

Mahogany House (Newtown) Limited

Mahogany Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We undertook an inspection of Mahogany Care Home on 26 and 28 October 2018. The first day of the inspection was unannounced and the second day was by arrangement with the management.

Mahogany Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Mahogany Care Home is a purpose-built home and benefits from all ground floor accommodation. The home provides residential and nursing care for up to 51 people. The home has two large communal lounges, a tea room and dining area. There is also an internal courtyard and garden area with seating. At the time of the inspection there were 39 people living at the home.

The home was last inspected on 10 and 14 July 2017, when we rated the home as 'requires improvement' overall and in all the key questions. We also identified five breaches in four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person-centred care, dignity and respect, good governance and staffing (two parts of the regulation). We also made a recommendation in relation to covert medicines.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; safe, effective, responsive and well-led to at least good. We reviewed the progress the provider had made as part of this inspection.

At this inspection, the provider had made significant improvements and addressed four of the five breaches identified in July 2017. We identified one continued breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. You can see what action we took at the back of the full version of this report.

Prior to our inspection, the provider had been open and honest regarding the position of the home and the outstanding actions required. They had provided an updated action plan in August and September 2018 detailing progress made and identified areas where further improvement was required. The issues found during the inspection had already been raised through the providers own internal monitoring system.

At the time of the inspection the home did not have a registered manager. The registered manager had left in August 2018. The home was being supported by a home manager and the providers head of quality and governance at Whilst undertaking the inspection we were informed a new manager had been appointed and they were currently working their notice at another home. We were told they would be applying to register with CQC upon commencing 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.

People living at the home told us they felt safe. Relatives expressed no concerns about the safety of their family members and were positive about the level of care provided. We saw the home had appropriate safeguarding policies and procedures in place, which were aligned with the local authority safeguarding tier system for reporting. Staff had received training in safeguarding vulnerable adults, which was refreshed annually. Staff demonstrated a good understanding of how to identify and report any safeguarding or whistleblowing concerns.

Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken. This ensured staff appointed were suitable to work with vulnerable adults.

Staffing levels were determined by the needs of people living at the home and there were sufficient numbers of staff on duty to meet people's needs safely. Relatives said there were occasions when there were not enough staff, but said staff went 'beyond the call of duty' to ensure there was no impact to people or the quality of care provided.

We found medicines were stored, handled and administered safely. Staff responsible for administering medicines were trained and regularly had their competency assessed.

There were capacity assessments in place and the correct procedures had been followed to ensure people were not unlawfully deprived of their liberty. We saw advocates were involved in people's care when there was no nearest relative to act on their behalf and best interest meetings were underway to support best interest decision making.

All new staff received an induction, which included an identified staff member to act as a mentor to support the induction booklet, time shadowing experienced staff and staff completed the care certificate. Staff did online training and had practical sessions in first aid, fire and moving and handling. Staff confirmed they received regular supervision and annual appraisals, which along with the completion of daily flash meetings and monthly team meetings, ensured they were supported in their roles.

The feedback received was positive regarding the mealtime experience and the choices offered at each meal. The chef and kitchen staff demonstrated oversight and effective systems to manage people's dietary needs.

People and their relatives spoke highly of the staff and care provided. Staff treated people with dignity and respect and promoted people's independence. People confirmed they were given choices and their consent was obtained prior to staff undertaking care tasks.

There were daily activities at the home and people and relatives told us there had been an increase in outings over the past few weeks. We observed pamper sessions, arts and crafts and a coffee morning whilst undertaking the inspection.

Care plans contained sufficient information to mitigate risks but were not person centred and did not detail people's personal preference or wishes. There were inconsistencies across the records which meant it was difficult to ascertain the care provided and personal care records didn't lend themselves to determine how frequently people were being offered baths and showers or the time of day these were being offered.

People and their relatives were positive about the current management arrangements but expressed concerns about the frequency managers had changed at the home. Regular meetings were held to communicate the changes and people and relatives told us they could express their views.

The provider had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed and covered a wide range of areas including environment and infection control, safeguarding and dignity of care, medication, care files, and nutrition. We saw evidence of action plans being implemented and timescales identified to address issues found.

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.

We found sufficient numbers of staff on duty to meet people's needs.

Effective recruitment processes ensured only suitable people were employed.

Processes were in place to ensure people's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The induction was aligned with the care certificate and staff received ongoing support through supervision, appraisal and training.

The provider was adhering to the principle of the MCA (2005) and had effective systems in place to monitor DoLS. Best interest meetings and advocacy involvement were evident.

