

Tawnylodge Limited

Poplars Nursing and Residential Care 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 

Summary of findings

Overall summary

Poplars Nursing and Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Poplars Nursing and Residential Care Home is registered to accommodate 60 people. At the time of our inspection 48 people were using the service. People were accommodated in one building with support provided over three floors with five communal lounges for people to use. A courtyard garden area was also available that people could access.

The service had a registered manager 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.

We inspected this service on 26 February 2018 and the inspection was unannounced. At our previous inspection in February 2016, the service received an overall rating of good. At this inspection we found that improvements were needed and the service was rated as requires improvement. This is the first time the service has been rated requires improvement.

There were systems in place to monitor the quality of the service but these were not effective in identifying all areas where improvements were needed.

Staff were not regularly available within most communal areas throughout the day to provide social stimulation and ensure they were available to people if needed. Improvements were needed to ensure people's holistic needs were met by ensuring activities and opportunities for people to socialise were available on a daily basis.

People were not always supported to have maximum choice and control of their lives. Although staff understood the importance of gaining people's verbal consent regarding the day to day support they received, some specific decisions had not been regularly reviewed. This did not ensure they remained consistent with the person's wishes or remained in their best interests when the person was unable to make an independent decision.

There were processes in place for people to raise any complaints and express their views and opinions about the service provided but improvements were needed to ensure people knew how to raise concerns.

Recruitment checks were undertaken before staff commenced employment. People were protected against the risk of abuse, as staff understood their role to protect people from the risk of harm and their responsibilities to raise concerns. Individual risks to people and environmental risks were identified and

minimised to maintain people's safety.

Medicines were managed safely and people were supported as needed to take their medicine as prescribed. Assistive technology was in place to support people to keep safe. Systems were in place to prevent and control the risk of infection.

People were consulted regarding their preferences and interests and the staff team knew people well. People were supported by staff that were trained, and they were supported with their dietary needs and to access healthcare services to maintain good health.

People's rights to privacy and dignity were respected and they were supported to maintain relationships with people that were important to them. People's representatives were involved the assessment and development of their care plans.

People who used the service and their relatives were involved in developing the service; which promoted an open and inclusive culture.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

Staff were not always available to ensure people were supported when needed. Recruitment procedures checked staff's suitability to work with people, and they were supported to keep safe by staff that understood their responsibilities to report any concerns. Risks to people were minimised and they were supported to take their medicines in a safe way. The systems to manage infection control and hygiene standards were effective and when improvements had been identified the provider had taken action to address these.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's rights to make their own decisions were respected but were not always reviewed to ensure those decisions remained relevant. People received support from trained staff and were enabled to maintain a diet that met their requirements and preferences. People's health was monitored to ensure any changing needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff showed consideration and kindness towards people and promoted their rights to make choices. People's privacy and dignity were valued and respected and they were supported to be as independent as possible and maintain their individuality. People's right to maintain relationships with people that were important to them were respected and promoted.

Good ●

Is the service responsive?

The service was not consistently responsive.

Requires Improvement ●

Improvements were needed to ensure everyone that used the service received opportunities to socialise through daily activities and social interaction. A complaints procedure was in place for people and their representatives and these were addressed in a timely way but improvements were needed to ensure people were aware of how to make a complaint. People and their representatives contributed to the assessment and development of their care plans.

Is the service well-led?

The service was not consistently well led.

Systems were in place to monitor the quality and safety of the service but had not identified all areas where improvements were needed. People and their representatives were consulted and involved in the running of the service. The provider understood their responsibilities and regulatory requirements and had resources available to them; they worked in partnership with other agencies that ensured people's needs were met.

Requires Improvement ●

Poplars Nursing and Residential 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.

This comprehensive inspection took place on 26 February 2018 and was unannounced. The inspection visit was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

Some of the people who used the service were unable to express their views regarding the support they received. We spent time observing care and support in the communal areas. We spoke with 11 people who used the service and seven people's relatives. We also spoke with five members of care staff, a senior carer, a nurse, the clinical lead, the registered manager and regional manager. We did this to gain people's views about their care and to check that standards of care were being met.

We looked at five people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We asked the regional manager to email copies of their quality monitoring audits and staff training to us; so that we could check the quality of the

service was continuously monitored and reviewed to drive improvement. The regional manager sent these to us within the required timeframe.

Is the service safe?

