's bedroom on Primrose unit was not properly maintained. We saw that there was exposed bare plaster and plumbing pipes under the sink area in this room. The flooring in this area was lifting and was darker in colour and there was a strong unpleasant odour. We spoke to the manager who told us they had been unaware of the condition of this bedroom and would address the issues raised immediately. Other units at the home were adequately maintained.

These issues demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that there were not always enough staff on Primrose unit to meet the needs of people. We asked the manager how they calculated staffing numbers. The manager explained this was done by budget as opposed to on the dependency levels of people.

For example, one person on Primrose unit began to vocalise in a loud repetitive way in the lounge area. Staff later told us that the person did this when a particular visitor left and that all staff were aware of this. We observed that this person was left to vocalise for ten minutes before staff first approached them. We saw that the person sitting next to them became distressed as a result of the person calling out. We looked at the person's care records and saw that they recorded ways in which staff could support this person when they vocalised in this way. This meant that this person's care plan was not being followed by staff in order to address their distress, as there were no staff free to support the person. We later saw the person being supported in the way described in their records and they appeared calm.

We saw one member of staff assisting someone to eat their breakfast. At the same time, they were holding another person's hand to offer assurance which meant that they were not concentrated on supporting one person. We saw that another person was seated with a small table in front of them and they were eating their breakfast. This person had food covering the front of their clothes and was mixing their drink into their food bowl with their fingers. Staff did not appear to notice this and we saw no assistance offered to this person by staff. Another person was given a bowl of cereal to eat. One hour later the person was seen still sitting with the bowl of cereal in front of them. There was a lack of staff available to assist this person.

We found that one person was being supported for personal care by a single member of staff. Their records showed that they required two, sometimes three, staff so that they and staff remained safe as they sometimes displayed behaviours which may challenge staff. The manager confirmed the staffing number required to support this person safely as being two or three staff. This meant there was a risk that this person was not being supported safely.

One member of staff we spoke with told us that Primrose unit had enough staff to meet people's basic needs, but not to interact with people in a more positive way, by for example, being able to sit down and talk with people. Another member of staff told us that some people's dependency levels meant that staff had to spend more time with them, which meant that other people did not receive the staff time they required. They went on to tell us, "We manage to spend time with residents chatting and talking with them in the last half an hour of the shift". This meant that staff did not have time to interact positively with people throughout their shift. Another member of staff told us, "We need more staff in the mornings. It's busy".

Requires Improvement

Is the service safe?

Other members of staff we spoke with also told us that more staff were needed on Primrose unit so they could meet people's needs. This was confirmed by our own observations.

These issues demonstrated a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us that some people living at the home may not have the mental capacity to consent to specific decisions relating to their care. The Mental Capacity Act 2005 (MCA) sets out how to act to support people who do not have capacity to make a specific decision.

We saw that 'best interest' decisions were recorded to show that, where someone was assessed as not having the capacity to make a specific decision, a decision was made ensuring the right people were involved and how the 'best interest' decision had been reached. For example, one person's care records showed that a decision had been made to administer their medicines 'covertly' . This means it is given without their knowledge. The documentation detailed how this decision was reached. This included consultation with the person's family, the unit manager, a pharmacist and a GP. This was to ensure it was in the person's 'best interest' for their medication to be administered in this way. Records also showed this decision was being reviewed regularly to make sure the information remained relevant.

We spoke with staff about their understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). We found that most staff were unclear about the implications of the MCA and DoLS. Two staff members did not know what a DoLS was when asked. Most staff were also unaware of the implications of a recent Supreme Court judgement which strengthens the definition of DoLS. Staff told us they had received recent MCA and DoLS training and records confirmed that most staff had completed this training. Despite this, knowledge levels were low. We discussed this with the manager. The manager undertook to address this matter by planning new staff training as soon as it could be arranged.

We asked the manager if anyone living at the home was subject to a DoLS. DoLS are safeguards used to protect people where their liberty to undertake specific activities is restricted. The manager told us that they had not made any recent applications for a DoLS and this was confirmed by the local authority. The manager demonstrated that they were aware of the circumstances of when a DoLS may be required. During our visit, we did not see anyone who was being restricted in their activities and therefore likely to require a DoLS.

People told us they felt safe living at the home. One person told us, "I feel quite safe". We asked staff about the different types of abuse and what they would do if they suspected abuse was happening at the home. Staff were aware of the need to report suspected abuse and most said they would report the issue to a member of the management team. The management team were aware of how to report safeguarding issues to appropriate external agencies. Staff we spoke with confirmed they had received training in the safeguarding of people. Staff training records showed that most staff had completed updated training in this area so that they received guidance on how to act. This meant that staff knew how to keep people safe.