People's dining experience was positive and people's nutritional needs were assessed and provided as per care plans.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively of the staff and the care provided.

People were treated with dignity and respect and their independence was promoted.

We observed time was given to people to provide support and reassurance when needed.

Is the service responsive?

Requires Improvement ●

The rating of this key question remains Requires Improvement.

Care plans were task focused and did not contain sufficient personalised information to demonstrate people's views and preferences were embedded in to care planning documentation.

Global entries were made in daily logs which were not reflective of the care provided. It could not be determined from personal care records how frequently people were offered baths or showers.

There was a clear complaints process that was advertised around the home.

Is the service well-led?

The rating of this key question remains Requires Improvement.

We identified a breach of the regulations meaning the well-led key question can only be rated as requires improvement.

Audits and monitoring tools were in place and used regularly to assess the quality of the service, with action points generated and details of progress clearly documented.

Meetings were held regularly with staff and people who lived at the home to ensure they had input into the running of the home and were made aware of all necessary information.

Requires Improvement ●

Mahogany Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 26 and 28 September 2018. The first day of the inspection was unannounced and the second day was by arrangement with the management.

On the first day, the inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience (ExE). An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services. The second day was completed by an inspector and assistant inspector.

Before commencing the inspection, we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council to help inform our inspection planning.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During the inspection we spoke to the head of quality and performance, the home manager, two nurses, three care staff, chef, cooking assistant, housekeeping and maintenance. We also spoke to six people who lived at the home and five visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included four staff files, seven care files, seven Medication Administration Records (MAR), policies and procedures and audit documentation.

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in July 2017 when we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to ensure sufficient numbers of staff were deployed to meet people's needs timely.

At this inspection we found the provider had addressed staffing and there were sufficient numbers of staff on duty to meet people's needs. Staffing was determined by people's needs and how many people were living at the home. On the day of the inspection, there was a nurse, a senior carer and six care staff on duty in the morning? and in the afternoon, it reduced to five care staff. In addition, there was the home manager, head of governance, activities coordinator, maintenance, kitchen staff and two housekeeping from 08.00 to 18.30 and laundry staff working daily including weekends. This meant care staff were not required to fulfil these additional roles.

People, relatives and staff expressed mixed views regarding the number of staff on duty. Comments included; "Not always enough staff, sometimes there's only been three or sometimes four. The call bell doesn't get answered quickly when they are short staffed", "They're short staffed at times but what's on are super and they go beyond the call of duty. They deserve a medal", "Yes there are enough staff and very friendly." The consensus was at times the home had been short staffed due to unforeseen sickness which had been unable to be covered. People also preferred regular staff than agency which was being addressed through continued recruitment. When agency staff were required, it was familiar staff requested that knew the home to promote consistency.

People living at the home and their relatives said people's safety was maintained because of the care people received. Comments included; "Oh yes, I definitely feel safe in this home. My call bell is always close to hand", "I feel very safe, they always come around at night to see if I'm okay", "I feel safe in general. The call bell is answered quickly all the time."

Accident and incidents were analysed and themes and trends identified to mitigate the risk of re-occurrence. Risk assessments and care plans had been streamlined and the file was easier to navigate. However, care plans were handwritten and the quality of writing was variable which meant it was difficult to read the control measures in place to reduce the risks. Crib sheets containing a risk summary had also been implemented but they were not consistently completed to determine high risk to people. We fed this back to management during the inspection and they commenced addressing this so that all high risks were prominent on the front sheet of the form to alert staff to manage that risk.

We looked at risk assessments in place to mitigate the risk of people developing pressure sores. We saw people identified as being at high risk of developing pressure areas had airflow mattresses. We checked four airflow mattresses and they were to the correct setting for the person's weight. Bed rail risk assessments had been completed prior to the use of bed rails and regularly checked to determine they were fit for purpose.

There were effective systems in place aligned with the local authority to safeguard people from the risk of

abuse. The management kept a safeguarding file which included investigations and recommendations to help prevent future incidents. The staff were clear about what constituted abuse, the signs and symptoms they would look for and procedures in place to raise concerns. Staff said; "If I had a safeguarding concern, I would contact the safeguarding team by phone, complete an incident form and give to the manager", "Safeguarding could be any form of abuse or neglect, I'd document my concern and report to whoever was the most senior member of staff on duty."