Our findings

Poplars Nursing and Residential Care Home is a large building with five communal lounges for people to use. Although the provider used a dependency tool to assess the numbers of staff needed to meet people's needs, we saw that staff presence in some communal lounges was limited. We spent 30 minutes in one lounge where four people were sitting. During this time no staff came to check on people's welfare. In another lounge one relative said, "The staff are rarely in this area of the home. I don't think they stay in this area, it does worry me, as [Name] wouldn't be able to call for help if they needed it." A person that lived at the home said, "They could do with some more staff, they are worked so hard, always rushing about and never a minute to spare." The provider on receipt of their draft report told us that the lounges at the front of the home were checked on an hourly basis by staff. We have advised the provider to ensure that people using these front lounges are all provided with call bells and have the capacity to use them. This is to ensure people are able to call for staff support if it is needed in between these hourly checks.

We saw on the day of the inspection that the morning drinks trolley was not taken around the lounges at the front of the home where people were seated. This was fed back to the management team who investigated and told us that the two staff working in this area were running behind and a communication breakdown with other staff on duty led to this error. We were advised following the inspection by the operations manager that everyone did get a drink; once this was discovered by the staff team.

Some people told us that staff response times were sometimes lengthy when they rang their call bell for support. One person told us, "Sometimes I have to wait 10 minutes for them [staff] to come, 10 minutes is a bit much." Another person told us, "It's all according to the time of day and who's on. The other day was hopeless with no one around." And another person said, "You can ring the buzzer and it can be half an hour before they come when they're busy." And another person said, "Sometimes when I ring the bell someone will leave the unit just to come and switch off the bell and then say that someone will come up later." Staff we spoke with told us sufficient staff numbers were not always available. One member of staff said, "There should be two care staff on every floor and that's not including the senior. Sometimes there are only three staff over two floors and one of them will be a senior." This was also confirmed by other staff we spoke with.

We also observed one person living with dementia walking along a corridor unaided without using their walking frame. There were no staff in this communal area to remind them to use their frame; although this person did not fall and a member of staff did come in to the area to support them; the person had been put at risk of falling and potential injury by the lack of staff availability. This demonstrated that improvements were needed to ensure staff were available to support people and meet their needs in a timely way.

The information above demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the regional manager confirmed they had analysed staff response time to calls bells and identified a period of the day when staff took longer to respond. The regional manager confirmed

that staff deployment during these times was being reassessed.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. This demonstrated that the systems in place supported safe recruitment practices.

People felt safe with the support provided to them by the staff team. One person said, "The staff look after me to the best of their ability and they are ever so polite to me." A visitor said, "My relative is looked after well, the care staff do a good job. If there's a problem we just go into the nurses and they do what they can." Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person that used the service. One member of staff said, "I would report to the manager or if needed I could go outside the organisation. There is a safeguarding poster as well with details and contact numbers on." Staff told us they received training in safeguarding people and had access to the provider's policies and procedures for further guidance. Information sent to us from the provider demonstrated that they understood their regulatory responsibilities to refer people to the local authority safeguarding team, if they were concerned they might be at risk of harm.

Risks to people's health and wellbeing were assessed and reviewed as needed to ensure they remained relevant. We saw staff supporting a person to move using specialised equipment and this was done safely. They supported the person with care and respect, and talked them through the whole procedure. They were encouraging and supportive and worked at the person's own pace. Where people had been assessed for specialist equipment to help them maintain healthy skin, specialist mattresses and cushions were in place for them. We saw that checks were undertaken to ensure this equipment was used correctly.

We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each person's abilities and the equipment they needed to keep safe. We saw that equipment was in place as reflected in people's care plans, such as sensor mats where people were at risk of falls. Risk assessments provided staff with guidance on how to support the person and we saw that these were followed. Equipment was maintained and serviced as required to ensure it was safe for use.

Personal emergency evacuation plans were in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs. We saw that where equipment was needed to support a person to evacuate this was easily accessible to staff who confirmed they had received training to use this equipment.

People were supported to receive their medicines safely. One person told us, "I have eight tablets and I always get them on time and I get a drink with them." At the lunch time meal we saw that staff spent time with people explaining what the medicine was for when they administered it to them. When people had medicines that were on an 'as required' (PRN) basis, we saw people were asked if they needed them before they were administered. Guidance was available about the PRN medicine, for staff to ensure people received these when needed.

Systems were in place to record when medicines had been given and to store them safely; to ensure people were safe from the risks associated to them. Staff who administered medicines received training and had

checks to ensure they managed medicines safely and knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

People told us and we saw that the premises were clean. One person said, "The cleaner works really hard and the laundry staff, I've no complaints with them." There was personal protective equipment available and we saw staff used this when needed such as disposable gloves and aprons. We saw that infection control audits were undertaken to identify any areas for improvement. Where areas for improvement had been identified these were recorded, and included the actions taken. For example beds and mattresses were replaced as needed following mattress and bed audits. A new carpet in the reception area of the home had been fitted after it was identified that the previous carpet needed replacement.

