D F B (Care) Limited

Palm Court 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Palm Court Nursing Home provides nursing care, personal care and accommodation for up to 53 older people living with dementia. There were 36 people living at the home during the inspection; they were all living with dementia and required assistance with looking after themselves, including personal care and moving around the home.

At the time of this inspection the local authority had an embargo on admissions to the home pending improvements to record keeping. At the last inspection we identified concerns in infection control.

This inspection took place on 30 December 2014 and 12 January 2015 and was unannounced.

The home was run by a registered manager who was available on both days of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. However, we were informed the registered manager had resigned from her post and would only be working for a further two weeks.

The premises were not secure and people's safety was not ensured.

Risk assessments had been completed as part of the care planning process. However, we found they had not been reviewed on a regular basis with the involvement of people and their relatives. Records were kept of people's food and fluid intake and the support they received if they remained in their rooms, but we found there were gaps in these records.

There were systems in place for the management of medicines, but nurses did not always follow relevant guidelines.

There were not always enough staff to meet people's needs. This meant people had to wait for staff to assist them.

The system to monitor and assess the quality of service provided was not robust.

Not all staff had received up to date training, such as supporting people living with dementia. A range of activities was provided and people enjoyed spending time with staff. However, these were not personalised to each person, and there was no evidence they followed current guidance for best practice.

People said they were comfortable and relatives told us they felt people were safe. Safeguarding training had been provided for staff and they knew how to keep people safe and protect them from abuse.

Infection control training had been provided and staff demonstrated an understanding of how to protect people. The home was clean and there were on-going discussion with staff to ensure this continued.

Pre-employment checks for staff were completed, which meant that only suitable staff were working in the home.

People had access to healthcare professionals and records reflected any changes in support.

Staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and the manager and provider understood the process for applications for DoLS.

People were encouraged to make their own decisions about the food they wanted. People thought the food was good and choices were available. Relatives and friends could visit at any time and were made to feel very welcome.

People thought staff looked after them and relatives felt staff were very good. Staff understood people's specific needs and treated people with respect and protected their dignity when supporting them. People's equality and diversity needs were respected and staff supported them to make choices about their own care and support.

A complaints procedure was in place. Staff addressed issues they could deal with at the time and referred other concerns to the registered manager or provider. However, one relative felt the management did not listen to their concerns and felt appropriate action may not be taken.

Staff felt supported by the registered manager, they were included in discussions about how the service could be improved and felt like active members of the team.

We found several 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 the 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 consistently safe.

The provider had not ensured the premises were secure.

The system for the management of medicines was not followed consistently by nursing staff.

Staffing levels were not sufficient to meet people's needs.

Safeguarding training had been provided or arranged and staff had a good understanding of how to protect people from abuse.

Infection control training had been provided and staff demonstrated an understanding of how to protect people from the risk of infection.

Recruitment checks were completed to help ensure suitable staff worked in the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received up to date training to make sure people were receiving the care and support they needed.

People were provided with food and drink which supported them to maintain a healthy diet. However, the records did not reflect this.

Staff ensured people had access to healthcare professionals when they needed it.

Staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and understood people's capacity to make some decisions.

Is the service caring?

Good

The service was caring.

People were treated with kindness, they were respected and their dignity was protected when staff provided personal support.

The atmosphere in the home was calm and staff knew people very well.

The support staff provided ensured that people's equality and diversity needs were respected.

Relatives were able to visit at any time, and were made to feel very welcome.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

A number of different activities were provided, but they were not personalised and did not follow current guidance.

People's needs were assessed, reviewed and were updated. However there was no formal involvement with people or their relatives regarding people's care.

People were given information on how to raise concern or make a complaint, but some relatives felt the provider did not take their concerns seriously.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had resigned. Relatives were concerned about the future management of the home.

A robust system to assess and monitor the quality of service provision was not in place.

Staff felt supported by the registered manager and involved in how the service was developing.

