

Sirona Care & Health C.I.C.

Combe Lea Community Resource Centre

Inspection report

Combe Lea Residential Care Home
Greenacres, Midsomer Norton
Radstock
Avon
BA3 2RD

Tel: 01225396616

Date of inspection visit:
15 March 2018
16 March 2018

Date of publication:
02 May 2018

Ratings

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

Summary of findings

Overall summary

The inspection of Combe Lea Community Resource Centre took place on 15 and 16 March 2018 and was unannounced. When the service was last inspected in October 2016 four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

During this inspection we checked that the provider was meeting the legal requirements of the regulations they had breached. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Combe Lea Community Resource Centre, on our website at www.cqc.org.uk.

Combe Lea Community Resource Centre 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.

Combe Lea Community Resource Centre provides care and accommodation for up to 30 people. On the days of the inspection 30 people were living at the home. The home was over two floors, with access to all floors either via stairs or the lift. All bedrooms have en-suite facilities. Gardeners Row was on the first floor and was a unit for people living with dementia. Willow on the second floor was for older people who were physically frail.

At the last inspection the service was rated as Requires Improvement. At this inspection we found that improvements had been made within the service. All of the four previous breaches had now been met.

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 provider had failed to take action required following a fire service inspection. The provider had not made improvements needed to the fire systems at the service. The registered manager had notified the provider who had placed it on the corporate risk register. We have notified the fire brigade of this.

People were protected from the risk of infection because staff followed the correct procedures in respect of laundry and avoiding cross infection. However, we noted the laundry baskets were broken and identified this as a potential risk. The provider sent evidence that new baskets had been ordered following the inspection.

The service had received an award after being nominated by a person's relative. The provider had a video clip of the relative talking about the service on their website. People and their relatives were complimentary about staff. We observed staff interacting with people with warmth and kindness. It was evident staff knew people, their histories and preferences. People's independence was promoted where possible and staff

protected and respected peoples' dignity.

Care plans were person centred and gave staff clear information about people's likes and dislikes. We observed staff ensuring everybody received attention and were supported to do things they liked.

Staff were confident about identifying and reporting any suspected abuse and the provider's procedures were followed if any concerns were identified.

People had clear risk assessments to guide staff how to keep them safe and staff followed this guidance. People had clear assessments in place to ensure their health needs, nutrition and skin condition was monitored. Staff liaised with health professionals to maintain peoples' wellbeing and to address any new health concerns.

Staff were trained, experienced and supervised. There were enough staff to meet people's care needs and they carried out their tasks with kindness and discretion. Staff supported people in line with the Mental Capacity Act 2005.

People received their medicines in the way they preferred to take them and medicines were stored and disposed of safely.

People, their relatives and staff were positive about the registered manager and told us they were visible and approachable.

The registered manager had implemented a comprehensive governance system which had identified areas of the service which needed improvement. Where improvements needed had been identified these were followed up and checked by the registered manager.

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 always safe.

Improvements to fire safety recommended by the fire service had not been carried out.

Staff were confident about identifying and reporting any suspected abuse.

People had clear risk assessments to guide staff how to keep them safe.

There were enough staff to meet people's care needs.

Medicines were managed safely.

People were protected from the risk of infection.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were trained, supervised and competent.

People were supported to eat and drink to maintain their health.

Staff worked closely with district nurse and GP services to ensure people received the healthcare they needed.

The service was designed to help people to move around as freely as possible and was decorated in a way that supported people with dementia.

The provider acted within the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring.

Good ●

People were treated with kindness, respect and compassion, and given emotional support when needed.

People's preferences were respected in how they received their care and spent their time.

Staff ensured people's independence, privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People's rooms were personalised.

Staff knew people's histories and spoke with them about their interests.

People were supported to stay at the service as long as possible and end of life care was provided.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff were positive about the registered manager.

The registered manager had a comprehensive system of audits to monitor the quality of the service.

People using the service, their relatives and staff had regular meetings to discuss the running of the service.

