Mr & Mrs G Hart

Eastbourne Villa

Inspection report

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Hornsea
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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?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 6 November 2014 and was unannounced. We previously visited the service on 23 July 2014. We found that the provider did not meet the regulations that we assessed in respect of staffing levels, staff training, monitoring the quality of the service and record keeping. We asked the provider to take action to achieve compliance. At this inspection we found that appropriate action had been taken to make the improvements identified at the previous inspection.

The service is registered to provide personal care and accommodation for 15 older people, some of whom may have a dementia related condition. People are accommodated in single rooms and some have en-suite facilities. The home is situated close to the sea front and to town centre amenities.

The provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since 23 January 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us that they felt safe living at the home. However, we observed staff moving and transferring people inappropriately and this could have resulted in people sustaining an injury.

Staff received appropriate training although a more robust system was needed to record people's induction training when they were new in post and some staff still needed to complete training that was considered mandatory by the provider. However, training had been booked for November and December 2014. We did not see any evidence that care for people living with dementia was based on published research or guidance.

Staffing levels had increased and this meant that there were sufficient numbers of staff to meet the needs of people who lived at the home. However, staff had not always been recruited following the home's policies and procedures to ensure that only people considered suitable to work with vulnerable people had been employed.

People's nutritional needs had been assessed and people told us that they were satisfied with the meals provided by the home. We found that medicines were safely managed.

We observed good interactions between people who lived at the home and staff on the day of the inspection. People told us that staff were caring and this was supported by the visitors and health care professional who we spoke with. One visitor said that some staff were very caring but others were 'task orientated' rather than providing individualised care. Activities had reduced at the home although this was not raised as an issue by people who lived at the home.

People's comments and complaints were responded to appropriately but there were insufficient systems in place to seek feedback from people and their relatives about the service provided.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take is recorded at the end 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

Care provided was not always safe; we saw unsafe moving and handling techniques being used by staff.

Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they observed an incident of abuse or became aware of an abusive situation.

We found that there were sufficient numbers of staff employed to ensure that the needs of the people who lived at the home could be met. Staff were not always recruited following the homes policies and procedures so there was a lack of assurance that only people considered suitable to work with vulnerable people were employed.

The arrangements in place for the management of medicines were satisfactory; medication was stored safely and record keeping was accurate.

Is the service effective?

Requires Improvement

The home did not provide effective care. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the manager understood how to protect the rights of people's who had limited capacity to make decisions for themselves. However, we did not see any evidence that care for people living with dementia was based on published research or guidance.

We saw that progress had been made towards staff completing mandatory training, although we advised the registered manager that the arrangements for induction training for new staff needed to be more robust.

People's nutritional needs were assessed and met, and people told us that they were happy with the meals provided by the home. We saw that staff provided appropriate support for people who needed help to eat and drink. People had access to health care professionals when required.

Is the service caring?

Good

Staff at the home were caring.

People who lived at the home and their relatives told us that staff were caring and we observed positive interactions between people who lived at the home and staff on the day of the inspection.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

People were encouraged to be as independent as possible, with support from staff. Their individual care needs were understood by staff.

Summary of findings

Is the service responsive?

Good

Staff were responsive to people's needs.

People's care plans recorded information about their previous lifestyle and the people who were important to them. Their preferences and wishes for their care were recorded and these were known by staff.

We saw that the opportunity for people to take part in activities had been reduced, although this was not raised as an issue by people who lived at the home.

There was a complaints procedure in place. People told us that they would not hesitate to speak to the registered manager or staff if they had any concerns and were sure these would be listened to.

Is the service well-led?

Requires Improvement

Improvements had been made in how the home was managed but further improvements were still needed.

There was a registered manager in post at the time of the inspection; they had made efforts to keep their practice up to date by undertaking training on MCA / DoLS and attending an information meeting arranged by the local authority.

There were insufficient opportunities for people who lived at the home and relatives to express their views about the quality of the service provided, but the manager was in the process of introducing meetings and surveys.

The premises and equipment were regularly checked to ensure the safety of the people who lived and worked there.

Eastbourne Villa

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 6 November 2014 and was unannounced. The inspection team consisted of one inspector; this was a small service so it was considered that a team of people would not be required.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the home. This was a follow up visit so we did not request a provider information return (PIR) from the registered provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with five people who lived at the home, three relatives or friends, a health care professional, two members of staff and the registered manager.