Palm Court 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 checked 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.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All new inspections will only be completed against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The inspection took place on the 30 December 2014 and 12 January 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 25 people living, seven staff, three relatives, one nurse, the registered manager and the provider. We observed staff providing support and care, such as assisting people around the home and helping people with their food and drink.

Some people were unable to verbally share with us their experience of life at the home because they were living with dementia. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people, and we watched how people were being cared for in communal areas.

We viewed a range of documents including five care plans, food and fluid charts, two staff files, training information, medicine records, minutes of meetings with staff and relatives, menu's and some policies and procedures in relation to the running of the home.

Requires Improvement

Is the service safe?

Our findings

People said they were comfortable. One person told us, "The staff are very good, they look after us." Relatives said they felt people were safe and there were enough staff working in the home, although the numbers were less at the weekend. Staff said they felt there were enough staff to provide the support people needed.

We found windows in the ground floor rooms to the rear of the building could be opened fully. Risk assessments had not been completed with regard to these windows; restrictors to prevent unauthorised access to the building had not been installed and people may have been at risk.

Three people used door wedges to keep their bedroom doors open. Staff said this was because they liked to watch who was going past, and one person felt restricted with the door closed. However, the provider's policy on doors stated, 'All doors are to be kept closed to ensure the safety of our residents. Doors must not be wedged open as this is a breach of fire regulations,' and 'Where a resident makes a specific request that the bedroom door is kept open, a door guard will be fitted." Door guards had not been fitted, which meant people were exposed to potential fire protection risks.

The lack of security and safety for people are a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulate Activities) Regulations 2014).

Staff were not always available to observe and support people to keep them safe. Although relatives and staff felt there were enough staff working in the home to support and care for people. The registered manager and provider said there had been difficulties recruiting qualified nurses and they had been working as the lead nurse, as part of the team on the floor, to ensure the staff were supported. Care staff were washing up crockery from afternoon tea as kitchen staff were not available. Another member of staff had been allocated this role so it was not clear why staff were clearing up. The provider said care staff were required to assist people and not clear up after tea or meals. Three people had to wait for assistance with their lunch, while staff assisted other people in the lounge. There were times when there were no staff in Tulip lounge, the main lounge in the centre of the building, which was used by most people. We saw one person giving out pieces of cake to people in the lounge when there were no staff available; this may have put people at risk, if they were diabetic or required a specific diet, such pureed diet. We saw three people had to wait for their lunch, while staff assisted other people in the lounge.

The lack of sufficient staff was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulate Activities) Regulations 2014).

Systems for the management of medicines were in place. We observed part of the medicine administration at lunchtime. We noted when staff were administering medicine to a person in Tulip lounge they left the medicine trolley open. People were walking around the room; this meant they could have taken medicine from the trolley they were not prescribed, which may have affected their health and well being.

Staff followed the medication management policy in relation to medicines given when required (PRN). Medicine plans were part of people's care plans, but we found PRN medicines were not clearly recorded in all of these plans. One person was prescribed medicines on a PRN basis, but there was no clear guidance for staff to follow with regard to when this medicine should be administered.

Medicines were stored correctly. Medicines were kept in a fridge when appropriate and the temperature was checked each day. The medicine trolleys were kept in a locked room and were secure. People's medicine records were up to date. Each person had a medication administration record (MAR) which stated what medicines had been prescribed and when they should be taken. MAR charts included people's photographs as well as any allergies they had. The MAR charts were all up to date, completed and signed by trained staff.

At our last inspection on 20 August 2014 we found concerns regarding the infection control systems in use at the home. At this inspection we found that the home was clean, with systems in place to protect people. Infection control training had been provided for staff and we observed staff using gloves and aprons when needed. Staff told us how they ensured people were protected from infection; there was a checklist in each bedroom to ensure it was clean and safe and staff were aware of the importance of hand

Requires Improvement

Is the service safe?

washing as well as using gloves and aprons. Different coloured aprons where used depending on what support staff provided, with blue aprons used when giving out and assisting with drinks and meals. Staff said the registered manager had recently discussed infection control with them as a number of people had chest infections and they were clear how they could protect people, so they had not put people at risk.