Staff had received an award from the provider in recognition of excellence.

Combe Lea Community Resource Centre

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 March 2018 and was unannounced.

The inspection team comprised two adult social care 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with 11 people living at the home, five relatives and seven staff members, this included senior staff, and the registered manager. We also spoke with four visiting health professionals. We reviewed six people's care and support records, a selection of medicines records and four staff files. We also looked at records relating to the management of the service such as incident and accident records,

meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At our last comprehensive inspection of the service in September 2016 we found medicines were not always stored safely. At this inspection we found improvements had been made.

The staff team at the service delivered safe care, however, the provider had not ensured that the building was safe. The provider had not complied with a fire safety notice issued by the Fire Service following an inspection in November 2016. The registered manager had notified the provider and raised their concerns, however action had not been taken. The provider had put the fire risks on their risk register but had not taken the required steps to comply with the notice and rectify the shortfalls in their fire systems. We notified the fire service of this and they have visited the service in response to our information.

The registered manager had ensured fire training was up to date and all checks of fire equipment completed. Additional fire training had also been made specific to the home and included a You Tube video, a quiz, a mock fire in a biscuit tin, the contents of the emergency fire box, what to do if people are on fire and how to evacuate people on slide sheets when they are immobile. All members of staff had attended this innovative building specific training during July and August 2017. Everyone living at the service had their own personal emergency evacuation plan (PEEP). The plans contained a photograph of each person, their room number, mobility and support needs.

Everyone we spoke with at Combe Lea told us they felt safe living there or they felt their relatives were safe living there. People were relaxed and comfortable in the company of staff. People told us, "I feel very safe here It's very nice ", and, "Oh yes. You feel very safe here." Relatives comments included "I used to have nightmares when [Name] lived alone but I can sleep really well at night now" and, "Yes it is safe here. It's very good. [Name] is much safer here than at home. [Name] kept going missing from home and it was very worrying for the family."

Staff were trained in safeguarding and understood how to identify and report any suspected abuse. One said, "I would report it straight away if I ever saw anything that concerned me. I know about safeguarding." The registered manager had alerted the local safeguarding adults' team of any concerns and taken steps to carry out any investigations needed. Peoples' safety was prioritised when any concerns were raised. A member of the local safeguarding team told us they were confident about how the service managed safeguarding.

Staff had carried out comprehensive risk assessments for people and plans were in place to manage any risks safely. Risks in relation to falls, mobility, moving and handling, nutrition and skin integrity had all been assessed and documented. The risk assessments had a 'traffic' lights score so that serious risks could be promptly identified. Care records contained detailed information about potential triggers for behaviour which could challenge and what interventions had proved successful in managing this. We observed staff identify and respond quickly to any potential conflicts between people with calmness and skill. One person who used a walking frame liked to walk around the home and frequently became stuck in corners but could usually manage to turn around. Staff only intervened if necessary.

The provider employed sufficient number of staff who had been recruited safely. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff are safe to work with vulnerable people. Staff files also contained proof of identity, an application form, a contract right to work details and references. Three of the four people had two references and one person only had one reference. We questioned why they only had one reference and the company gave us their Safer Recruitment Policy document which stated a reference would be required for the previous three years work history. All newly appointed staff were subject to a six month probation period to ensure that they were suitable for the role.

People we spoke with who lived at Combe Lea told us they thought there were enough staff to deal with their needs. Relatives said that generally speaking staffing levels were adequate but occasionally when staff were having to support people in their rooms they were difficult to find and were not always available in the communal areas. One person said, "Staff? Yes there are plenty of them. They are all very nice."

There were sufficient numbers of suitably qualified and experienced staff to meet people's care needs. Staff told us that they were very busy.