We observed staffing levels on other units at the home. We found that there were enough staff to meet people's needs on these units. For example, we saw that call bells were answered promptly and staff were available in communal areas to assist people when they required support.

We observed a person being assisted to mobilise with the use of a hoist. We saw that this was carried out in a safe manner. We asked the person who had been assisted if they felt safe. They told us, "The staff don't hurt me at all. They are very kind and they know what they are doing". All people we asked, and some representatives of people living at the home, told us they felt safe. One person said, "Very safe here".

Good

Is the service effective?

Our findings

We spoke with a nurse who was visiting the home. This nurse was qualified to prescribe medicines. They told us that they and a GP alternately visited the home every week, as well as attending when people required visits because of illness. People we asked confirmed they received appropriate medical assistance when required. We looked at people's care records and saw that appointments were arranged with external professionals as appropriate. For example, one person had diabetes and they required additional support to manage their condition. We saw that a diabetes nurse had seen this person and their advice was appropriately noted in care records. We saw evidence of staff following this advice in supporting the person. This meant that this person's health condition was being appropriately monitored and staff were reacting to issues as they arose to support this person's health.

We saw from records that one person had difficulties with swallowing. They had been referred to an external professional who had advised that they should receive thickened drinks. We saw that these types of drink were given to them and staff showed knowledge of the need to thicken this person's drinks. A visiting healthcare professional told us, "The staff here are very sensible. If someone is poorly they recognise this and call us. They work well and if in doubt, they will ask us and this is good". All people we asked told us that staff responded to their health needs. One person told us that they had mentioned they had "aches and pains" one afternoon and was seen by the doctor the next morning. We also saw that a NHS therapy team were based at the home and provided physiotherapy and occupational therapy services to people at the home to assist people to rehabilitate and become more independent.

We observed people having lunch. We saw that some people, who required them, had high sided plates so that their food would be less likely to spill over the edges as they ate. People were offered the opportunity to either eat lunch at a dining table or wherever they wished. Staff told us, "We ask people what they want the night before", but could adapt choices on the day if people changed their minds. Staff had access to photographic menus, but we found that these were not used. The use of these menus would assist people to make clear choices about the food they liked. We saw that specialist diets, such as healthy diets for people with diabetes, were provided.

Most people we asked were positive about the quality of the food at the home. One person told us, "The food and the meals are good". We saw that the meals provided looked appetising and the portions offered were plentiful. We found that people could order alternatives to the menu, as long as the kitchen had the ingredients. Some people required assistance to eat. We saw staff assisting people to eat in an appropriate, caring and patient manner. We saw staff actively checking the dietary requirements of people to ensure they received a meal which was compatible with their health needs and personal preferences. It was a hot day and we saw staff encouraging people to drink plenty of fluids so they stayed hydrated. People were offered a choice of beverage. However, on Primrose unit we observed that fruit squash had been already prepared and people were offered a "juice", but not a choice of flavour or hot beverage.

We saw that training events for staff were advertised. We spoke with staff who told us they had completed training in important areas of care and that this helped them to support people in an effective way. One staff member told us they received, "Lots" of training. Some staff told us they had begun a ten module course on dementia, which provided them with a deeper understanding of how people living with dementia should be supported. They said, "I think this will be good for us and the people here". The manager showed us the course material for this training. We saw that this training would equip staff with a good understanding of the issues affecting people living with dementia.

Staff told us, and records confirmed, that they received regular supervisions and appraisals. Staff told us these meetings were helpful and allowed them to discuss important issues of performance and training with supervisors.

We looked at staff records and saw that new members of staff had completed induction training so that they were aware of what the role required. We also saw that staff were subject to a probation period before their permanent status was confirmed. This meant that the provider had an opportunity to assess staff performance before making them permanent. All members of staff we asked confirmed

Good

Is the service effective?

they had received induction training and periods of 'shadowing' experienced members of staff. Staff were positive about the knowledge the induction process had provided. This meant that staff knew what was expected of them and were assessed as having the necessary skills to carry out their role.

Requires Improvement

Is the service caring?

Our findings

Most people, their relatives and representatives were positive about staff and described them as being caring. One person told us, "They are always so kind". A relative of a person living at the home told us, "They all seem caring" and "I'm happy to walk away and leave [person's name] here".

