

Century Healthcare Limited

Ambleside Bank 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

We carried out an unannounced inspection of Ambleside Bank on 29 June 2016. We returned to complete the inspection on 1 July 2016.

The home was last inspected on 03 June 2014 when the service was found to be meeting all regulatory requirements and we did not identify any concerns with the care provided to people living at the home. At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of staffing. We also made a recommendation regarding the documenting of peoples health needs.

Staff reported that they received enough training and that this was regularly refreshed. However the home's training matrix showed that not all care staff had completed scheduled training sessions in areas such as safeguarding, manual handling, infection control, dementia awareness and challenging behaviour. This is a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing, because the home did not ensure that staff received the appropriate training and professional development to enable them to carry out the duties they are employed to perform. You can see what action we told the provider to take at the back of the full version of the report.

Ambleside Bank is registered to provide accommodation with personal care for up to 40 people. The home is set within its own grounds with car parking facilities. It is close to Wigan town centre and local transport networks.

Ambleside provides residential accommodation and day care. Facilities include assisted bathrooms, an orangery and a day care centre. All rooms are en-suite and there are two double rooms available. Well-appointed living rooms include a TV lounge, a 'quiet' lounge and a separate lounge for those people who wish to smoke. The home also has a dedicated hairdressing salon and a mini bus service that is used to take people on day trips and visits.

The home did not have a 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.' The previous registered manager had left the home on 16 June 2016. We were told during the inspection that the new manager would be commencing employment on 4 July 2016. Although the registered manager had left, an action plan had been put in place to cover the two week period until the new manager commenced their role.

We saw that the home was clean and fresh with no mal-odours. The Local Authority had given the home a rating of 96% during their last infection control audit and this standard had been maintained.

All the people we spoke with told us they felt safe. We saw that the home had appropriate safeguarding

policies and procedures in place and the staff we spoke to knew how to report any safeguarding concerns and when it may be necessary to do so.

The home did not use a dependency screening tool to determine staffing levels, however we saw that dependency assessments had been completed and that staffing levels were appropriate to meet people's needs. The people we spoke to confirmed this, saying they were well supported and cared for.

Robust recruitment checks were in place to ensure staff working at the home had met the required standards. This included everyone having a Disclosure and Barring Service (DB S) check, full documented work history and at least two references on file.

We saw that medicines were managed and administered appropriately. We saw that staff who gave out medicines had their competency assessed before being able to do so and regular medicines audits were carried out at both the location and provider level.

We saw that the dining experience in the home was a positive one. People we spoke to were very complimentary about the food provided. The home offered a wide choice of meals and catered for individual wishes, including those made on the day. We saw that people's likes, dislikes, allergies or specialist diets were accounted for, with systems in place to ensure this was recorded.

Staff we spoke to had a clear knowledge and understanding of the mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone who does not have capacity needs to be deprived of their liberty in their own best interest. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements in the DoLS. Related assessments and decisions had been properly taken.

Staff also told us that they felt supported and listened to through the completion of supervision meetings and yearly appraisals. They also told us that team meetings were held and they were encouraged to attend and have input with the agenda.

Throughout the inspection we saw evidence of positive and caring interactions between staff and people who lived at the home. Staff were observed treating people with kindness, dignity and respect. The people we spoke to told us how much they enjoyed living at Ambleside Bank and how well the staff looked after everyone.

We saw that the home had a comprehensive activities programme, which was supported by a spacious and well equipped activities room. We saw lots of activities being completed throughout the day and people we spoke to were complimentary about the choice and amount available.

People we spoke with told us that the home was well-led and managed and they would recommend living there. Staff stated that they enjoyed working at the home and felt supported.

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 safe.

People we spoke with told us they felt safe living at the home. Staff knew how to report safeguarding concerns and what signs to look for that would indicate someone may be being abused.

Staffing levels were appropriate to meet people's needs. People we spoke with confirmed this and that help arrived quickly when needed.

Regular checks and monitoring was completed to ensure the all premises and equipment was safe, in good working order and fit for purpose.

The home had robust monitoring of falls, incidents and accidents and displayed evidence of learning from incidents and implementing changes to mitigate risk.