Medicines were obtained, stored, administered and disposed of safely. Storage room and medicine fridge temperatures had been recorded daily on both floors. This ensured that medicines were stored at optimal temperatures. All medicines were stored in locked cupboards. Medicine that needed extra security was kept in a locked cupboard in the staff office on both floors. Only the dispensing staff had the access number to the storage container that held the medicine keys. We checked stock on both floors and they were correct. Staff told us that their medicines training had been very good and involved face to face training by the in house training team for half a day plus three shadow shifts covering each medicine round and regular competency checks. One member of staff told us "My meds training was in depth and I was watched like a hawk. I felt confident because I had received very good support."

We checked a random number of medicine administration records (MARs) against the blister packs that contain the medicine and on both floors they were correct. There was good storage of stock. The service used very effective body maps to inform staff what cream/lotion should be applied to what location and at what time. One person's had four different creams to be applied at various times throughout the day and in various places. Each cream had been written in a different colour that corresponded with the same colour on the body map so that staff could clearly see what cream to use where.

The provider had effective systems in place to manage infection control. Staff told us that there was adequate personal protective clothing (gloves and aprons) on both floors of the home. The environment was clean and warm. On the first day of the inspection there was a smell of urine on Gardeners Row but on the second day this was not in evidence. Good hand washing facilities were available with pictorial illustration for good hand washing technique.

Staff knew how to manage and minimise the risk of cross infection. Staff told us "When we have an outbreak of diarrhoea and vomiting staff use red bags for clothes and bedlinen and it is all kept separate. We wear protective clothing, a white apron and blue gloves and I wear a mask. We have always managed to contain it. I'm confident that cross infection is well dealt with. Nothing can go on the floor so we use plastic laundry baskets." We noted that the laundry baskets were all broken which meant there was a risk bacteria could become lodged in the cracks. We raised this with the registered manager who immediately ordered new baskets.

Equipment within the service had been regularly checked and maintained. There was a schedule in place

and equipment servicing took place automatically. Recent checks had been carried out on hoists and slings. The service had a current gas safety and electrical safety certificate.

Staff learnt lessons and made improvements when things had gone wrong. One person told us staff had provided them with their own personal pendant alarm after they got their clothing caught in the wheel of their wheelchair and could not alert staff as they were not close to an alarm point. We saw that changes had been made following shortfalls found at another of the provider's services. The registered manager carried out regular checks and followed up any identified improvements needed.

Is the service effective?

Our findings

At our last inspection in September 2016 we found staff were not being appropriately supported and supervised in their work to enable them to carry out their duties effectively. At this inspection we found improvements had been made.

People were supported by competent and skilled staff who were trained and supervised. Staff told us, "We do regular training. We do all our mandatory training in one day." Mandatory training is training all staff must complete. New staff completed an induction which helped them understand their role. One told us, "When I started I had a three week induction including shadowing (working alongside a more experienced staff member). It was really useful to shadow staff who had been here a long time to learn residents' needs." A member of bank staff said, "We do a group induction training involving mandatory training then a four hour shift on each floor and we can ask for additional training." A relative told us, "Staff are definitely well trained and work with [Name] on their speech"

Staff received regular supervision and an annual appraisal. An appraisal is when staff performance is reviewed and they are able to ask for any additional training or areas of their work they would like to develop. Staff told us, "I get regular supervisions from the manager", and, "I get supervision once a month." We looked at four staff supervision records and could see that they recorded any issues discussed and the agreed actions to be taken by both the staff member and the supervisor.

People were supported to eat and drink enough. We observed lunch; the food looked and smelt appetising and people ate it with enjoyment. The portions were generous and seconds were offered to everybody. Comments from people included, "The food is very nice", "The food is beautiful. What's my favourite? Everything " and "I can't grumble." Relatives told us, " They will offer an alternative if [Name] doesn't like it- they have put on weight since they've been here " and "The variety of food is very good and the menu changes." People were weighed regularly and any changes in weight were calculated. This was used to inform any care plans such as nutrition.

People did not have access to menus on their tables or in pictorial format for people with dementia. There was only one menu on display in the dining area on a white board with lunch and teatime choices displayed. People did not always seem to remember what they had ordered and several asked for the alternative which was quickly brought without fuss. We raised this with the registered manager at the end of the inspection.

