Seaway Nursing Home Limited

The Adelaide Nursing Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 31 March 2015. The Adelaide Nursing Home was last inspected on 6 June 2013 and no concerns were identified.

The Adelaide Nursing Home is located in Hove. It is registered to support a maximum of 35 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia. The home is two converted houses set over two floors. On the day of our inspection, there were 31 people living at the home.

There was 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.

The home had some arrangements in place to meet people's social and recreational needs. However, we could not see that activities were routinely organised in line with people's personal preferences. Feedback from people clearly indicated this need was not being addressed, in particular for people who remained in their rooms and wished to have one to one interaction. We have identified this as an area of practice that requires improvement.

Summary of findings

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps taken by the service to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were encouraged and supported to eat and drink well. One person said, "The food is quite good, not like school dinners". There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service. Staff had received regular supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People felt well looked after and supported and we observed friendly and genuine relationships had developed between people and staff. One person told us, "I feel very well cared for here. No problems at all". One staff member told us, "It's our priority to see that the residents are happy. We need to make sure they get what they want". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and completed surveys showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "I do feel listened to yes, and I know the sister would sort anything out for me".

Care plans gave detailed information on how people wished to be supported and were reviewed and updated regularly.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service.

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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated, so staff had the knowledge to effectively meet people's needs. They had formal systems of personal development, such as supervision meetings.

Is the service caring?

Good

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

The home had some arrangements in place to meet people's social and recreational needs. However, activities were not routinely organised in line with people's personal preferences. Feedback from people clearly indicated that this need was not being addressed, in particular for those who remained in their rooms.

Comments and compliments were monitored and complaints acted upon in a timely manner. Care plans were in place and were personalised to reflect peoples' needs, wishes and aspirations.

Is the service well-led?

Good 

The service was well-led.

People were asked for their views about the service through questionnaires and surveys, and spoke highly of the registered manager and staff.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to help improve standards of service delivery.

The Adelaide 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.

The inspection took place on 31 March 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and over the two floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including six people's care records, four staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

Several people had complex health needs and some presented behaviour that could challenge others. During our inspection, we spoke with 10 people living at the service, one visiting relative, five care staff, the chef, two housekeeping staff, a registered nurse, and the registered manager.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. Staff told us they encouraged people to be involved in their risk assessments. The registered manager said, "We assess people's ability before they come in. We talk to their relatives and get a good history first. The first two weeks is a time of discovery. We take note of what people want to do. One person wants to go out, but he has fallen in the past. We let them him go out on his own with a phone, because that's what he wants to do".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of the service changed to ensure people's safety. The registered manager told us, "I think we have enough staff, and we will adapt the staffing numbers for example if people are going to hospital, or have any conditions. We would assign a registered nurse to someone who was particularly poorly". We were told agency staff were used when required and bank staff were also available. Bank staff are employees who are used on an 'as and when needed' basis. Feedback from people indicated they felt the service had enough staff and our own observations supported this. In respect to staffing levels and recruitment, the registered manager added, "We are continually looking for staff. We find out at interview if they are right for here. We supervise them and get feedback from them". Documentation we saw in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medication sensitively and appropriately. They asked people if they were ready for their medication and enquired as to whether they required any pain relief in addition to their medication. Nobody we spoke with expressed any concerns around their medication. One person said, "I have tablets for thyroid, nerves, psychosis, vitamin D and calcium twice a day. The nurse always has it in".

Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care and their needs were met. One person said, “Yes they seem to know what they are doing here”, and another person told us, “When a new one starts [staff member], they always come in two’s until they get used to it all and know what to do”.

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until they were deemed competent to work unsupervised. They also received training specific to peoples’ needs, for example around pressure care and end of life care. One member of staff said, “The training is good and the manager is up for us having extra training, such as in dementia care”.

Staff received ongoing support and professional development to assist them to develop in their roles. Supervision schedules and staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. Feedback from staff and the registered manager confirmed that formal systems of staff development, including annual appraisal was in place.