Good 

Is the service effective?

The service was not consistently effective.

Staff reported receiving enough training to carry out their roles successfully, however the training matrix provided by the home showed that only 66% of direct care staff, which included bank carers, had completed both infection control and safeguarding training, only 48% had completed manual handling training and only 34% dementia awareness training.

All staff spoken to had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans we saw.

People were very happy with the meal time experience and food provided and we saw people's nutritional needs were assessed and nutritional care plans were in place.

People living at the home told us that staff sought their consent before providing any care.

Requires Improvement 

Is the service caring?

Good 

The service was caring.

All the residents we spoke to were positive about the care and support they received, this was also reflected in the comments of relatives.

Throughout the inspection we observed positive interactions between staff and residents. Staff members were friendly, kind and respectful and took time to listen to what the residents had to say.

Residents were able to make choices about their day such as when to get up, what to eat and how to spend their time. Staff had an understanding of the importance of promoting independence.

Is the service responsive?

Good ●

The service was responsive.

People we spoke with told us there was a lot to do at the home and they enjoyed the many activities provided.

We saw evidence of person centred practice, with people being able to choose how and where they spent their time.

We saw that care plans were responsive to people's needs and contained information about their background, hobbies, interests and spiritual/religious beliefs.

Is the service well-led?

Good ●

The service was well-led.

Despite not having a registered manager in post at the time of the inspection, the home was still being effectively managed. Plans to replace the registered manager were in place and the director of nursing services, who effectively acted as an area manager, was a regular presence at the home.

Both people living at the home and the staff working there, stated the home was well-led and managed and they felt supported.

Team meetings were held to ensure that all staff had input into the running of the home and made aware of all necessary information.

Both internal and provider level audits were completed across a

number of areas, to assess the quality of the service.

Ambleside Bank 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.

The inspection took place on 29 June and 1 July 2016 and was unannounced.

The inspection team consisted on two adult social care inspectors and an inspection manager.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance and safeguarding teams at Wigan Council and Wigan Healthwatch

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.

During the course of the inspection we spoke to the acting manager, director of nursing services, a visiting district nurse and four staff members. We also spoke to six people who lived at the home and three visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included seven staff files, four care plans, policies and procedures file and audit documentation, covering areas such as care plans and medicines.

Is the service safe?

Our findings

We asked people who used the service whether they felt safe at Ambleside Bank. One person told us, "Yes, I feel safe. There's never any problem here, we all get on, it's nice." Another person said, "I'm very safe. I have my own key for my door but if I'm honest, I never lock it. Nobody goes into your room and I've never had anything go missing."

We looked at the home's safeguarding systems and procedures. The home's safeguarding policy contained detailed information about different types of abuse, the signs to look for and instructions on how to report safeguarding concerns. This ensured that anyone needing to report a safeguarding concern could do so successfully.

We spoke with five staff about safeguarding vulnerable adults. Each member of staff displayed a good knowledge of what to look out for and how they would report concerns. One staff member told us, "There's a clear procedure here, I would report to the manager, if they're not available, I would report directly to safeguarding." Another member of staff said, "I have had training and know what signs to look for such as a change in behaviour, if I have any concerns I would report them to the manager."

We viewed seven staff personnel files to check if safe recruitment procedures were in place. We saw evidence that Disclosure and Barring Service (DBS) check information had been sought for all staff. All staff had at least two references on file as well as a full work or educational history.

We spoke to the acting manager and director of nursing services about what procedures and systems were in place with regards to infection control. We saw a copy of the last infection control audit carried out by the local authority who had given the home a rating of 96%. We observed that the home was clean and fresh during both visits, with no unpleasant odours noted. We spoke with people who lived at the home for their opinion, one told us, "It's spotlessly clean. I am happy with how clean they keep everything." We spoke to the visiting district nurse who said, "I have no worries, everything here is kept clean."