One person was supported by a member of staff to eat their meal. The member of staff sat at eye level. The person was visually impaired and staff described the food in detail before offering it. They always asked the person if they were ready for the next mouthful. Conversation flowed throughout the meal and there was no sense of being rushed. The person said they had enjoyed the meal.

The registered manager and staff worked effectively with other organisations and healthcare professionals. Visiting professionals were positive about the service and told us people were well cared for. Health professionals told us they were always expected at the service and staff were available to support them.

Peoples' care records contained comprehensive information about health visits and any identified needs.

Combe Lea Resource Centre had been purpose built as a residential care home. The service was over two floors and was accessible by lift. On Gardeners Row, which accommodated people living with dementia, the environment was adapted for this. The main corridor was wide, well-lit and had hard wood effect flooring. The lay-out was open with good flow encouraging people to walk around which many were doing during our visit. At both ends of the corridor there was seating and an interesting area had been created with mobiles, wind chimes and other tactile decorations. Wooden handrails were used throughout with contrasting colours on the walls above and below these. People had their names on their bedroom doors and room number. Pictures and photographs relating to people's personal interests were displayed. Signage on bathroom and toilet doors was clear and easy to read using both symbols and words all displayed at eye level. We did note that there were mirrors in two of the bathrooms. People with dementia can become distressed by mirrors as they may not recognise themselves. We brought this to the attention of the registered manager who told us the service was due to review the environment and the mirrors would be included in this.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had documents in their file which detailed what care they wished to receive should they become ill and needed paramedics to be called. Where people were assessed as not being able to decide this themselves the decision had been taken in their best interest. All forms had been completed correctly.

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). Thirteen people had DoLS authorisations in place with one in progress. The registered manager had notified CQC about these as required.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People living at Combe Lea and their relatives were very complimentary about the staff and the care they received. Comments included, "Staff are amazing with [Name], they are safe and well looked after", "If every care home was like this one everything would be ok", "Yes I like it here. I've lived here a while. It's great fun" and, "The food is good, every day is different. I have to leave in two weeks and I wish I could stay a bit longer. This is definitely a good place, I would recommend it".

We carried out an observation in the communal lounge on Gardeners Row(!) where people were living with dementia. Staff treated people with warmth and friendliness, addressing them by their preferred name. They chatted with people about their interests and history and it was evident they knew people well. Throughout our visit we observed staff respecting people's choices and supporting them to maintain their dignity.

We saw numerous considerate and caring staff interactions. For example one person who was in the home for a one day assessment was being comforted by a member of staff. The member of staff showed them around the building and chatted with the person regarding things that they liked to do, eat and so on. They stayed with this person until they felt less distressed. Relatives told us, "Staff are amazing – they are so dedicated", and, "They spend a lot of time with people here. They are really attentive". One person had given written feedback to the service which said, "Distressed on arrival immediately put at ease, very caring making me feel secure and I soon began to feel at home. Staff always found time for me and nothing was too much trouble".

Staff told us that when people are considering a move to Combe Lea they are invited to come and spend the day so that staff can assess if they are able to meet the person's needs and the person is able to get a 'feel' of the service. If after a day they are still unsure they are invited to spend a weekend so that they have three days and two nights to experience the home, try the food, participate in activities and meet the other people living there.

Staff always asked people to consent before any care or assistance was given. They used phrases such as, "Would you like me to....?", "Is it alright if....?", "Where would you like to sit....?". People were able to attend regular resident's meetings and minutes were available. The service produced monthly newsletters to remind people of what was happening in the next month, upcoming birthdays and photographs of previous events at the service.

People and their relatives were given the opportunity to comment on the quality of care. The service had held a 'Caring, Sharing and Love' week where people and their relatives could write about the service on a whiteboard. Comments included, "The best home I visit – friendly caring staff (a district nurse)", "Very friendly and caring", "Wonderful staff".