We spent time observing the interaction between people who lived at the home, relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for three people who lived at the home, staff records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

Although we saw that suitable mobility equipment was available to staff, on one occasion we saw staff carry out an 'underarm' lift. This type of lift is considered by health care professionals to be unsafe because there is a risk of injury to the person being assisted. This meant that unsafe moving and handling techniques were being used by staff.

In addition to this, only 50% of staff had completed training on moving and handling. Of these, one person had completed this training in 2005 and another in 2010. The registered manager had recognised that staff required training or re-training and fifteen staff were due to attend training during November or December 2014. However, in the interim period staff had been assisting people with moving and transferring without the relevant training.

This meant that there had been a breach of the relevant regulation (Regulation 9). The action we have asked the provider to take can be found at the back of the report.

At the last inspection of the service we had identified that there were insufficient numbers of staff to meet the needs of people who lived at the home. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered provider submitted an improvement plan to the Care Quality Commission informing us how they would make the necessary improvements to the service.

At this inspection the registered manager told us that staffing levels had been increased so that there would be three staff on duty each morning and afternoon / evening, and two waking staff on duty overnight. In addition to this, the registered manager was on duty over five days a week. We checked staff rotas and saw that these staffing levels had not been maintained consistently, although they had been achieved on some days. The registered manager told us that this was because new staff had only just completed induction training and started work, and that rotas would be covered with the new staffing levels from the week of the inspection. On the day of the inspection we saw that the new staffing levels were in operation.

An additional domestic assistant had been employed so that there was a domestic on duty each day. There was a cook on duty for six days a week and a senior care worker cooked meals on the remaining day. This meant that staff had more time than they previously had to spend with people who lived at the home. Staff told us that there were usually enough staff on duty and the people who lived at the home who we spoke with told us that staff were available when they needed them.

We spoke with five people who lived at the home. They all told us that they felt safe. This was confirmed by the relatives who we spoke with. Training records evidenced that most staff had undertaken training on safeguarding adults from abuse, although three people still needed to complete this training. However, the registered manager told us that all staff had completed a workbook on this topic that was provided by the local authority. There were safeguarding policies and procedures in place and alerts were submitted to the local authority as required. We saw that care plans included information about any safeguarding investigations that had been carried out by the local authority; this showed that the registered manager was open about concerns raised.

Since the last inspection the registered manager had submitted information about two safeguarding incidents to the Commission. Information about one incident had been submitted on an incident form and about another on a safeguarding alert form, rather than a notification form. We reminded the registered manager that CQC needed to be informed of safeguarding allegations on a statutory notification form.

Staff who we spoke with were able to describe different types of abuse. They were able to tell us what action they would take if they observed an incident of abuse or became aware of an allegation. Staff told us they felt staff within the team would recognise inappropriate practice and report it a senior care worker or the registered manager, and that it would be dealt with professionally.

Care plans included assessments that identified a person's level of risk. These included a nutritional assessment, a tissue viability assessment and a moving and handling assessment, plus more individual risk assessments for areas such as the use of inhalers and the use of bed rails. Assessments and risk assessments included information for staff on how to reduce the identified risks. We noted that assessments and risk assessments had been regularly reviewed and updated.

We checked the recruitment records for three new members of staff. Application forms had been completed that recorded the applicant's employment history, the

names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post they had applied for. We saw that a Disclosure and Barring Service (DBS) check had been obtained for two people prior to them commencing work but one person did not have a DBS check in place when they first started work. Records showed that this person started work on 8 October 2014 and on the date of the inspection their DBS check had still not been received. The registered manager told us that this person had not worked unsupervised. All three people had employment references in place before they had started work. However, we were concerned that one person had not given the name of their most recent employer as a referee and this had not been explored by the registered manager. This meant that there had been a breach of the relevant regulation (Regulation 21). The action we have asked the provider to take can be found at the back of the report.

We observed the administration of medication on the day of the inspection. We noted that the member of staff did not sign the medication administration record (MAR) chart until they had seen the person swallow their medication. They explained to people what they were doing and gave people a drink of water to help them to swallow tablets.