The provider had been rated a five star by the food standards agency in September 2017. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

We saw that accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support. However we identified that not all accidents or incidents were recorded on incident forms. The clinical lead told us this had been identified and was being addressed in staff supervisions, to ensure a clear audit was in place to monitor and identify any patterns or trends.

Wound charts were in place within the nurse's office. These provided visual references to ensure people's pressure areas were monitored closely. We saw these charts were updated when people received wound care management. The clinical lead told us that this had been implemented following recognition that the on line care plan system used by the provider, did not provide a clear audit trail for nurses to follow. This demonstrated that lessons were learnt and improvements made to ensure good outcomes for people were maintained.

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision. For example, the support the person needed to ensure their personal care needs were met. However we saw that where people had do not attempt cardiopulmonary resuscitation orders in place, these were not routinely reviewed. We discussed this with the registered manager and operations manager and they confirmed this would be addressed to ensure people and their representatives were provided with the opportunity to discuss these decisions. This would ensure people's rights were respected and considered.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions in their daily lives and we saw this was done. For example people were asked before support was provided and choices were offered at meal times. One person told us, "The staff don't do anything without permission my at all." A visitor told us, "[Name] isn't able to respond, but the nurses always consult us."

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. Three people had a DoLS which had been authorised and any conditions relating to the authorisation were recorded and had been met. Discussions with staff demonstrated they had an understanding of the Act and DoLS and they told us they had received training.

People were protected under the Equality Act 2010 because the barriers they faced due to their disability had been removed to ensure they were not discriminated against. This varied from call systems that enabled people to call for staff support to accessible facilities within the home so that people could move around the home independently.

People were happy with the support they received from the staff team. One person said, "I've always been satisfied with the staff and they've always been good to me." A relative told us, "From what I've seen, when I've been here anyway, the staff seem to do things right." Staff we spoke with said they had regular training, supervision and support to carry out their duties. One member of staff said "We have a choice of on line or classroom training which is good as I prefer classroom, I like the interaction and you can ask questions but I know some people like the on line training." Another member of staff told us, "The training is pretty good and we are kept up to date with everything. We have our own trainer that comes here, so that's really good."

This demonstrated that the provider had considered staff's different learning preferences; to enable them to get the most out of the training provided and enhance their knowledge and skills.

The registered manager told us that new staff completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. This demonstrated that new staff received the support and training required to enable them to meet people's needs and maintain their safety.

Nurses we spoke with told they were supported by the provider to maintain their registration. We checked that the nurses employed had valid registrations with the Nursing and Midwifery Council (NMC). The NMC are the regulators for nursing and midwifery professions in the UK. The NMC maintains a register of all nurses eligible to practice within the UK. It sets and reviews standards for their education, training, conduct and performance. This demonstrated that the provider understood their responsibilities to ensure the nurses employed were kept up to date with current guidance and legally entitled to practice.

Staff told us they received supervision and guidance to support them in their role and that the staff worked well together. One member of staff said, "We all support each other. We are here for the residents so we all pull together to make sure they are looked after."

People told us they enjoyed the meals available to them. One person said, "I can't grumble about the food, it's quite good and I'm a fussy eater too. There are two or three choices." Another person said, "Well, I'm fussy and they know I'm fussy and they give me what I like and there's plenty of choice." We saw that people's dietary needs were met and kitchen staff were provided with information on people's requirements and preferences. People's weights were monitored and assessments reviewed to ensure any changing needs were identified and managed. We saw that people were referred to the appropriate health care professional when needed, such as dieticians or speech and language therapists where people had difficulty swallowing. The operations manager told us about a seven meal grazing menu that could be implemented if needed. This is a menu that can be used for people to support their nutritional requirements by providing small regular amounts of food throughout the day. They confirmed that none of the people currently using the service required this. We saw that people's recorded weights demonstrated this was not required by anyone at the time of the inspection.

People were supported to access external health professionals to maintain their health care needs. One person told us, "I go and visit a chiropodist and dentist." Another person said, "The chiropodist comes every three months and I pay for that and I have a chap comes up and cuts my nails every four weeks and I saw the optician at Christmas." Another person said, "The staff call out the GP if I need him and the nurses are available if I need one."

The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. For example we saw from records that staff liaised with the GP practices and requested visits for people as needed. One visitor told us, "When [Name] wasn't well they got the doctor out and they rang to let me know as well. They were pretty on the ball with that."