As far as possible people were protected from abuse. Most staff had received safeguarding training. Where staff had not received training it had been arranged. Staff had an understanding of different types of abuse and described the action they would take if they had any concerns. They told us they would report any concerns to the registered manager, provider, or the nurse in charge. Safeguarding policies and procedures were in place and staff said they had read these. Staff had read the whistleblowing policy and said they felt confident about raising any issues they may have.

Risk assessments had been completed to help keep people safe. These included controlled risks, such as supporting people who were able to move around the home. Staff said some people were at risk when they were walking, but they did not want to prevent people from being independent and they accompanied them to keep them safe. A staff member said, “We do worry about some people when they are starting to stand up or walking around, but they should be able to make choices about what they do and we are here to make sure they can do things safely.” We saw staff supporting people to walk to the bathroom from the lounges, and staff talked quietly to other people who tried to stand up, but were unable to do so safely.

Robust recruitment procedures were in place and there was evidence in the staff files that these had been followed. The documentation included completed application forms, employment history, interview records, references and Disclosure and Barring System (police) checks. This gave assurances the provider employed people who were suitable to work at the home.

We saw records which showed equipment was managed to keep people safe. The passenger lift, stair lift and hoists had been checked, this ensured they were safe to use when people needed assistance to move around the home.

The provider had a plan to deal with an emergency, which meant people were protected. There was guidance for staff in the care plans and they told us they would be able to continue to provide support if people had to leave the home; a contingency plan was in place to move people to nearby care homes if required.

Requires Improvement

Is the service effective?

Our findings

People told us the food was good. One person said, "We like the food and everyone is very nice." Relatives said they had been involved in people's assessment of their care needs, they were aware of care plans and were confident that staff would let them know if there were any changes in people's health. One relative told us the doctor (GP) had been contacted; antibiotics had been prescribed, the person had recovered and was much more comfortable.

We looked at the training plan and found most of the training provided was internal, such as dementia, dignity and moving and handling, with some training provided by external trainers including first aid and infection control. We looked at the dementia care training provided for staff last year and found not all had attended. The services at Palm Court were promoted as specialist provider for people living with dementia, and appropriate training was essential to enable staff to provide appropriate care. We observed some poor practice with regard to supporting people living with dementia. One staff member was assisting one person from the first to the ground floor. There was no communication between staff and the person at any time; the person was not reassured when they were on the noisy chair lift on the first floor and as wheelchairs face forward they had no knowledge of what was happening. This showed staff did not have the necessary knowledge and understanding to support this person.

The lack of relevant training with regard to supporting people living with dementia is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulate Activities) Regulations 2014).

Food and fluid charts were used to record the among people ate and drank each day. Staff said they ensured people had sufficient fluids and a nutritious diet to meet their individual needs. We saw gaps in two of these records and staff were unable to clarify why these charts had not been completed. This meant people may not have had enough food and fluids to meet their needs.

Staff told us they had had induction training and worked with more experienced staff until they were able to look after people on their own safely. One staff member said induction training was good and included attending presentations on privacy, activities, nutrition and dementia. Another staff member said the dementia training had been good, as it made them aware there were different types of dementia and people can be affected differently. The provider said all new staff worked through a programme of training, in line with Skills for Care, which are the standards people working in social care need to meet before they can safely work unsupervised. Staff told us they were given time to read care plans, so they had an understanding of people's needs. Moving and handling and safeguarding training was provided as soon as possible for new staff, and they all said the handovers, a discussion at the beginning of each shift about each person's needs, were very informative. Staff told us it was very helpful to read care plans and get some background to people's needs, but working with staff and learning about people's specific needs as they supported them was much more useful.