We saw that the medication trolley was locked and fastened to the wall in the manager's office. Controlled drugs (CD's) were stored in an appropriate cabinet that was fixed to the wall in the manager's office. We checked the storage and recording of controlled drugs (CD's) and saw that this was satisfactory. Two staff signed the records in the CD register and on the MAR chart. We checked a random sample of CD's and the balance of medicines corresponded to the records in the CD register. We checked the records for medicines returned to the pharmacy, including CD's, and saw that these were satisfactory.

The home had recently changed medicine supplier. Medicines were supplied in 'pods' that recorded the person's name, date of birth and name of the tablet. The medicine 'pods' were colour coded to match the colours recorded on the medication administration record (MAR) chart. This helped identify for staff the correct times of administration and helped to reduce the risk of errors occurring. We checked MAR charts. We saw that there were no gaps in recording but advised the registered manager that more attention needed to be paid to the codes used when people refused medication. The pharmacist also supplied a medication profile for each person who lived at the home; these recorded a picture of each tablet / medicine, how the medicine should be taken and the times of administration.

There was no system in place to check that the medicines prescribed by the GP were the same as those supplied by the pharmacy. Also, the pharmacist supplied separate MAR charts for creams but they had not identified on the body map where the cream should be applied. The registered manager told us that they were planning to speak to the pharmacist to discuss these issues.

We checked the storage and recording of controlled drugs (CD's) and saw that this was satisfactory. Two staff signed the records in the CD register and on the MAR chart. We checked a random sample of CD's and the balance of medicines corresponded to the records in the CD register. We checked the records for medicines returned to the pharmacy, including CD's, and saw that these were satisfactory.

There was a homely remedies policy in place and staff told us that they always checked that any homely remedies belonging to people who lived at the home were not out of date. They said that they also checked with the GP that homely remedies were compatible with the medication that they had prescribed.

There was a dedicated medication fridge and we saw that fridge temperatures were usually recorded on a daily basis, although we noted they had not been recorded since 22 October 2014 whilst a senior member of staff who normally carried out this task had been on holiday. However, we saw that the fridge had been consistently working at the appropriate temperature. We saw that the temperature of the office was also taken to ensure that medication in the trolley and cabinet were also stored at the correct temperature.

We checked the training records and saw that six staff had completed medication training. One of these people was always on duty to ensure that medicines were administered safely when people needed them. Staff told us that the pharmacist had recently undertaken a competency check for all staff who administered medication and no concerns had been raised.

Requires Improvement

Is the service safe?

We saw that there were personal emergency evacuation plans in place for each person who lived at the home. These provided appropriate information to describe how people should be safely evacuated from the building in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

At the last inspection of the service in July 2014 we had identified staff had not completed the training that was considered mandatory by the home, and that staff had not had regular supervision meetings with the registered manager. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered provider submitted an improvement plan to the Care Quality Commission informing us how they would make the necessary improvements to the service. At this inspection we saw that some improvement had been made to the training undertaken by staff and further training had been booked for December 2014.

The registered manager had told us that two people who lived at the home had a diagnosis of Alzheimer's and that other people had none diagnosed dementia related conditions. Only two people had undertaken training on dementia awareness, and one of these people had undertaken the training in 2010. The registered manager had arranged distance learning training for nine care staff, and told us that the induction training for this course was due to take place in December 2014. We carried out a short observational framework for inspection (SOFI) during the afternoon. This did not highlight any concerns about staff interaction with people who had a dementia related condition.

There was no specific dementia care model being followed at the home. In addition to this, there was little evidence that guidance from, for example, the National Institute for Health and Care Excellence (NICE) on dementia care had been recognised and acted on by the staff at the home. In addition to this, there was little evidence that the premises had been designed to create a dementia friendly environment. When we arrived at the home we saw that the dining tables had been pushed against the wall in the dining room, and the centre of the room was used to store the wheelchairs for everyone in the home. This meant that the room would not be easily recognised as a dining room for people with cognitive difficulties. There was no signage to assist people with identifying different areas of the home, and no colours used to identify specific areas of the home. This meant that environment was not dementia friendly. This was a breach of the relevant regulation (Regulation 9) and the action we have asked the provider to take can be found at the back of the report.