We looked at how falls, accidents and incidents were managed at the home. We saw that falls, accidents or incidents were monitored and triggers or trends were identified and evidenced. We saw learning from incidents or investigations took place and appropriate changes were implemented, including the action taken to minimise the risk of further incidents. For example, one person had experienced a number of falls and we saw that a sensor beam had been fitted in their room at night so that staff were alerted when the person was mobilising. This would enable staff to respond in a timely way and offer support to mitigate the risk.

We saw that the home completed dependency assessments for all the people who used the service, but did not incorporate this information into a dependency screening tool to determine the number of staff needed to meet people's needs. The director of nursing services told us that the acting manager is familiar with people's needs and completed the rotas accordingly. If anyone's needs changed, then staffing levels would be reviewed and increased if necessary.

We asked staff for their views on staffing levels at the home. One staff member told us, "We have three staff on at night, most of the time this is enough and we can manage people's needs." Another staff member said, "We have enough staff to meet people's needs, help is usually immediate, it's rare the call bell goes off for more than a minute or two." We asked people who lived at the home for their opinions, one person told us, "There's quite a few staff and if you want anything, they are there." Another person said, "They are very good, they always come quickly."

We checked the alarm call system, which was installed in all resident's rooms and was used to request assistance or in case of emergency. The system installed at the home did not produce printed data, however observations of five occasions when a person had pressed the alarm, showed that response times were prompt.

We looked at the home's safety documentation, to ensure the property was appropriately maintained and safe for residents. Gas and electricity safety certificates were in place and up to date, all hoists, the alarm call system and fire equipment were serviced yearly with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order.

We looked at medicines management within the home. We observed that each person had a Medicine Administration Record (MAR) chart in place, which included their photograph, picture of all medicines and method of administration. We observed five people being given their medicines during breakfast; these were given at the dining table, with the acting manager taking out each person's medicines separately and locking the medicines trolley each time.

We viewed five MAR charts during the inspection. We saw that all prescribed medication had been administered and signed off correctly. We completed stock checks of five people's medication, including one who took a controlled drug. We saw that the controlled drug had the correct amount remaining and that the controlled drug book had been filled out correctly. However we saw that despite being signed off as administered, one person had not been given a prescribed tablet the previous day. This had been due to staff error and was an isolated incident.

We saw that the home had when required medicines (PRN) protocols in place. These explained what the medicine was, why it was needed, what signs to look for and method of administration. We also saw that all creams, drops or lotions also had detailed plans of care and all had labels containing date of opening. We saw that all staff who are authorised to give out medicines had their competency assessed as part of the training process and that medicines audits were completed on a monthly basis by the manager and director of nursing services, with action points generated and timescales for completion included.

During the administration of medicines, people were informed what they were due to take and asked whether they wanted a glass of water or alternative drink. All options were provided promptly and without fuss.

Is the service effective?

Our findings

We asked people living at the home for their impressions of the food. One person told us, "The food here is lovely, I really enjoy it." Another said, "Oh the food is good, tasty," whilst a third told us, "The food is lovely and there is plenty to eat."

We also asked relatives for their opinions, one said, "The food seems very good, from what I have seen I wouldn't mind eating here myself." Whilst another said, "[My relative's] appetite has declined, but they offer all the foods she enjoys, cheese and onion pie, toast, biscuits."

We spoke with both the head cook and assistant cook. The head cook was passionate about preparing fresh meals rather than the home purchasing pre-packed dinners. On the day of the inspection we saw that the cook had made rice pudding and had made two variations so that people who were diabetic had the same choice as everybody else.

Staff completed a kitchen notification, which detailed people's food likes and dislikes, allergies and specialist diets. The nutritional plan identified whether people had special dietary requirements or whether they had food preferences. For example, one person was diabetic which was clearly documented, whilst another person did not like large portions and their care plan identified that they would be unlikely to eat their meal if over-faced. We observed this was adhered to at meal times and saw that both people's requirements were being met.

We saw people's nutritional needs were assessed and people had nutritional care plans in place. We saw people were weighed regularly and weight loss was addressed in a timely way to elicit further support from the person's GP or community dieticians.

During meal times we observed that the dining area was nicely set out and that all staff were aware of their roles. The home ensured that additional staff were allocated to the dining room, with the activity co-ordinator helping out, to ensure everyone was served promptly. Everyone was asked if they wished to have their chosen option, with alternatives being available.