Staff told us they explained the person’s care to them and gained consent before carrying out care. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. One member of staff told us, “I understand the person’s right to make decisions and we look out for the person’s best interests”. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider was meeting the requirements of DoLS. The registered manager understood the principles of DoLS, and knew how to make an application for consideration to deprive a person of their liberty. One decision to deprive somebody of their liberty was in place, and the home was consulting with the Local Authority to keep this person safe from being restricted unlawfully.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. The chef told us that there was a monthly rolling menu and that people were asked each day what they would like to eat. People could eat at their preferred times and were offered alternative food choices depending on their preference. We saw that one person preferred sandwiches at lunchtime, and another who spent their day away from the home, so preferred their main meal in the evening. The chef told us, “I’m trying to improve the food all the time and ensure the residents enjoy it”.

People’s weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. The registered manager said, “Some people have pureed or fork mashable diets and there is regular liaison with Speech and Language Therapists (SALT) and Dieticians”. They added, “We would cater for anyone’s preferences. If people wanted anything in particular, we would just go to the supermarket and get it. For example, somebody wanted prawns and avocados. We also have and Indian resident who wants Indian food and we make it”. The staff we spoke with understood people’s dietary requirements and how to support them to stay healthy.

We observed lunch. We saw that staff took time to find out people’s menu choices and their preferred music to listen to. Three people ate in the communal area, with others choosing to eat in their rooms. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. We saw staff giving support in a kind and caring manner. Staff were sitting at eye level, and communicated sensitively, for example saying, “Are you ready for some more”, “Have you finished?” and “Are you ok, have you had enough?”

People were on the whole complimentary about the meals served. One person told us, “The food is quite good, not like school dinners”. Another person said, “I eat in my room, but the food is good". We saw people were offered drinks and snacks throughout the day. People told us they could have a drink at any time and staff always made them a drink on request.

Good

Is the service effective?

Care records showed when there had been a need, referrals had been made to appropriate health professionals. The registered manager told us, “Staff are good at recognising sickness. We have daily report meetings where we discuss any issues”. Staff confirmed they would recognise if somebody’s health had deteriorated and would raise any concerns with the appropriate professionals. During our inspection we saw a person being transferred to hospital via ambulance due to chest pains. The registered nurse provided information to the medics about the person’s medical condition, and ensured that the person’s medication was also taken to the hospital, so that they received appropriate treatment.

We saw that if people needed to visit a health professional, such as a dentist or an optician, then a member of staff would support them. The registered manager added, “The dentist came in today and we contact health professionals as needed. We explain to people the outcomes of their treatment, so that they can understand. For example, we explained to one person about their dental care and they decided that they did not actually want the treatment”.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I feel very well cared for here. No problems at all".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. One person told us, "It's very luxurious here, I get all my food and I get a cleaner. I like my room, it's nice. It's like I've got all the benefits of a hotel". Another said, "They're treasures [the staff], I can ask them anything". We observed the registered manager supporting a person in the communal lounge who had become distressed. The person was banging their cup on a table and stating their foot hurt. The registered manager responded quickly and asked what the matter was. The registered manager then checked the person's foot and raised it onto a footstool. Asking the person the whole time how it was and checking they were alright.

Staff relationships with people were supportive and caring. Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of each person's likes, dislikes, personality, background and how best to provide support. One staff member told us, "It's our priority to see that the residents are happy. We need to make sure they get what they want". The registered manager said, "We get to know people, how they like to do things and what they want. For example, this resident likes to hold hands, he likes affection. We lead by example. I explain people's likes and dislikes to staff and they follow my lead. We develop relationships".

People looked comfortable and they were supported to maintain their personal and physical appearance. They were dressed in the clothes they preferred and in the way they wanted, for example, wearing outdoor clothes when going in to the garden, or leaving the home. One person had had their hair styled into a comical way after their shower, they found this very funny and declared, "I'm going to keep it like this all day". Another person told us, "It's nice here, everyone looks after you. They've just done my hair, it gets done every day".