However, some relatives and representatives were less positive about staff interactions on Primrose unit. Relatives of a person living on this unit told us that staff did not spend enough time interacting with people and seemed to spend more time filling in forms. Our own observations supported the fact that staff spent limited time interacting with people in a positive way. They also told us their relative was not always dressed in a way which supported their dignity.

We saw that a person on Primrose unit spent most of their time sitting in a chair in one of the corridors during our visit. We did not see staff interacting positively with this person during our time on the unit, except to provide personal care. We saw that this person was not appropriately dressed at one stage which impacted on this person's dignity. We also saw that this person was surrounded by food debris and a nearby wet patch. This person was dependent on staff for their personal care needs. We raised these concerns with the manager who undertook to address them.

However, elsewhere we saw that people's dignity was supported. For example, we saw blankets used to cover people to preserve their dignity, where necessary. We saw that people were dressed in a style which reflected their individual tastes. People were positive about their experiences. One person told us, "I was really impressed with the place and the staff. I wouldn't consider going anywhere else". Another person said, "They are marvellous and treat you with real respect especially when dealing with my privacy". Staff gave examples of how they would preserve people's dignity and privacy by, for instance, ensuring they knocked on people's bedroom doors before waiting for permission to enter. We saw staff doing this throughout the day.

We observed interactions between most staff and people living at the home and saw that they were thoughtful and caring. We saw staff checking that people were comfortable. On most units we also observed staff offering people choices about what they wanted to do, where they wanted to go and what refreshments they would like. Staff respected people's responses and choices.

People and their representatives told us that they were included in decisions about care. Care records we looked at supported this view. People, or their representatives where appropriate, had signed care records to show their involvement and agreement to them. We observed staff talking with people to check whether the support they were providing was what the person wanted.

Good

Is the service responsive?

Our findings

People we spoke with, and their representatives, told us the provider was responsive to people's needs. Most people said they were happy with the way support was provided.

Care records contained detailed information about how staff should support people. These included people's likes, dislikes and personal preferences. Records included a short 'pen portrait' of the person which gave staff an overview of what was important to them. Staff interactions with people demonstrated they had knowledge of people and their needs. We asked people how responsive staff were to requests they made. One person told us, "They will do anything for me. I only have to ask". Most people told us they felt staff were meeting their needs well.

People living at the home and staff told us they could visit different units to take part in activities. This meant they could change environment and meet different people. People we spoke with told us they had a choice of different activities to keep them stimulated. We saw some people were going out to lunch. One person told us this happened, "Every couple of weeks or so". Another person told us, "Oh, I'm never bored. I have a little garden with bushes and flowers".

We found that parts of Primrose unit lacked signage or other orientation aids which would assist people living with dementia to find their way around. For example, some bedroom doors did not display people's names and an arrow pointing along one corridor did not describe what it was pointing to. Bedrooms had 'memory boxes' outside the doors to help people recognise their own bedroom. Memory boxes usually contain items which are personal to people, such as photographs. Some people's memory boxes were noted to be empty. Other signage was not suitable to assist people living with dementia, such as the use of non- accessible toilet door signage. This meant that people living with dementia would find it more challenging to orientate themselves around the unit.

Primrose unit had a garden which was pleasant, tidy and 'dementia friendly' in that it had soft pathways to protect people if they fell. Staff informed us that they had raised a substantial amount of money to fund the garden through organised events. One member of staff told us, "The garden is our proudest moment".

We asked people, their relatives and representatives whether they were encouraged to be involved in decisions about their care. People told us that involvement in their care decisions was welcomed and encouraged by staff.

Records showed that people, their relatives and representatives were involved in assessments prior to being admitted into the home. This was confirmed by people we spoke with. This meant that staff sought to understand people's individual needs. We also saw that people's records were regularly reviewed to ensure staff had the most up to date information about how best to support people.

Visitors to the home told us staff were welcoming and accommodating towards them so that people were able to maintain relationships that were important to them. We saw this demonstrated throughout the day. We spoke with a family member of one person who praised the home for their consideration towards their family. They told us, "They have even made a room available for us if one of us wants to stay over". We saw, from one person's records, that staff took time to explain necessary aspects of their care to relatives and representatives acting on their behalf. For example, one relative had asked that the "bumpers" (soft cushioning) surrounding their relative's bedrails be removed. Staff had recorded how they had explained to the relative that these were necessary to keep the person safe and reduce the risk of them becoming entrapped in the bedrails.

