

Brooklands Care Home Ltd

Brooklands Nursing Home

Inspection report

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21 September 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Brooklands Nursing Home provides accommodation and personal care for up to 45 older people. Some people also have dementia related needs. The inspection was completed on 20 and 21 September 2016 and there were 43 people living at the service when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The arrangements for the management of medicines required improvement relating to staff's practice and medication records. Minor improvements were needed to ensure that the provider's recruitment systems were robust.

Although people did not think always feel that there were sufficient numbers of staff available to meet their needs or their relative's needs, our observations showed that staffing levels were suitable at the time of the inspection. However improvements were needed to ensure that the deployment of staff was suitable to support people safely and to ensure that communal lounge areas were supported.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe and the management team had a consistent approach in place to effectively deal with safeguarding. People confirmed that they felt and were kept safe.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff felt supported and received appropriate formal supervision. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of the meals provided. Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs. Care plans accurately reflected people's care and support needs. People received appropriate support to have their social care needs met. People told us that their healthcare needs were well managed.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The registered manager was up-to-date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the Local Authority to make sure people's legal rights were being protected. People who used the service and their relatives were involved in making decisions about their care and support.

People and their relatives told us that if they had any concern they would discuss these with the

management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was continually improving to meet people's needs.

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 consistently safe.

Improvements were required to ensure that the management of medicines was appropriate.

Minor improvements were needed to ensure that the deployment of staff was suitable to support people safely and that effective recruitment procedures were in place to safeguard people using the service.

Risks were appropriately managed or mitigated so as to ensure people's safety and wellbeing.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were appropriately trained to meet people's needs. Induction arrangements for newly employed staff were suitable and staff received regular supervision.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Good ●

Is the service caring?

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making

Good ●

decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Appropriate end of life care arrangements were in place.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in social activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care and support that met people's individual needs.

Is the service well-led?

Good ●

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and other members of the management team.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and management team to monitor the service provided and to act where improvements were required.

Brooklands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 September 2016 and was unannounced. The inspection team consisted of one inspector on two days, an expert by experience on one day and a specialist advisor on one day whose specialism related to end of life care. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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

We spoke with 18 people who used the service, 10 members of care staff, one qualified nurse, 10 relatives, the registered manager, the provider and the person responsible for providing activities to people living at the service. We also spoke with two healthcare professionals.

We reviewed nine people's care plans and care records including three people who were on end of life care. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection on 7 and 8 December 2015 we identified that there were insufficient staff available to support people safely. Additionally where risks were identified, suitable control measures were not put in place to mitigate the risk or potential risk of harm for people using the service. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, an action plan was received on 9 February 2016 detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been made.

Although people told us they received their medication as they should and at the times they needed them, the arrangements for the management of medicines required improvement relating to staff's practice and medication records. On the first day of inspection we observed upon arrival to the service that the qualified nurse was administering people's medication. However, medicines were not stored safely for the protection of people who used the service as the keys remained in the lock and the doors to the medication trolley were left open whilst the qualified nurse administered people's medication. This meant that medication stored within the trolley was easily accessible to people living at the service and others not authorised to have access. Observations of the morning and lunchtime medication round showed that although this was completed with due regard to people's dignity, people who used the service were at risk of receiving medication too close together. This referred specifically to there being only a two to three hour interval between the morning and lunchtime medication rounds. We brought this to the registered manager's attention and they provided an assurance that steps would be taken to ensure that this did not happen in the future and a formal supervision would be undertaken with the qualified nurse.