People told us that staff were caring and respected their privacy and dignity. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. During the inspection, staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. One person told us, "They're very respectful to you, they knock on your door, they don't just barge in on you". Staff were also observed speaking with people discretely about their care needs. One person said, "They know if I'm upset about anything and come and chat and discuss it with me, so that we can talk it through".

People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. One person told us, "They're very helpful and kind to me and don't make me do anything that I don't want to do. Another said, "I like to have a shower weekly, but I know I can have more if I want to, I only have to ask". The registered manager added, "One resident likes to go out every day, so he likes to have a shower in the morning, it's his choice and we help him". Staff supported people and encouraged them, where they were able, to be as independent as possible. One person told us, "I sort out my own bag and stick it on my tummy. The staff help and I just get on with it". Another said, "I get up when I feel like it, it depends on my leg, but it's up to me". Visitors were also welcomed throughout our visit. The registered manager told us, "There are no restrictions around friends or relatives in the home".

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. For example, one person's care plan explained how they can become a bit upset as they still wished to be in their own home. The person had recorded in their care plan what would make them feel better if they were anxious and it stated, 'Well it used to be a fag about five years ago, but now it would be a chat and a nice cup of tea'. The registered manager told us, "We talk with people and their family. We have a general chit chat and get to know what

Good

Is the service caring?

people want. We discuss this with staff in daily report meetings, and we allocate staff to people for good continuity". Care records were stored securely, information was kept confidentially and there were policies and procedures to protect people's confidentiality.

Requires improvement

Is the service responsive?

Our findings

People commented they were well looked after by care staff and that the service responded to their needs and listened to them. However, we identified areas of practice that required improvement and were not consistently responsive to peoples' individual needs.

The home had some arrangements in place to meet people's social and recreational needs, and the service employed two activity co-ordinators. We saw a range of activities on offer, which included exercises, bingo and reminiscence therapy. Staff told us that they carried out activities with people, one said, "There are outings for the residents for afternoon tea, and we have a summer party in the garden and a Christmas party". Another told us, "We take some residents out for tea and a donut". We also saw that the home supported some people to maintain their hobbies and interests. For example, one person regularly attended a local history club, and another was supported by a member of staff to visit the local shops. One person told us, "My Mum's in a home near here and they take me to see her". People told us that that they enjoyed some of the activities. One person told us, "Bingo gets a good pull here". Another said, "I like the bingo the best, other than that I tend to watch the telly or sleep". However, other than bingo, people struggled to tell us anything else they enjoyed or was meaningful to them.

On the day of our inspection the activity co-ordinator was not working and no activities took place for people. The activity schedule stated that the morning activity should have been 'balls and bubbles' and the afternoon activity was to be 'an afternoon of choices' but these did not go ahead. We also could not see that activities were routinely organised in line with people's personal preferences. One person told us, "I'd love a library or some decent books to read". Further feedback from people clearly indicated that this need was not being addressed, in particular for people who remained in their rooms and wished to have one to one interaction. We were told that approximately 13 people remained in their room/bed. One person told us, "I stay in my room because there's nothing to do. It's just the same old ladies sitting around and going to sleep. I might as well stay in here". Another said, "I'm craving company, there's just not enough. No one really knows me. I wouldn't mind who it was, anything, anything at all, I really do miss that. I would really like that". A further person added, "I get bored, I'd like some company". Another commented, "If there was anything I'd change is that no one has any time to spend with you".

Apart from the delivery of individual care, we saw little other contact from staff with people who remained in their bedrooms. A member of staff told us, "There are no real activities as such in their rooms". Another member of staff who clearly knew people well and was very keen to spend time individually in their rooms said, "I could be the only person they see. I don't manage to spend as much time with them as I should". One person commented, "It's worse in the afternoons up here, there isn't a soul about". We saw a notice in one person's room stating the need for them to be given their toy baby doll each morning and to ensure they had their hearing aid. At 10:30am, we saw that the doll was on top of the wardrobe and their hearing aid was not in place. By 1:30pm, this person was still in their room and had not been given their doll or hearing aid.