We saw that induction training consisted of a day spent with the registered manager discussing the routines of the home and health and safety topics and staff were given an employee handbook. However, staff had not completed training on moving and handling, food hygiene and safeguarding adults from abuse prior to starting work unsupervised on the rota. The registered manager told us that new employees shadowed experienced care workers as part of their induction training and the staff who we spoke with confirmed this. However, we did not see any records on the day of the inspection to support this.

We were concerned that new employees might be involved in moving and transferring people before they had received appropriate training, and the manager agreed that they needed systems in place to determine the training achievements and needs of new employees before they were allowed to work unsupervised.

We checked the collective training record for all staff. This recorded that most staff had completed training on infection control, safeguarding adults from abuse, the Mental Capacity Act 2005 (MCA), food and hygiene, falls awareness and first aid. However, we were concerned that only 50% had undertaken training on moving and handling, fire safety and end of life care. Only two staff had undertaken training on dementia awareness, equality and diversity, diabetes awareness and catheter care. However, we saw records to evidence that training on moving and handling had been booked for fifteen staff during November and December, and that nine staff had been booked on a distance learning course on dementia awareness that was due to start in December 2014. Two staff had been enrolled on training about infection control and one staff member had been enrolled on training about nutrition. They were due to undertake induction for this training in December 2014.

Five staff had completed National Vocational Qualification (NVQ) training at level two and two staff were working towards this award (or equivalent). Five staff had achieved NVQ level three. The cook had completed a NVQ award in Catering. Achievement levels of this training award reassured us that staff had undertaken training that equipped them to carry out their role.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the

Requires Improvement

Is the service effective?

human rights of people who may lack capacity to make decisions are protected. Discussion with the registered manager showed that they understood the principles of the MCA and when it would be appropriate to submit a Deprivation of Liberty Safeguard (DoLS) authorisation form to the local authority for their consideration. No applications for authorisation had been submitted to the local authority but the manager was in the process of re-assessing this following attendance on the training course.

We saw that care plans included information about a person's capacity for decision making. One person's care plan recorded, "I do not have capacity. However, I can make small decisions about what I would like to eat." We this person and others being consulted by staff on the day of our inspection.

We asked visitors if they thought staff had the right skills and attitude to carry out their role. Two visitors told us that staff were pleasant, skilled and cared about people who lived at the home. Another visitor described one member of staff who "Went the extra mile" but also felt that some staff were task orientated rather than providing personalised care.

We saw that care plans included details of a person's medical conditions and any special care needs they had to maintain their general health. Most assessments and care plans were reviewed on a regular basis to ensure that there was an up to date record of the current health care needs of each person who lived at the home. Although some reviews had not been updated for the previous two months, the records we checked did include the latest information about the person concerned.

There was a record of any contact people had with health care professionals, for example, GP's and Speech and Language Therapists. This included the date, the reason for the visit / contact and the outcome. There had been a recent safeguarding investigation as a result of the advice given by a health care professional not being followed. We saw that some improvements had been made as a result of this investigation; records at the home evidenced that people had received the care recommended by district nurses and other health professionals. However, a relative told us that they still felt the need to check that staff had "Followed things up." Details of hospital appointments and the outcome of tests / examinations were retained with people's care records.

We asked people who lived at the home if they were able to access their GP or other health care professionals when they needed them. They told us, "The manager would get the GP if I needed them."

People had patient passports in place; these are documents that people can take to hospital appointments and admissions with them when they are not able to verbally communicate their needs to hospital staff. They include details of the person's physical and emotional health care needs. This meant that hospital staff would have access to information about the person's individual needs.

Assessments had been completed to identify any risks to a person due to poor nutrition. People's specific dietary requirements were known to staff and recorded in a person's care plan. We saw that, when nutrition had been highlighted as an area of concern, food and fluid charts were used to monitor a person's dietary intake.

We asked people who lived at the home about the meals provided and the responses were very positive. People told us, "We have very good meals here. We can have a choice if we want." They said that they were certain staff would provide them with a snack outside of mealtimes if they requested one or if they had missed a meal because they felt unwell.

We saw that staff provided people with appropriate assistance to eat their meal and that the mealtime was a social occasion when people sat and talked with their friends whilst enjoying their meal. We also saw that drinks and snacks were provided throughout the day.