We looked at the home's training matrix for July 2016, which showed what training every member of staff had completed and when the next sessions were due. The matrix covered everybody associated with the home including drivers and the handyman. We looked at the training levels for care staff, including any bank care staff, as they provided the day to day care to people living in the home and therefore had the most contact. We found training levels were low. For example, 66% of care staff had completed infection control and safeguarding training, 48% had completed manual handling training and 34% had completed training in both dementia awareness and challenging behaviour.

The staff we spoke to during the inspection told us that they had enough training and support available to them. One told us, "We receive plenty of training; I feel it's more than enough." Another said, "We receive all necessary training, a lot gets refreshed at least yearly," whilst a third staff member told us, "I get enough

training, I'm kept up to date with everything." Staff were knowledgeable when spoken to, good practice was observed and people who used the service were positive about the staff's skills. One told us, "The staff are well trained; they definitely know what they are doing."

This is a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because persons employed by the service must receive appropriate training and professional development to enable them to carry out the duties they are employed to perform.

We viewed staff supervision and appraisal documentation. The seven staff files we looked at all contained supervision record forms. However not all forms were dated, so it was difficult to ascertain whether these were recent or not. However the staff we spoke with said they received regular supervision from their line manager. One told us, "I have supervisions regularly, had last one two weeks ago, I find them really useful." Another staff member said, "We have supervisions approximately every 12 weeks, we get to have input into what is discussed."

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Although training sessions in these areas was not documented on the matrix, staff told us they had undertaken training in these areas. All staff we spoke with had a clear understanding of capacity and what a deprivation was and how many people who lived at the home were under a DoLS authorisation. One told us, "If a person doesn't have capacity, then we may need to deprive them in order to look after them or keep them safe, that's when we would need to apply for a DoLS." Another staff member said, "If someone can't make decisions for themselves, then that's where DoLS comes in, we have four currently and a lot more waiting to be authorised."

We looked at how staff sought consent from people living at the home. One person told us, "Staff ask our opinion of what we want to do," whilst another said, "I get asked before staff do anything." A third person told us, "They wouldn't do anything without asking me if I agree to it."

We looked at four care plans of people who used the service and noted that whilst in three plans the consent sections had been completed and signed either by the person themselves or a legal representative such as a power of attorney (PoA), one was blank. However this person had signed their own contract for placement at the home along with monthly reviews of their care, to confirm they were happy with what was being provided.

During the course of the inspection we observed staff seeking consent prior to any manual handling task, at mealtimes to ask what people wanted and if they wished to wear a tabard, when being given medicines and prior to any activities commencing to ask if they wished to take part.

We saw that in two of the five care plans viewed, there was inconsistency in the documenting of people's health conditions and health needs either upon assessment or on an on-going basis. This meant that staff did not have accurate up to date information about people's care and support needs.

We recommend that the service introduces a recognised health assessment in order to consistently capture this information to inform care planning.

We saw the service worked closely with other professionals and agencies to meet people's health needs. Involvement with these services was recorded in people's files and included podiatrists, opticians, district nurses and doctors. We spoke to the district nurse who told us, "I have no concerns, if they have any worries at all about someone they will ring for advice, if I have any concerns I let them know and they act on it."

Is the service caring?

Our findings

The people we spoke with told us that they liked the staff and found them to be caring. One person told us, "The staff are nice, they treat everyone the same." Another person said, "The staff here are very good." A third told us, "Staff look after us very well, they are really caring."

Relatives also had positive comments to make, one told us, "The staff are very approachable, always happy to help with anything." Whilst a second said, "The staff are friendly and sociable. It's a difficult job and I don't know how the staff do it, I admire them. The care and attention given is very good."

The people we spoke with said they felt treated with dignity and respect by the staff that cared for them. One person told us, "They always knock on my door and wait until I answer before coming in to my room," whilst another said, "I get privacy when I want it. I close my door or prop it open. I do what I want." A relative told us, "Mum's receiving the appropriate care, I'm very satisfied, she's always treated with dignity and respect." During the inspection we observed staff knocking on people's doors and only entering after receiving permission.