There was an unhurried atmosphere in the home with people given time and opportunity to maintain maximum independence. Staff appeared very vigilant and constantly checked where people were. They

were discreet but very good at distracting or heading off any challenging behaviour that might have escalated and caused potential harm or distress.

We saw people treated with dignity and respect, for example staff always knocked on doors prior to entering rooms. The majority of people on Gardeners Row needed support with continence, staff managed this with a great deal of discretion.

People were supported to maintain contact with family and friends. Visitors were welcome at any time of the day.

Records showed that people's diversity and individuality were accepted and respected. One person swore a lot which some people may have found challenging. Their care plan reminded staff that this was their natural way of speaking and to respect this.

Is the service responsive?

Our findings

At our last inspection in September 2016 we found that assessments were not always completed or updated which put people at risk of receiving unsafe care. At this inspection we found improvements had been made.

People received personalised care that was responsive to their needs. Each person had care records which guided staff in their care needs and their individual preferences. Each person's records had a brief one page profile with a brief history of the person, what support they needed, what could cause distress and how to support them if they became distressed. People had a daily living plan which detailed their preferences and needs throughout the day. Plans included information about people's emotional as well as physical care needs. For example one person's plan reminded staff to 'Give time and reassurance'.

We looked at the care plans for six people with complex needs. Each set of care records was well-organised and focussed on individual needs and preferences. The care records were detailed and personalised. All of the care plans contained a variety of assessments that gave clear instruction to staff on how to minimise any identified risks and keep people safe. For example one care record described how a person tended to lean backwards when first mobilising, presenting a potential falls risk.

People supported in bed over a long period of time are at high risk of developing pressure related skin damage. Where people needed regular repositioning to prevent moisture lesions and pressure damage we saw that this had been done and recorded in accordance with the care plan. One person had been supported in bed for three years and staff had managed this with skill and diligence. Throughout this period staff had supported the person in a way that ensured they maintained their skin in good condition. Treatment escalation plans (TEPs) were in place in all of the care plans. This meant staff knew who to contact if they were concerned about somebody's health.

How people preferred to have their personal care was clearly recorded along with the names of their key worker and the senior carer. Care plans were reviewed and updated if needed on a monthly basis. The registered manager also reviewed a selection of care plans monthly and identified any improvements or changes needed. They checked updates had been made. One person's care plan for washing and dressing informed staff, "[Name] is very private" and guided staff to stand back and allow the person space, returning later if necessary. This person had fragile skin and the plan stated, "Staff are to check pressure areas and skin when assisting with bathing as this will be less intrusive."

In another care plan we saw a laminated 'all about me' document that included photographs of favourite things and memories. This helped support the person by using a format for communication that the person could clearly understand. A third care plan contained detailed descriptions of potential diabetic complications such as high and low blood sugars. This information gave staff clear guidance on what to look out for and what to do.

People's care records had clear information to guide staff on how to understand people's needs if they could not always communicate them verbally. For example one person, "Will sit on the side of their bed. This

is usually a sign of wanting to be alone." A second person liked to sit in a particular place in the dining room, on their own and this was clearly recorded in their records.

Care plans were written in a way which made the person come alive. For example one person's social plan said, "[Name's] face lights up when they see the therapy dog.

One member of staff was employed for 15 hours a week to coordinate activities over three days. Activities on offer were displayed on an activity board on both floors of Combe Lea. On the day of our visit planned activities for the week were Music and Dance, skittles, pampering day and gardening group. Everyone was encouraged to participate if they wanted to. People told us, "I love the music and the singing", and, "I love Take That records, they're my favourite. I also go out shopping and get the lottery. I like garden centres and looking at the plants."

The service also put on regular events for Christmas, Valentine's Day and Mother's Day. We were told everybody, including the men, got a present for Mother's Day so nobody felt left out. Staff organised and cooked Christmas dinner for those people and their families who wanted to spend Christmas Day at Combe Lea. The registered manager said it was a big task but had been worth it. Feedback from relatives confirmed that it had been much appreciated.