Staff were able to progress professionally. The provider employed nurses from abroad as care staff, while they developed their practice and competencies to register with the Nursing and Midwifery Council (NMC). One staff member, who had worked at the home for less than a year, said they had started their National Vocational Qualification (NVQ) Level 2 in Health and Social Care to develop their skills. The provider told us an essential part of staff accepting an offer of a job at the home was their agreement to work towards NVQ qualification as soon as possible. This showed that opportunities were there for staff to have the knowledge and skills to support people.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Training had been provided and staff told us the assumption was people have capacity to make decisions, unless they had been assessed by a qualified person as unable to do so. One staff member said, "Any decisions about people's capacity to make decisions are taken at best interest meetings, which includes health and social care professionals, relatives and the person themselves where appropriate." Another staff member said, "Everyone can make some decisions, even if they cannot communicate verbally we can tell by their expressions or body language if they do or don't want to do something and we always ask them before we provide care."

Requires Improvement

Is the service effective?

The provider followed the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty Safeguards (DoLS) for one person. These safeguards protect the rights of people using service by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. For example, discussions with the GP, relatives and one person identified they were not aware of the risks to their own safety if they left the home. An application for a DoLS authorisation had been sought from the local authority to ensure their safety, and the provider was waiting for a response.

Relatives said they had been involved in discussions with staff about people's needs, and were aware that the care plans were being reviewed and updated with more information added to help staff. Discussions had taken place for the use of bed rails and risk assessments had been completed for these. Where appropriate consent for photographs had been sought from relatives, and do not resuscitate forms had been signed be relatives and doctors, and the person concerned whenever possible. Staff told us people had support from relatives or other representatives and a number of relatives had power of attorney and made decisions on people's behalf, which was recorded in the care plans.

A supervision programme was in place for staff. They said it was very useful; it enabled them to talk about their practice, their professional development and any issues they might have, as well as suggestions for improvements. Staff said the registered manager was always observing their practice and pointed out things they should not be doing as they happened, which they found very helpful.

One person said, "The food is very good." People were provided with choices at each meal. We saw staff asked people what they wanted; some made choices with assistance from staff. Pureed meals were provided as required and several people were assisted to eat the meals.

Staff sat next to people they assisted; they offered support at their pace, maintained eye contact and spoke to them asking if the food was nice and if they wanted some more. One person was not sure where to sit; staff supported them to make a choice and conveyed enthusiasm about the meal, which encouraged the person to enjoy it.

Staff had an understanding of people's different dietary needs, such as people who required pureed and soft diets or those who were diabetics. Staff asked people what they wanted for each meal, there were two choices, and staff recorded these so the chefs knew how much of each food choice to cook. Staff told us people sometimes changed their minds when they saw the meals, which is why they showed them the choices for each meal. We saw staff doing this at lunchtime. One person required a gluten free diet. We asked about the meals provided for this person and we were told the soup for the evening meal was suitable as it was home made. However, some processed ingredients contained wheat products; the chef made a separate soup. The provider told us gluten free foods were available for this person, but there was no foods for us to look at to support this. This means staff may not enable this person to make choices about their meals by providing gluten free foods, such as bread and cakes.

People were referred to health care professionals as required. We read in the care plans that there had been involvement from GPs, continence nurse, tissue viability nurse, dietician, chiropodist and optician as required. The GP was contacted if people's needs changed and staff said they visited as soon as they could. Staff told us changes in people's support plan following visits from health professionals were recorded in the daily records, but not all staff looked at these daily. To ensure all staff were up to date changes in people's needs were discussed at handover at the beginning of each shift. This meant staff were told when people's support plan changed, for example when antibiotics had been prescribed.

Good

Is the service caring?

Our findings

People spoke positively about the staff. One person said, “They are very nice.” Another person told us, “They do everything we need.” Relatives said the staff were very good, they kept people comfortable and were compassionate when supporting them.

Staff treated people with respect. We heard staff use people’s preferred names, they spoke quietly using eye to eye contact and some people needed time to respond, and staff waited and did not try to hurry them.

People were encouraged to be independent and make choices. Staff told us people had their own preferences about where they wanted to sit. We saw small groups of people sitting together in each of the lounges, watching TV or sitting quietly. There was a clam atmosphere and people were relaxed. Other people chose to move around the home, sitting for periods in each of the lounges or their own room, some people remained in their bedrooms and they said they had chosen to do this.