Over the course of the inspection we spent time observing the care provided in all areas of the home. We saw staff members greeting people pleasantly upon first seeing them and observed them sitting and chatting with people and making appropriate physical contact. On one occasion we observed a staff member having to stop accompanying a person out of the dining area, as they had spotted a potential risk with another person sat at a table. After dealing with the issue, the staff member apologised to the first person for them having to wait.

We observed staff being polite and courteous when offering drinks, asking what everyone wanted and providing plenty of choice. During meal times, we observed good staff interactions with people. They were polite and respectful to all, initially asking what people wanted and later asking if they were enjoying their food or needed anything. People who were reluctant to eat or indicated that they were not hungry, were encouraged positively by the staff, who suggested alternatives, whilst being mindful that the person's decision needed to be respected.

One person we spoke with did not believe anyone had discussed their care plan with them, although we did see evidence that the care plan had been reviewed with this person, as they had signed and dated to confirm this had occurred. We also saw in one of the care plans we looked at, that a review of care involving that person had been completed in May 2016. We saw that relatives were also involved in making decisions about a person's care, one told us

At the time of the inspection there was nobody receiving end of life care. We noted people had end of life sections within their care plans, however these had not been completed as people had declined to participate in these discussions at that time. We spoke to the director of nursing services, who said that many people and families found discussions about end of life difficult when the subject was brought up, particularly as this was a residential home. In one care plan there was a Do Not Attempt Cardio Pulmonary

Resuscitation (DNACPR) document in place. There was evidence that discussion had occurred with the family regarding arrangements should the DNACPR be invoked, with the care plan indicating which funeral directors to use, but the family had indicated that they did not wish to discuss the details around end of life care, such as pain management, community options, and hospital transfer until this was necessary.

Is the service responsive?

Our findings

The people we spoke with told us they liked living at Ambleside Bank. One person told us, "I had an assessment and moved straight in. I love it here. I've never looked back," whilst another said, "It's very good here; we're looked after very well."

We also spoke to relatives about the home and care being given, one told us, "Mum originally came on respite, we are very lucky that we could get a bed and stay on as we all wanted this."

During the inspection we looked for evidence of care meeting people's needs and preferences. We spoke to people living at the home and asked if they had been involved in planning their care, one person told us, "They asked me questions about my needs before I came here. We discussed my likes and dislikes too."

We saw evidence of person centred practice, with people being able to determine how they spent their time. They could attend breakfast at a time of their choosing and had a choice of where they wished to eat, which could be the dining room, in one of the lounges or in their bedroom. They were also able to choose what they wanted to eat and were observed selecting options that were not on either the regular or alternate choices menu.

We looked at whether the home was responsive to people's needs. All the care plans looked at contained historical information, including people's background, hobbies and spiritual/religious information, the files also contained an activity profile which detailed the things they enjoy or would like to do, these documents helped formulate people's care. We saw that two people had indicated they would like to receive communion and on the second inspection day, we observed someone coming to the home to do this.

We looked to see how the service managed people's pressure care. We saw pressure risk assessment tools were completed to grade people's risk of skin breakdown. When people had been identified at risk, we saw that people were seated on pressure relieving cushions and had profile mattresses to provide a reduction in pressure on vulnerable areas such as heels and the sacrum.

We looked at the most recent satisfaction surveys. 12 people living at the home had completed the last survey. The survey was aligned with Care Quality Commission's key lines of enquiry. Everyone who took part had indicated that they either agreed or strongly agreed with the statements in each domain. For example, all of the people had strongly agreed with the safe statement which said, "I feel safe here." All people also answered that they strongly agreed with all four caring statements which were, "I am made to feel important, I am treated with kindness and compassion, I am well looked after and I am involved in individual decisions about my care."

People we spoke to during the inspection confirmed they had taken part in satisfaction surveys and were happy with the care being provided. One told us, "I've completed a survey. It was positive," whilst another said, "Some people would complain about anything but it's great here. I completed a survey and said exactly that."