The Medication Administration Records [MAR] for one person showed that one of their prescribed medications was not being administered in line with the prescriber's instructions. For example, the instruction recorded that their pain relief medication should be given four times a day so as to ensure that any pain experienced was well managed. However, the MAR form showed that this was being administered by the qualified nurses as PRN 'when required' medication. The MAR form showed that this medication had last been administered to the person six days prior to our inspection. The MAR form for another person showed that they were prescribed Warfarin. The MAR form showed that they were prescribed Warfarin to reduce the risk of their blood from clotting. Whilst the person's blood test results issued by the anticoagulant clinic on 30 August 2016 were recorded, information detailed that their next blood test was due on 13 September 2016. No evidence was available to confirm that this had been completed. This meant that it was not possible to determine if the results of the blood clotting test used to monitor the effects of Warfarin remained accurate and the dose of medication correct. We discussed this with the qualified nurse and registered manager and they were unable to confirm if the medication dose was correct. Following a telephone call to the anticoagulant clinic by the registered manager, it was confirmed that a blood test had been undertaken on the due date but not recorded. Where a short course of medication was prescribed for one person, a discrepancy was noted in relation to the amount of medication received and the amount of medication administered. This suggested that the person had not received all of their prescribed medication. No rationale was provided by the qualified nurse in relation to the discrepancy.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's comments about staffing levels were variable. Some people felt on occasions that there was insufficient staff available. Two people told us, "They [management team] don't have enough staff up here [first floor], especially at busy times – when everyone wants to go to bed, for instance." Another person told us, "If I press my bell, they [staff] don't always come very quickly, but I understand sometimes there is not enough staff available. They [staff] don't understand that sometimes it's difficult to have to wait." The same person also advised that when they went out into the garden they could wait a long time for staff assistance. They told us, "They [staff] don't always give me a way to call them when I want to get back into the building. Then I sit here calling, sometimes for a long time." When asked how often this had happened, they told us, "I've been left out here lots of times. The manager gave me a bell today. Is that because you're here?" Staff's comments about staffing levels were generally positive and the majority of staff spoken with told us that in their opinion there were sufficient staff available to meet people's needs.

Our observations showed that the deployment of staff within the two communal lounges on the ground floor and people's bedrooms were monitored and supported by staff at regular intervals throughout the day so as to ensure their wellbeing and safety. However, the smaller communal lounge on the first floor which had up to three people using it at any one time was often left without staff support and this was despite one person being at risk of falls as advised by care staff. We discussed this with the registered manager and provider and an assurance was provided that the deployment of staff on the first floor would be reviewed to ensure that the communal lounge was monitored and supported by staff at regular intervals for the future. Although the above was highlighted there was no evidence to show that the person had sustained falls whilst left unattended within the communal lounge area.

The majority of records as required by regulation were in place; however minor improvements were required to ensure that the provider's recruitment arrangements were followed in line with their own policy and procedures. This referred specifically to only one written reference being available for one member of staff and one member of staff's reference being received after they had commenced employment at the service. We discussed this with the registered manager and they confirmed that this had been an oversight. An assurance was provided that future arrangements would be strengthened and lessons would be learned.

People told us that they felt safe living at the service and appreciated that staff worked hard to provide them with 'peace of mind' about their safety. One relative told us, "Although [Name of relative] has a range of needs and complexities, I feel that they are as safe as can be. I have no concerns about their safety when I leave to go home. I would feel comfortable to recommend this home to others." Another relative told us, "My relative finds it difficult to mobilise and is at risk of falls. The staff do what they can to keep them safe."

People were protected from the risk of abuse. Staff had received appropriate safeguarding training in 2015 and 2016. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff, qualified nurse or the registered manager. Staff were confident that the registered manager would act appropriately on people's behalf. Evidence viewed prior to our inspection demonstrated that the registered manager was proactive in raising safeguarding concerns where appropriate. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or registered provider were not responsive.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, staff

were aware of people's individual risks. For example, staff were able to tell us who was at risk of poor mobility, who was at risk of developing pressure ulcers, who was at nutritional risk and the arrangements in place to help them to manage this safely. In addition, risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Environmental risks, for example, those relating to the service's fire arrangements were in place and this included individual Personal Emergency Evacuation Plans (PEEP). These ensured that the provider was able to respond effectively to untoward incidents and other emergencies that may occur at the service.

Is the service effective?

Our findings

At our last inspection on 7 and 8 December 2015 we identified that the dining experience for people using the service was variable and not always appropriate to meet people's needs. Staff were not able to demonstrate a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Additionally, people's capacity assessments were generic and not individualised. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, an action plan was received on 9 February 2016 detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been made.

The majority of people spoken with told us that, in their opinion, staff were well-trained and able to provide them with a professional and caring standard of care. One relative told us that staff always seemed able to answer their queries, and if they were unable to, they would find another member of staff who could help. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. Records confirmed what staff had told us and showed that their mandatory training as required by the organisation was up-to-date and had been completed in 2015 and 2016. One member of staff told us, "The training is very good and consists of face-to-face training, watching DVD's and completing online training. The registered manager is there for further advice and information if we do not understand anything."

Staff told us that they felt supported and valued by the registered manager and that they received regular formal supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether 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.

Not all staff were able to demonstrate a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS) despite having received training. The provider confirmed that they would look at sourcing additional training in this area for staff as soon as possible. Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason

as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty, the provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. Where these had been authorised the provider had notified the Care Quality Commission.