People were asked where they wanted to sit for lunch and staff assisted people to sit in the dining room or supported them to remain in the lounges. One staff member said, “It is up to them where they sit, some people like to sit at a table others prefer to remain in their armchair.” After lunch people were assisted to return to the lounges or their own rooms, staff asked them where they wanted to sit and some people stayed in the dining area and talked to us.

Staff said they knew people well, “Some people have their own favourite chair,” “Others like sitting near some people more than others,” and “Some people like a quiet space without too much noise, while others like to see what is going on and enjoy a bit of banter.” Staff told us they supported people to make the choices about where and how they spend their time, and some people liked a regular timetable, while others were much more relaxed about what they did and it changed day by day.

We saw staff treated people with dignity when they asked them if they needed assistance, if they wanted to use the bathroom or if they wanted to go back to their room. Staff used a hoist to assisted people to transfer safely from armchair to wheelchair and ensured they were covered to protect their dignity, and staff ensured people used the correct walking aid when they moved around the home.

People’s equality and diversity needs were respected. People took pride in their appearance and staff supported them to dress in their preferred way. We saw it was important to one person that they felt feminine and they wanted to wear jewellery and were particular about the clothes they wore. People were assisted to apply make-up if they wished and staff had previously applied nail varnish of their choice. The registered manager told us how a Christian service was regularly held at the home to enable some people to practice their faiths.

Relatives and friends said they were able to visit at any time and staff said they encouraged people to maintain relationships with relatives and friends. One relative said, “I am always made to feel very welcome. Staff are always ready with the offer of a drink and they let me know how things have been since I was last here.” Staff talked with people and their relatives throughout the inspection, the conversations were relaxed, friendly and on first name terms.

Requires Improvement

Is the service responsive?

Our findings

One person said, "I like watching the TV, especially animal programmes." Another person told us, "I don't sit in the lounge, too much noise." One relative said, "They are very good and respond straight away to everything people need. I have no complaints."

We did not see any structure to the activities provided and there was no clear evidence that activities had been personalised to people's individual preferences and wishes. Some activities were provided by the activity person and other staff. These ranged from looking at books, playing puzzles and sitting with people talking. The activity person had attended external training in reminiscence and exercise work, and was looking for opportunities to develop their skills; most of the information the activity person received about people's preferences had come from relatives and other staff. People enjoyed the activities they took part in and these were recorded with details of how people responded in the care records. Staff felt people were not isolated and most people sat in one of the lounges, there was interaction with staff and staff said people who stayed in their rooms were supported by staff regularly throughout the day, in addition to support with personal care and meals. However, we saw there were periods when there was no communication between people and staff. For example, one person was waving trying to attract staff attention for over 5 minutes and staff did not respond while they were putting out cutlery and drinks on the table in Tulip Lounge. Some people, depending on their support needs, had more interaction with staff than others. Such as people who were at risk of falling, with staff supporting them to keep them safe.

The provider said as part of the assessment process before people moved into the home they would find out as much as possible about people's likes and dislikes, how they spend their time, if they had any interests so their care could be planned. However, the sheets available for staff to write this information in the care plans were blank, which meant staff may not be aware of people's individual preferences. There was no evidence staff regarded activities as an important part of people's wellbeing, that taking part in an activity can reduce feelings of loneliness and may give purpose to people's day. The support provided did not follow current published guidance with regard for providing care for people living with a dementia type illness.

The lack of appropriate guidance for staff, based on current published guidelines, was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had reviewed the care planning system overall; nurses and team leaders had been allocated a number of care plans to review and update, and training had been provided and would be on-going. Staff told us they passed on any information about the personal care they provided, the food and drink people consumed and how people were feeling during their shift to the team leader. They were then responsible for recording this in the daily records of the care plan. The registered manager said the nurses were required to check the records were up to date and appropriate, but it may take some time to get all the care plans to the same level.