Providing people with meaningful interaction and stimulating activities is an important part of improving their quality of life. Having companionship and someone to talk to assists with maintaining people's mental and physical wellbeing, and is an integral part of providing person centred care.

The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified this as an area of practice that requires improvement.

Care plans incorporated information about people's past's, their personality traits and preferences with their daily routine. We saw that people or their relatives had been involved in the development of their care plans. For example, it was recorded in one person's care plan that it was important they wore their beads and had a clip in their hair, and we saw that this had been done. The registered manager said, "We record people's preferences monthly and this is updated". One person told us, "I have a sheet of everyday things that I like to do with myself, like eating, drinking and things. I fill it in myself". Equally, care plans recorded when people did not wish to discuss their life history, or talk about their interests or preferences. Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition,

Requires improvement

Is the service responsive?

daily life, emotional support, continence and personal care. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that in light of a complaint, a person had had their care plan reviewed and that care worker had received further support and supervision. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. One person told us, "I would definitely speak to one of the nurses if I wasn't happy". Another person said, "I do feel listened to yes, and I know the sister would sort anything out for me". We saw that feedback from complaints was analysed, in order to identify any trends and to improve the service delivered.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and felt the home was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "It's a well-run, well organised place this is". Another said, "The manager is real fun". A further person added, "The manager trains people properly and looks after her staff very well".

We discussed the culture and ethos of the service with the registered manager. They told us, "People are well cared for, as we are proactive and act on problems. It's a busy home and we act quickly". In respect to staff, the registered manager added, "Staff understand why they are here and their responsibilities to the people". Staff said they felt well supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "The staff are more caring when they are cared for. We are transparent, staff would raise concerns and admit mistakes". A member of staff said, "The manager is brilliant and very open". Another said, "There is good management with the owner and the manager. If you have something private, you can always tell her". A further member of staff added, "I like it here. There are really good staff and the manager understands and supports us, and answers all our questions".

Management was visible within the home and the registered manager took a hands on approach. The home had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. We observed staff handover after lunch, where the nurse checked the health status of people with four care workers and discussed ongoing care. We saw that the nurse and the care workers were knowledgeable about the people they were caring for, and were able to feedback on all clinical issues. One member of staff said, "We always have a daily handover and the problems are sorted". Another said, "We're given loads of information, any queries we have there are always staff to help". Team meetings were also held at which staff could discuss aspects of people's care and support, and work as a team to resolve any difficulties or changes.

Staff commented they all worked together and approached concerns as a team. A member of staff said, "There is really supportive management and they are flexible and make sure that I am confident". Where people's behaviour changed or new issues arose, it was clear staff discussed things and collectively thought of ways to improve, make changes or manage behaviour. For example, one person had been displaying inappropriate behaviour. Together staff discussed how to manage this within the care setting and improve the quality of life for people.

There were systems and processes in place to consult with people, relatives and healthcare professionals. Regular satisfaction surveys were sent out to people and their relatives, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. The survey results from March 2015 found that people were happy with the quality of care, their safety and friendliness of staff. Returned questionnaires and feedback were collated, outcomes identified and appropriate action taken.

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, the GP was called for a person in order to carry out specific tests, as their behaviour had been erratic and out of character. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager's would support them to do this in line with the provider's policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. For example, an audit highlighted that several items of maintenance work needed to be carried out at the home. Another audit showed that some MAR charts were missing photographs of people and that these were to be implemented and checked by nursing staff. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Good

Is the service well-led?

The registered manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, and review any new legislation and to discuss good practice guidelines within the sector.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered person had not ensured that the care and treatment of service users must be appropriate, meet their needs and reflect their preferences. Regulation 9(1)(a)(b)(c).**