The design of the building enabled access for people that used wheelchairs and we saw that people were able to walk around with or without staff support as needed. There were outdoor spaces available for people to access and equipment such as hoists and walking aids were available to enable people to move safely. There were lifts to enable people to access other floors.

Is the service caring?

Our findings

People told us the staff were polite and helpful. One person said, "I like all of them very much. They're very kind to me." Another person said, "I really can't complain about the staff they do their very best." A relative told us, "All of the staff are lovely; they really do care about the residents; I have no doubt about that."

We observed the lunch time meal in the dining room. We saw the interactions between the staff and people were positive and promoted a relaxed and friendly atmosphere. Staff were respectful towards people and offered to take their plates when they had finished eating. Where people needed support to eat we saw this was done in a caring way that promoted people's dignity and was respectful towards them. For example one staff member sat next to a person and supported them at their own pace; checking they were happy with their meal throughout. We heard another member of staff say to a person, "Here you go, is that nice?" They continued to check with them throughout the meal that they were enjoying it. We saw choices were offered and people were asked if they wanted a second helping. Staff spent time chatting with people about general topics and music was playing at a moderate volume throughout the meal, to promote a relaxed atmosphere.

When people became upset due to their mental health we saw the staff treated them with kindness and spent time sitting with them and reassuring them. One person said, "The staff are very good, very nice, they chat and talk to me because my family can't come until weekends." One relative told us, "I can tell which staff [Name] responds to well, I think they recognise their voice and they smile when they hear certain ones voices coming along the corridor."

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Their representatives confirmed they were involved in these. Staff understood about respecting people's rights and supported them to follow their faith. Staff confirmed that people received visits from different faith denominations to meet their religious needs.

Staff knew people well and had a good knowledge about the things that were important to them. For example one member of staff told us about how a person liked to spend their time and the things they enjoyed doing. We observed several people that were living with dementia spending time with baby dolls, and we saw they benefited from this in both a sensory and social way; as this interaction promoted conversation between them and members of staff.

Staff supported people to make decisions for themselves wherever possible. The staff explained things and used different approaches to ensure people understood and could make informed choices. For example we saw people were shown the options available at lunch time. People confirmed the staff supported them to make decisions and maintain their sense of self and well-being. One person said, "The staff come up and say what do you want to wear, or which blouse would you like on today." Another person said, "The staff go into that wardrobe and ask if I'd like this or that on."

The registered manager confirmed that people were supported to make decisions using independent advocates when needed. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

We saw staff respected people's dignity, privacy and choice. Throughout the inspection, we saw that staff were courteous, polite and promoted people's rights by listening carefully, offering choices and respecting decisions. For example we heard one member of staff discreetly encouraging a person to use the bathroom; however the person declined but then several minutes later changed their mind and the staff member supported them in a friendly and respectful way. People told us the staff supported them to maintain their dignity. One person said, 'The staff always knock before they come in to my room.' Another person told us, "When they [staff] are helping me, they close the door to keep it private.' We saw that people were supported to maintain their own style by wearing jewellery and make up as they chose. One person told us, "I never used to paint my nails, never even thought of it. Now I have it done all the time and I love it, makes me feel quite glamorous."

People told us that staff supported them to be as independent as they could be. One person said, 'If you can do for yourself they [staff] let you do it but they don't push you to do it either.'" Another person said, "Yes, they support me to do things for myself but they also help me to stop me falling too."

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "We are treated like part of the family." Another said, "Oh yes, the staff are very friendly, the way they greet you and even when you're going as well." We saw that people's visitors were welcomed in to the home and some supported their relation with the lunch time meal. One told us, "The staff sometimes ask us if we want to have a meal with [Name] too."

Is the service responsive?

Our findings

People confirmed that some activities were available at the home; however the majority said that more activities would be welcomed. The main activity cited by people we spoke with was watching the television. For some people this was their choice. For example one person said, "I usually watch the television, sports and all that. I'm quite happy being here in my room." However most people felt there was little alternative. For example one person told us, "There is not really anything else to do but watch the television." Another person said, "There's nothing I can join in with." And another person said, "Everyone is sat all afternoon; it's a bit boring. There used to be a lot more going on." On the day of the inspection one activities coordinator was on duty until the early afternoon. We saw that some people had their nails manicured and some ladies had their nails painted. We saw a few activities were provided on a one to one basis in the unit for people living with dementia during the afternoon. No activities were observed in the lounges near to the entrance to the home; where several people spent the majority of their day. The registered manager told us that two activities coordinators were in post; as one had recently left and their position was being advertised. The other activities coordinator was on leave the week of the inspection. However we observed that no provision had been made to address this deficit for example by using additional care staff to support people's social needs.