We saw that the home had received numerous thank you cards and appreciation letters, with many of these being displayed in the foyer. Some of the more recent comments included, 'big thank you for all the care and kindness shown to our dad' and 'thank you for the wonderful care and loving attention given to mum'.

The home had a complaints file in place, however this contained no complaints. The people we spoke to were all aware of how to raise a complaint, but had never felt the need to. One person told us, "I've no complaints. I'd tell the staff if I did." The relatives we spoke to had similar responses, One relative told us, "I've no complaint to make about the home. If I did, I'd speak with the staff or the management," whilst another said, "I've never had need to complain or raise any concerns at all, I'm happy with everything."

We spoke to the acting manager and activities co-ordinator about how the home ensured people were not socially isolated. They told us that outings were planned regularly into the local community, such as to the local park, garden centre and café's. The home also linked in with local organisations and groups, such as dementia friendly coffee mornings. During the inspection we heard people reminiscing about one of the recent trips to Parbold Hill.

During the inspection we observed many activities being undertaken throughout the day both within the lounges and the activity room. We saw that the home had a very large activities room which lead out onto a patio area. The room was filled with lots of memorabilia and reminiscence items, as well as board games, puzzles and arts and craft. The home also displayed art works and projects completed by people living at the home, which added a personal touch to the décor.

People we spoke with were very positive about the activities available. One person told us, "There's a lot to do. Daily there are things happening that we can join in with. I quite like dominoes which I have the option of playing daily. There is bingo, a lot of crafts and they have singers in regularly. I am never bored."

We spoke to relatives about the activities available at Ambleside Bank. One told us, "Staff do their best to encourage people to join in activities and there is a lot going on," whilst another told us that '...due to her health she can't do a lot, but they still take her into the activity room, she enjoys looking at books and old pictures which they support her to do.'

Is the service well-led?

Our findings

We saw that the home was currently without a registered manager, as they had left the service on the 16 June 2016. The deputy manager was acting up, with support from the director of nursing services. We were told that the new manager would be starting at Ambleside Bank on the 04 July 2016. People we spoke with who lived at the home, along with staff members and relatives, were all aware of the changes and had not experienced any effect in service provision since the registered manager's departure.

We asked the people who live at the home if they thought it was well run and managed. One person told us, "I miss the previous manager; she'd been here a long time and knew us all well. She was very good." Another told us, "I wouldn't hesitate to recommend living here," whilst a third said, "I moved in and wished I'd done it sooner. I enjoy the company and I have a good laugh."

The staff we spoke with also told us that the home was well led and managed and they enjoyed working there. One staff member told us, "I enjoy working here, it's a good team and everyone is genuine and love their jobs." Another told us, "I feel supported, the acting manager is amazing," whilst a third said, "It's definitely well run and I feel supported...I really feel listened to."

We found accidents, incidents and safeguarding had been appropriately reported as required. We saw that the previous registered manager ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The previous registered manager kept a file of all notifications sent to CQC.

The staff we spoke with told us that regular team meetings took place. One said, "We have staff meetings regularly, where we discuss any changes or issues, we get to have our say," whilst another told us, "We have staff meetings though it varies how often. We have them when there have been any changes, before any admissions and if there is information we need to be told about." We saw minutes from staff meetings which confirmed the feedback from the staff.

We saw that the home had a policy and procedure file in place. This included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were regularly reviewed at provider level, with updated copies being available online. We saw evidence that staff had both access to and an awareness of policies and procedures as part of their induction training programme.

We saw that there were systems in place to regularly assess and monitor the quality of the service. The home completed regular audits in a number of areas including care plans, medicines management and environmental safety. We also saw evidence of provider level auditing of both care plans and medicine management. All audits included action plans with timescales for completion.

During the inspection we raised concerns with the acting manager and director of nursing services about the safe storage of information. This was due to care plans being located in unlocked cupboards and files containing potentially confidential information being stored on top of cupboards behind the reception desk.

When we returned on the 01 July 2016 to complete the inspection we saw that all concerns raised had been addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The home's training matrix dated July 2016 showed that training levels for care staff were low. Persons employed by the service must receive appropriate training and professional development to enable them to carry out the duties they are employed to perform.