We asked people what they would do if they had a suggestion about the home, a complaint or worry. Most people we spoke with said they would feel confident to approach a member of staff. One person told us, "I've never had any problems here, but I'd speak with the staff. No worries about that". One relative of a person living at the home told us they were told how they could make a complaint when their relative first arrived at the home. We saw that leaflets detailing how people could make suggestions or raise a complaint were available in the various communal areas of the home, such as entrance halls. Staff described how they would support people to make a complaint, if the need arose. Staff we asked also demonstrated an awareness of how complaints were resolved. They told us they were made aware of complaints and their resolution so they could support people in the way they needed.

Good

Is the service responsive?

One relative of a person told us they had raised a complaint with the home as a result of an aspect of poor care. We looked at the care records of this person. We saw that the matter had been resolved and the person was receiving the care they needed. We also saw in this person's records that a professional who had visited them had commented that the person's appearance was poor. The manager told us staff had not made them aware of the complaints, although matters had been appropriately addressed. There was also no entry in the complaints log about the matter being raised. This meant that staff had not always reported matters of complaint as required by the home's complaints policy to the management team.

Requires Improvement

Is the service well-led?

Our findings

We asked people if they felt the home was well managed. One person told us, "It all seems very well led to me. I have had lots of lovely experiences". Another person said, "Everything is done very thoroughly". A visitor to Darby House unit told us, "We are very lucky and have no complaints. If I am upset about something I mention it and it is sorted. They monitor everything". People and staff told us that the manager was very 'visible' in the home and could be seen addressing issues directly, such as recognising where people's individual experiences could be improved by the purchasing of additional furniture.

We saw that incidents and accidents were reviewed to ensure risks to people were reduced. We saw that a record had been kept of one person's falls. We looked at the accident form for an occasion when this person had fallen and saw that it had been correctly completed. We also found that the person's safety and mobility care plan had been reviewed shortly after the fall to reduce their risk of falling again. The manager showed us their system for reporting occasions of 'harm', such as falls, to the provider. This allowed the manager and the provider to see any patterns in accidents and incidents, such as when they had occurred, so risk could be addressed in a focused way.

We saw a recent environment audit which looked at each unit for issues such as risks to infection control. We saw that, where issues were identified, these were noted and actions to be taken were detailed. However, records did not always show when or if actions had been completed. We found a number of infection control issues on Primrose unit which had not been identified by the audits. We also found that other issues which had not been picked up by audits having been completed, particularly on Primrose unit. These included the need for repairs in one person's bedroom and a communal toilet which had a broken lock. We saw that most audit results were gathered centrally by the provider in order to identify any trends or issues. These included specific audits around the use of bedrails and the rate of pressure ulcers (areas of skin which require treatment).

Other specifically themed audits were carried out by the management team to help promote people's health and wellbeing. These included a 'meeting nutritional needs' audit which looked at people's care records to ensure they were being risk assessed for nutritional support needs. This audit identified if appropriate measures were being taken to support people nutritionally, such as regular weights being recorded and referrals to outside professionals being made as required. We found no issues with these aspects of care during our visit.

We saw that an external auditing company had been used to analyse the results of a 'relatives and customers' satisfaction survey which took place in the autumn of 2013. Some people we spoke with recalled being asked questions for a survey. The analysis showed mostly positive results for the home. The manager told us actions had been taken in response to any issues identified in the survey. This included information for visitors, which we saw had been produced. The survey analysis was presented as a booklet so that people could have a copy to refer to and the results were also available on the provider's website.

Staff were complimentary about the management team at the home. One staff member told us they felt, "Very supported by the senior staff and the provider". Another staff member told us the manager was, "Absolutely brilliant. She knows about every resident. We can ask her for anything. She comes on the unit everyday". All staff who we asked told us they received regular supervision meetings and appraisals where they could raise issues of concern and discuss their performance.

All staff told us, and records confirmed that they had regular staff meetings to discuss matters which affected people who lived at the home. One staff member told us, "The nurses have monthly meetings and they share with us via [the unit manager]". Another staff member told us, "We have a staff meeting tomorrow and we get to talk. Our manager, does listen to us. She wants to know things run smoothly". We looked at the minutes of recent staff meetings. We saw that a new format had been introduced so that important matters were consistently covered during staff meetings. We saw that staff discussed matters which were important to the well-being of people living at the home, so they received information about how best to support them.

Staff at the home worked with another agency to make sure that local and best practice standards were met. We spoke with a tissue viability nurse who visited the home. They told us the home had worked hard in recent years, in conjunction with the tissue viability team, to improve practice around supporting people with areas of sore skin and made appropriate referrals to their team.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered person did not have effective systems in place to protect people from the risks of acquiring a health care associated infection as appropriate standards of cleanliness and hygiene were not maintained.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experiences persons employed.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.