People and their visitors told us they would speak to the registered manager if they had any concerns or complaints. We looked at the record of complaints and concerns recorded and saw that these had been addressed in a timely way and actions taken where needed. Although a complaints procedure was on display some people told us they had not been provided with any information on how to make a complaint. For example, one person's relative said, "I think I'd go to the manager but we've not had any information on how to do that."

We discussed the Accessible Information Standard (AIS) with the registered manager and operations manager. The AIS was introduced by the government in 2016 to make sure that people with a disability of sensory loss are given information in a way they can understand. We saw that to support people to recognise their bedrooms, photographs were in place on bedroom doors. However we did not see any pictorial aids used at the lunch time meal that may have assisted people. The operations manager told us this had been identified as an area for improvement.

People's support needs were assessed prior to using the service. We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs, their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them. One visitor told us, "We were involved when [Name] moved in so they had an idea about what they liked and didn't like. I think the staff know all of that now but it was good that they asked at the beginning, it helped them to get to know [Name]."

People we spoke with and their relatives confirmed they were involved and consulted in their care. One

person told us, "Yes I've had a review but I don't need anything changing at the moment." One relative told us, "We had a review not long ago so we are kept informed and involved. My relative is more than happy for us to be involved."

Arrangements had been made to respect people's wishes when they came to the end of their life. Information was recorded about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

Quality monitoring was in place but had not been effective in identifying the areas for improvement that we found at this inspection, such as staff deployment and ensuring all decisions regarding people were continuously reviewed. The November 2017 audit undertaken by the operations manager recorded that activities were taking place and were carried out on a daily basis. The registered manager and operations manager both acknowledged that improvements were now needed to ensure people received opportunities to socialise and participate in activities of their choice on a daily basis.

We saw that audits were undertaken of the environment and infection control, food hygiene monitoring, medicines and care plans, and staff training and support. Where improvements were identified actions were taken. For example equipment was replaced as needed and areas of the home refurbished as reported under the safe domain. We saw that the November 2017 audit had identified improvements regarding the kitchen and dining area and actions were taken to address this with the relevant staff.

There was a registered manager in post who was clear on their responsibilities. They understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken. The current rating for the home was displayed visibly when entering the home and on the provider's website in line with our requirements.

People and their visitors knew who the registered manager was and confirmed they would speak to them if they had any concerns. One person said, "I get on with the manager very well, no complaints there." However some people's relatives told us they had not really spoken much with the manager. One said, "Too be honest I never really see him." This was also reflected in comments from some of the staff who said they felt the manager could be more 'present' within the home. For example one said, "I get on with him but we don't really see him that much, unless he has something to say to you. He is very straight with everyone; which I think is good but it might be nice to see him walking around the home more." We fed this back to the registered manager for them to address.

There was an infrastructure of support for the registered manager which included a regional manager, clinical lead nurse and nurses, senior care staff and care staff and activity coordinators. Housekeeping and catering staff were also on site along with administration staff to support the manager in the running of the home. The registered manager confirmed that maintenance support was being provided by the maintenance person at another of the provider's homes in the local area, until a maintenance person was recruited for the home. Resources were available to enable the registered manager to drive improvement such as recruiting new staff when needed and general maintenance and environmental improvements of the home. The operations manager confirmed that a corporate quality manager had been recruited by the provider to support their management team across all of their homes. This was to ensure quality standards were maintained in line with our key lines of enquiry.

Staff understood the whistleblowing procedure and confirmed they were happy to raise any concerns with the registered manager. They understood what whistle blowing meant and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. One staff member said, "I wouldn't hesitate, if I saw or heard anything that wasn't right I would report it. If I didn't think it was addressed I would contact CQC or if it was a safeguarding matter the local authority."

People were supported to express their views to enable the registered manager and provider to improve the service. This was done through people's individual reviews of care and questionnaires that were sent out to people and their representatives. Relatives we spoke with confirmed they had completed questionnaires and been involved in reviews of care. We saw that actions were taken where improvement were identified. For example the registered manager told us that improvements had been made recently to the menu to provide more variety for people following their feedback.

We saw that the registered manager ensured that people received the relevant support from other agencies as required and promoted partnership working with other professionals such as local doctors' surgeries and community teams; to ensure people received the support they required.

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
Treatment of disease, disorder or injury	Staff were not regularly available within most communal areas. This meant they could not monitor people's welfare and ensure they were available to support them when needed.