People were positive about the meals provided. One person told us, "The food is very nice, with good choice and you can change your mind without a fuss." Another person told us, "Food here is excellent, it's always hot and tasty, and you can ask for a salad or something else if you don't fancy the choices available." Our observations showed that the dining experience was positive. The dining experience was relaxed and welcoming with staff and people who used the service talking and laughing together. People received food in sufficient quantities and were encouraged to have additional servings of food if they so wished. People were given a choice of drinks and staff were noted to provide sufficient information, explanation or reminder to people about the actual meals provided, for example, people were told or reminded what food items were on their plate so as to give people living with dementia an indication what they were about to eat. Where people found it difficult to make a meal choice, they were shown a laminated card with each meal choice written on and with a picture of the meal shown beneath. One person told us, "It's very nice to be able to see what it [meal] will look like, it helps me." Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal. Staff supported people to maintain their independence by cutting up people's food where required and providing suitable equipment, such as plate guards so that people were able to eat as independently as possible.

The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, we found that referrals to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had been followed.

People told us that their healthcare needs were well managed. One person told us, "They [staff] notice if I'm unwell. Sometimes I'm very depressed and staff will sit and listen to me." Relatives confirmed that they were kept informed of their member of family's health and wellbeing and the outcomes of healthcare appointments. People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, District Nurse and Community Dementia Nurse Specialist. Healthcare professionals confirmed to us that staff alerted them at the earliest opportunity where advice and interventions were required. They told us that in their opinion staff followed their advice so as to maintain people's health and wellbeing and they had no concerns.

Is the service caring?

Our findings

At our last inspection on 7 and 8 December 2015 we identified that people's choice for their end of life arrangements were not recorded and staff had not received appropriate end of life care training. Staff interactions were task led and communication by staff with people using the service required improvement. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, an action plan was received on 9 February 2016 detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been made.

The registered manager told us that 19 people were identified as being at end of life care. Three people were identified by the service and local palliative care team as in the last weeks of their life. We found that the needs of people approaching the end of their life and associated records relating to their end of life care needs were recorded. For example, the Preferred Priorities for Care [PPC] document was now in use. This is designed to help people prepare for the future and gives them an opportunity to think about, talk about and write down their preferences and priorities for care at the end of their life. This meant that inappropriate hospital admissions could be avoided and people's wishes were being followed. In addition to this document, each person had a personalised end of life care plan in place detailing the person's needs and the care to be provided by the qualified nurses and care staff. Suitable equipment for people on end of life care was available such as syringe drivers. The latter enables effective symptom control when medicines given by other routes are inappropriate or no longer effective. In addition, anticipatory medications for individuals were prescribed where appropriate.

The registered manager told us that relatives were welcome to visit at any time and able to stay with their member of family as their end of life care needs increased. They also confirmed that the service had a good relationship with the local GP surgery and palliative care team. For example, the registered manager confirmed that the GP held a fortnightly surgery at the service, whereby all people on end of life care were visited and reviewed. Our observations of end of life care and discussions with staff demonstrated that the qualified nurses and care staff were comfortable with providing palliative care. The registered manager confirmed that since our last inspection to the service in December 2015, they had completed 'train the trainer' training on end of life care and this had been cascaded to staff. Staff were able to demonstrate a good knowledge and understanding of end of life care and how this related to individual people. Positive comments by the palliative care team about end of life care provided at the service were noted. Comments included, 'I have consistently found the staff to be caring and confident in the role of palliative care' and, 'They [staff] understand about palliative care and offer excellent symptoms control, good psychological care and provide good holistic care.'

People were satisfied with the care and support they received. People repeatedly told us that staff were caring and treated them with kindness. One person told us, "They [staff] look after us well. The girls are all very caring and I have a good rapport with them. I know them all by name." Another person told us that although they wished to return to their own home and did not want to live at Brooklands Nursing Home, "99% of the staff are smashing. I just don't want to be here, but it's not their fault." A relative told us, "We

have felt very welcomed as a family. They offer me a drink which is only a small thing, but it really does help. If I ask a question, they've [staff and the management team] been very good at answering it."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming, calm and friendly. Staff had a good rapport with the people they supported and there was much good humoured banter during both days of the inspection which people enjoyed. In general staff were attentive to people's needs, whether it was supporting a person with their personal care needs, enabling a person to take part in social activities, supporting someone to have a snack or drink or responding to questions asked. Where one person was observed to become anxious and distressed, positive action was taken by staff to relieve their distress and discomfort.