Combe Lea had access to a minibus and trips were being planned for when the weather improves. The activity coordinator told us the staff were being encouraged to become trained to drive the mini-bus as that would open up the possibility of more trips. Favourite trips were to local lakes, the seaside, and garden centres.

During our inspection we observed high levels of staff engagement with people. Staff asked people what music they would like from a wide range of CDs, if they would like TV or a film. People sat in the lounge visibly enjoying music, tapping their feet and smiling. Staff chatted to people about their interests and histories. One lady who liked to knit was supported to do this and other people provided with things that interested them. People had access to a daily newspaper.

On the first morning of our visit a musical film was being shown in the lounge on Gardeners Row. Manicures were also being given to both the ladies and gents giving the opportunity for lots of one to one interaction. A group of people were sitting at a table looking at the newspapers and discussing racing at Cheltenham with staff.

We carried out an observation in the communal lounge and all staff interactions were warm, friendly and intended to help people feel cared for. We saw lots of hand holding and gentle touches on people's arms as well as shared jokes.

People knew how to complain, we were told, "I would say if I had concerns, I know who to tell." One person had complained about the food. A meeting had been held with the person and their family member and details of what food they wanted had been developed and implemented. Apart from this complaint, the service had received a great deal of compliments from people at the service, relatives and external professionals. Feedback consistently praised the 'love and care' of the staff, their approachability and willingness to help.

There was nobody who was approaching the end of their life during our inspection. We asked a senior carer to tell us about how the home approaches end of life care for people. They told us "We ask how do you want to be treated if you are taken poorly? We put it that way because some people do not want to talk about the

end of their life so it makes it easier for them to talk about it. I always get the family and, if appropriate, the friends involved. I discuss the palliative care plan with the family, which gives us the opportunity to support the family as well". The registered manager told us that whenever possible the tried to keep the person at Combe Lea with support from the GP and district nursing team.

Is the service well-led?

Our findings

At the inspection in September 2016 we found shortfalls in the quality of the care and service identified in audits were not always addressed. At this inspection we found improvements had been made.

People who lived at the service and relatives were very positive about the quality of the care and complimentary about both the staff and registered manager. Relatives told us, "The manager is very approachable and I am sure that if I had any issues they would be dealt with promptly." One member of staff told us "The staff work as a team and are all so friendly. The manager is accessible and supportive."

The registered manager had systems in place to monitor training and supervision. Records showed staff were up to date with training and supervision. The registered manager addressed poor staff performance. There was evidence available to demonstrate this.

Staff morale was mixed. Staff were mostly positive about the registered manager and the support they received. However, staff were struggling with some of the changes made to their terms and conditions and the planned transition to delivering nursing care. Staff told us this meant no new staff had been recruited for some time and this had affected morale. The registered manager explained that they were in the process of recruiting registered nurses but that this was a slow process.

The registered manager had a comprehensive system in place to oversee the effective running of the service. Checks were carried out regularly on medicines, health and safety, infection control, care plans and supervision. They carried out regular audits of mealtime experiences and identified any improvements needed. Where improvements had been identified these were noted on the audit and followed up to check they had been made. A local pharmacist also came into the service to monitor the safe management of medicines. Shortfalls identified in a recent audit in February had been addressed.

The registered manager held regular meetings for different staff groups. All of these meetings had the minutes recorded and stored in a meeting file. Records showed that staff were able to raise issues as well as receiving information about the running of the service. For example, the housekeeping team had complained about the amount and quality of cleaning materials. This had been addressed and additional products had been made available.

The provider had been advised by the registered manager about shortfalls identified in the building's fire alarm system by the fire service. The provider had put this onto their corporate risk register but no further action had been taken. The registered manager explained that the provider did not own the building and negotiations with the landlord had stalled.

We recommend the provider ensure the fire alarm systems are upgraded as needed.

The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve

upon. The registered manager made notifications to CQC about any safeguarding concerns and any Deprivation of Liberty applications which were granted.