The registered manager said assessments were completed after people had moved into the home, such as moving and handling, nutrition and risk of falls, as they became more familiar with people's specific needs. We found these had been included in the care plans, with guidance for staff to follow to keep people safe. Staff demonstrated an understanding of people's support needs and they discussed how they supported people in a range of situations, such as assisting people to move from their bedroom to the lounge; assisting people with meals or prompting people, and how they supported a person whose behaviour may put themselves and other people at risk.

A relative said their family member's needs were discussed with them when they visited and if there were any changes they were informed straight away. Two other relatives said they were up to date with their family member's needs.

Relatives told us they were aware of the complaints procedure, and they had been given information about it when their family member had moved into the home. One relative said there were a couple of issues they wanted addressed, they spoke with the provider and they were dealt with quickly. Another relative said they had on-going concerns about the quality of the food at times and the staffing levels, but they felt these had not been addressed. The provider said they and the registered manager were available at any time to discuss relatives concerns, and they felt they addressed issues as they were raised.

Requires Improvement

Is the service responsive?

We asked staff what they would do if someone complained, they said if there were any concerns or complaints they would deal with them at the time they were raised if they could. Such as people not liking the food and being upset by someone else making a noise. They would also let senior staff know and other staff at handover if necessary. If concerns could not be address at the time they were passed to the registered manager or provider. We looked at the complaints folder and no written complaints had been received since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

People told us the registered manager was very nice. Relatives said the provider and registered manager were very approachable, although one relative was concerned about how people would be supported when the registered manager left.

The ethos of the home was to have an open door policy to encourage discussion about the services provided. The staff felt they had a good understanding of the model of care used at the home to support people with dementia, and the provider promoted the view that this made them a 'dementia specialist'. However, we found the provider had not promoted care and support based on current published guidance. For example, individual activities were not personalised to meet people's preferences or wishes to reduce feelings of loneliness and promote self-esteem. This may have had a negative affect on people's well being and health.

We were told the registered manager had resigned from her post and was working her notice at the time of the inspection. The deputy manager was on leave for six months and there were not enough nurses working in the home. Consequently the provider and registered manager had worked hands on, supporting staff on the floor for several weeks. The registered manager said this meant they had been unable to manage the home effectively or improve services provided, which may have impacted on people's care and their ability to support staff effectively.

Quality assurance and monitoring systems were in place and a number of audits had been completed. However, although areas for improvement had been identified these had not always been addressed, and there were no action plans in place to do this. The registered manager said managers meetings had commenced in December to try and address issues raised from the audits, but some of the issues would take time to address, such as the insufficient number of nurses. Other meetings involved the registered manager, the maintenance person and the housekeeping staff. From the minutes it was clear a number of issues had already been identified and had not been addressed. There were systems in place for the maintenance of the premises and its overall upkeep, such as hot water checks, fire safety and lift maintenance. Audits had been completed for the environment, including the kitchen, laundry and communal areas and cleanliness of the home.

There was a list of dates for relatives/residents meetings, and we looked at the minutes for one of these. We read relatives had opportunities to discuss issues and put forward suggestions for improving the service. One relative we spoke with said they had been aware of the meetings, but chose not to attend, although they felt it would be helpful to have some feedback about what had been discussed and decided.

Staff felt they worked well together as a team and enjoyed the teamwork approach to providing care. They said the registered manager was very supportive, encouraged them to make comments about the service and wanted to know how they thought it could improve. One member of staff said they, "Felt valued."

We were told that a staff survey had been sent out and the responses were being analysed, but these were not yet available.

The provider said they had planned to send out a satisfaction survey to relatives and other stakeholders, such as the GP, in January and feedback would be available when the responses were collated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment. The registered person had not ensured that people were protected against potential security and fire risks. Regulation 15 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The registered person had not ensured there were sufficient numbers of qualified staff to support people. Regulation 18 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The registered person had not ensured that staff had received training to provide care to people and to an appropriate standard. Regulations 18 (2).

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person Centred Care The registered person had not taken proper steps to protect people against the risk of inappropriate care and support by not reflecting where appropriate published guidance as good practice. Regulation 9 (1).