We saw that staff communicated well with people living at the service and it was evident that staff knew peoples' individual communication needs and preferences. For example, we advised staff that we wished to talk with one person. Staff were able to provide us with fundamental information relating to the specific communication needs of this person. This meant that we were able to have a meaningful two-way conversation with the person and to fully ascertain their experience of what it is like to live at the service.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided in a sensitive way. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. Three visitors confirmed to us that they were always made to feel welcome when they visited the service and could stay as long as they wanted.

Is the service responsive?

Our findings

At our last inspection on 7 and 8 December 2015 we identified that improvements were required to the provider's care planning arrangements. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, an action plan was received on 9 February 2016 detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been made.

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care and support relevant to their specific needs and in line with information recorded within their care plan.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information.

Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded and these were noted to be thorough and comprehensive. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Staff told us that they were made aware of changes in people's needs through handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

People told us they had the choice as to whether or not they joined in with social activities at the service. Some people confirmed that they preferred to spend time in their room rather than join in with social activities. On the first day of inspection a Cheese & Wine Party was held in the main dining room. Cheese and wine was also offered to those who did not wish to, or were unable to leave their bedroom. People told us later that they had enjoyed the activity provided. Others were also observed during the two day inspection to enjoy activities provided by care staff, for example, quizzes, ball games and 'tin-can' alley. The main person tasked with providing social activities at the service confirmed that in addition to 'in-house' activities, external entertainers were arranged on an 'ad-hoc' basis. However, they also told us that there had been difficulties with accessing the 'Dial-a-Ride' service in the area. This is a door to door transport service for people who are unable to use public transport. This meant that there were few external community based activities for people to access. This was discussed with the registered manager and provider and they provided an assurance that alternative resources would be sourced.

People spoken with knew how to make a complaint and who to complain to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. The

service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. The complaints log showed that since our last inspection in December 2015 there had been two complaints from people using the service and/or those acting on their behalf. A record was kept of all issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements.

Is the service well-led?

Our findings

At our last inspection on 7 and 8 December 2015 we identified that the provider's quality assurance arrangements were not as effective as they should. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, an action plan was received on 9 February 2016 detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been made.

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits, for example, medication, health and safety, infection control, care plans and clinical audits relating to the incidence of pressure ulcers, accidents and incidents, weight loss and gain and urinary tract infections. Additionally, a monthly report was compiled by the registered manager and forwarded to the provider. The audit highlighted where the service was compliant and the areas for improvement. This demonstrated how the provider and registered manager identified where improvements were needed and the actions to be taken to improve the service.

People using the service, people acting on their behalf and staff had many positive comments about the overall management of the service. One relative told us that there had been significant changes in the service recently. They told us, "In the last six months there have been big improvements. The décor is much better, there's been lots more money spent, and it's made a difference. The manager and other staff really listen to us now." People using the service referred to the registered manager by name and told us that they liked them. Staff told us that the registered manager was very 'hands-on' and 'visible' at the service. One person when asked as to how often they saw the registered manager, laughed and stated, "Oh, we see them several times each day." They confirmed that the registered manager often asked people if everything was alright, taking time to listen to them and promising to action any concerns they may have. Staff felt that the overall culture across the service was open and inclusive and that communication and morale was good. This meant that the provider and management team of the service promoted a positive culture that was person centred, open and inclusive.

Staff told us that regular staff meetings and clinical meetings for the qualified nurses were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and demonstrated where actions were required and how this was to be achieved. Additionally, the registered manager told us that meetings were held for people using the service and those acting on their behalf. Records confirmed this and showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service.

The provider confirmed that the views of people who used the service, those acting on their behalf and staff had been sought in April and May 2016. An analysis of the comments received had been completed. This showed the number of questionnaires sent out and returned, the results, people's comments and where

actions were required. The majority of findings were positive and the interpretation of the results demonstrated that people who used the service and those acting on their behalf rated the quality of the service provided as 'very good' or 'good'. Professionals who visited the service had also been asked to complete a satisfaction survey. Comments recorded were noted to be favourable. For example, one questionnaire recorded that the professional was happy with the quality of the service provided for one person who used the service and noted that record keeping was good.

The registered manager confirmed that although the service was not officially part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project in relation to falls, urinary tract infections and pressure ulcers management, information was collated using these formats so as to provide a visual cue.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Suitable arrangements were not in place for the proper and safe management of medicines.