Good

Is the service caring?

Our findings

We observed that staff displayed kindness and empathy towards people who lived at the home. People looked appropriately dressed, their hair was tidy and they looked cared for. The staff who we spoke with were clear that they would treat people as individuals and promote their independence. They acknowledged that sometimes it took a long time for people to see to their own personal care and to mobilise, but understood that it was important for people to retain the abilities they had. They said that they were confident all staff were patient and allowed time for people to help themselves.

People who lived at the home told us that staff were friendly and they felt staff really cared about them. We asked visitors if they thought staff had the right skills and attitude to carry out their role. Two visitors told us that staff were pleasant, skilled and they had seen them provide caring support for people. Another visitor described one member of staff who "Went the extra mile" but also felt that some staff were task orientated rather than providing personalised care. They said that they sometimes had to follow things up with staff, for example, ensuring that health care tests were carried out.

All of the people we spoke with told us that staff respected their privacy and dignity and this was supported by the visitors who we spoke with. People also told us that staff encouraged them to be as independent as possible and people said that staff allowed them the time to do things for themselves.

Staff told us that they had a handover meeting at the changeover from one shift to the next. They told us that this ensured that information was shared between all members of the staff team. They said that communication between staff was good and this ensured they were aware of people's up to date care needs.

In one of the care plans we reviewed we saw that the person had a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) form in place. The form had been signed appropriately and it recorded that this decision had been discussed with the person's relative. We noted that this had been highlighted in the person's care plan so that this decision was known to staff.

We spoke with staff about end of life care and they were able to give us examples of how they had provided care (with the support or district nurses) that had ensured that people remained pain free and peaceful at the end of their life. This was confirmed by a health care professional who we spoke with. They said that staff had provided palliative care for someone who lived at the home; they had been "Devastated" when the person died.

The health care professional told us that they were going to be providing further training on palliative care (to include pressure area care) when the registered manager gave them a date that was convenient for as many staff as possible. Six staff had already attended training on this topic and this helped to make sure that staff were knowledgeable about how to provide appropriate care for people who were at the end of their life.

Good

Is the service responsive?

Our findings

A visitor told us that there used to be more activities at the home; the 'motivation' class had been cancelled and entertainers were no longer booked. However, this was not raised as a concern by people who lived at the home. We saw that staff had some time after lunch to sit and chat with people and those interactions were friendly and positive. A visitor was providing nail care for their relative and other people who lived at the home.

We saw in care plans that people's needs had been assessed when they were first admitted to the home and that care plans had been developed to record people's individual needs. Care plans included information about a person's previous lifestyle, their hobbies and interests and their family relationships. We overheard conversations between people who lived at the home, relatives and staff and it was clear that staff knew people well, including their likes and dislikes and their individual preferences for care. Relatives told us that they were always made welcome at the home.

Assessment tools had been used to identify the person's level of risk. These included those for pressure area care, nutrition and mobility. Where risks had been identified, risk assessments had been completed that recorded how the risk could be managed or alleviated. Assessments and risk assessments had been reviewed when needed.

We spoke with staff about how they were able to recognise changes in a person's behaviour that indicated they were not well. They told us that, because they knew people well, they would notice that people were "Not their usual self" even when they were not able to verbalise this. This was confirmed by a health care professional who we spoke with. They told us that staff listened to their advice and seemed to care about people who lived at the home.

The health care professional told us that they had introduced a communication book in the care homes they visited. This was to ensure that important information was shared between care home staff and health care professionals. They said that this was being completed consistently by staff.

The complaints procedure was displayed in the home. We asked people if they knew how to express concerns or make a complaint. All of the people we spoke with told us that they would not hesitate to speak to the registered manager or other staff. One person said, "I'm sure they would do what they could to help me." A visitor told us that they had raised an issue of concern with the registered manager and they had dealt with the issue appropriately, resulting in their relative / friend receiving more appropriate support.

We saw that the registered manager had introduced a system to audit any complaints received so that areas for learning could be identified. We asked the manager how this would be shared with staff and they said that issues would be highlighted in the handover book and discussed at a staff meeting. They said that, they had previously sent out information with staff pay slips when they had wanted to ensure that all staff had received important information.

We had previously been concerned that there was a lack of supervision meetings between staff at the home and the registered manager. Supervision meetings are meetings that take place between a member of staff and a manager or more senior member of staff to give people the opportunity to talk about their training needs, any concerns they have about the people they are supporting and how they are carrying out their role. These meetings had started to take place at Eastbourne Villa but had not been taking place long enough for us to measure their effectiveness or whether they were taking place consistently. However, staff told us that they could speak to the manager at any time; they said she was approachable, listened to them and that they were confident she would take action about any concerns raised.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of the service in July 2014 we had identified that there were no systems in place to monitor the quality of service provision and that there were insufficient records to evidence that people living at the home were protected against the risks or inappropriate or unsafe care. This was a breach of Regulation 10 and Regulation 20 of the Health and Social Care Act 2008. The registered provider submitted an improvement plan to the Care Quality Commission informing us how they would make the necessary improvements to the service.

The registered manager acknowledged that there were no meetings for people who lived at the home to give them the opportunity to comment on the way the home was operated. They told us that they would like to set up meetings for people who lived at the home and relatives and that they intended to pursue this. No surveys had been distributed to people who lived at the home or relatives and again, the registered manager told us that they were in the process of setting these up.

A survey had been distributed to staff to ask for their opinions about various aspects of the running of the home. Their comments were positive about the care that people received and team work but they requested some redecoration and that the flooring be changed in the lounge to make it easier for them to use the hoist. A contractor came to measure the room to give an estimate for alternative flooring during our inspection. We discussed with the manager how they could purchase flooring that would make it easier for staff to use mobility equipment but still retain the homely feel of the home.

Staff meetings were held although these were not frequent. We saw that separate meetings were held for day staff, night staff, ancillary staff and staff who had responsibility for the administration of medication. The most recent day staff meeting was held in June 2014. We saw that the registered manager told staff that recording on food and fluid charts needed to be consistent, that night staff had to record their checks, that food supplements needed to be recorded on medication administration record (MAR) charts, that medical attention needed to be sought following falls and that staff were due to have medication competency checks. The staff who we spoke with confirmed that they attended staff meetings and that these were a 'two way' process; information was shared with them but they got the opportunity to ask questions, raise concerns and make suggestions for improvement.

We asked the registered manager if there were any incentives for staff, such as an increase in pay when staff achieved the NVQ award. They said that senior care workers received a slight salary increase but there were no incentives for training achievements.

The quality assurance folder included information about audits that were being undertaken by the registered manager. We saw that accidents and incidents were recorded and monitored. The audit for October 2014 recorded that there had been five accidents during that month. There was a record of what medical attention had been sought and the outcome. We also saw the analysis that had been carried out in respect of any complaints investigated and the control of infection.

We saw maintenance certificates for the passenger lift, fire safety equipment, hoists and portable appliances; this evidenced that equipment used at the home was maintained in a safe condition. In-house safety checks were also carried out on 'nursing' beds and fire safety systems to ensure that the home was safe for people who lived and worked there.

The manager had recently attended training provided by the local authority on MCA / DoLS and had attended a meeting arranged by the local authority to share up to date information with registered providers and managers of care services. We did not see that any 'champions' had been appointed to lead the staff group on topics such as dementia, dignity and end of life. This would have ensured that there was a system in place for staff to share up to date guidance with other staff. We did not see any innovative practice.

Although some improvements had been made in respect of quality monitoring, further improvements still needed to be made, especially in respect of the involvement of people who used the service. We have told the registered persons that we will allow a further three month period for them to ensure that the quality of the service is effectively monitored.

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 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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or safe, by means of reflecting, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment. The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or safe, by means of the planning and delivery of care and, where appropriate, treatment in such a way as to ensure the welfare and safety of the service user. Regulation 9 (1)(b)(ii)(iii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered person had not operated effective recruitment procedures in order to ensure that no person employed for the purposes of carrying on a regulated activity unless that person was of good character, had the qualifications, skills and experience which were necessary for the work to be performed and was physically and mentally fit for that work. Regulation 21 (a)(i)(ii)(iii)

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person had not protected service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered persons to regularly seek the views (including the descriptions of their experience of care and treatment) of service users, persons acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users. Regulation 10 (1)(e)