Staff were recruited safely. Staff personnel files included application forms, proof of identity, interview questions and responses, contracts of employment and references. There were Disclosure and Barring Service (DBS) checks completed before staff commenced working at the home. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

At our last inspection, we recommended the management refer to Nice guidance (2017) to ensure best practice is adhered to regarding covert medicine administration. At this inspection we found best interest meetings were underway and the management was working with the care commissioning group (CCG) to review everybody's medicines.

We checked seven medicine administration records (MAR). Each of these had been completed correctly, with all medicines signed for. We saw running balances had been kept for boxed medicines, to assist with auditing. MAR charts were stored in a file, with an information sheet in place for each person which contained their name, photograph; to assist with identification, GP details and allergy information. As required 'PRN' protocols were also present, which provided details of the medicine, reason for taking, how often, how to decide if it needed to be administered, actions to take prior to administration; including any alternatives to medication, expected outcomes and follow up to check on the efficacy of the medicine.

Transdermal medicine application records, which included a body map had been used alongside MAR charts, to document where patches had been applied and ensure a different site was used each time, as per administration instructions.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines were kept securely and records were completed correctly, with each person having their own CD register. We checked the records and stock balance of two people's CDs which were correct.

During the inspection we completed a walk round of the building, to look at the systems in place to ensure safe infection control practices were maintained. We found the premises were clean throughout and free from any offensive odours. Bathrooms and toilets had been fitted with aids and adaptations to assist people with limited mobility and liquid soap and paper towels were available, along with personal protective equipment (PPE) such as gloves and aprons. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use.

Maintenance and safety certificates were seen and remained in date, including gas and electricity certificates. Personal emergency evacuation plans (PEEPs) were up to date and grab bags available containing floor plans and people's individual needs detailed in the event of an emergency evacuation.

Is the service effective?

Our findings

We checked the progress the provider had made following our inspection in July 2017 when we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not made sufficient progress to ensure staff received regular training, supervision and an annual appraisal.

At this inspection we found the provider was meeting the requirements of this regulation.

All the people living at the home and their relatives told us they felt staff were sufficiently trained and had the correct skills to provide effective care. Comments included; "As far as I've seen for my own needs they are. They know what they are doing", "They are well trained and they still get more training", "They appear to have all the skills for the job, they all look like they know what they are doing."

The management maintained oversight of training via a training matrix which identified staff training was up to date. We saw staff completed e-learning in core subjects and face to face training when practical support was required, such as moving and handling. Nurses told us management were supportive if additional training was required in bespoke subjects and they felt supported to complete their nurse re-validation. Re-validation is a process nurses complete to maintain their registration with the nursing and midwifery council (NMC).

All new staff to the home received an induction, which included an identified staff member to act as a mentor to support them to complete an induction booklet. New staff shadowed experienced staff and were not counted in staffing numbers during this time. Within the first few months of working at the home, new staff worked through the care certificate which are the minimum standards that should be covered as part of induction training of new care workers.

Supervision records showed staff received regular supervision and had an annual appraisal of their work. Staff confirmed supervision had been consistently provided and spoke favourably of the process.

People's needs were assessed before they moved in to the home. The assessments considered people's physical, mental, spiritual, religion, social and communication needs. People's pre-admission assessments formed the basis of their initial care plans. There was evidence of medical needs being met, such as referrals to podiatry for foot care and regular eye checks. People's blood glucose levels were taken and recorded appropriately. There was guidance in the care plan to aid staff in the management of possible emergencies relating to diabetes and we saw appropriate action taken when people's blood glucose reading was not within their normal range. Staff had regular discussions about people's needs and effective handovers which meant changes in people's needs were immediately communicated and met.

The staff continued to support people to maintain their health. People were weighed monthly and nutritional assessments were completed and dietetic support sought when required. People's healthcare

needs were clearly recorded including evidence of staff interventions and the outcomes of healthcare appointments.

The dining experience was positive. The dining room and kitchen was at the centre of the home and there were pleasant aromas throughout the inspection. The dining room was an inviting space with appropriate pictures of food displayed on the wall, the tables were set with table cloths, vases, place mats and menus for people to choose from three different meal options and dessert. People provided good feedback regarding the quality of the food. Comments included; "The food is good quality and is pleasing, it's varied, different every day. The chef comes around in the morning and ask you what you want. The main chef is fantastic." " There's plenty choice and its good quality, yes I enjoy the meals. They are nutritious."

The chef was organised and each menu option had an allergens and nutrition list to determine the content of the meal. There was an effective system demonstrated to manage people's dietary needs from the chef to staff being aware of people's specialist diets and arrangements to ensure these were met.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider was working within the principles of the MCA. MCA assessments had been completed in relation to making day to day decisions and potential restrictive practices, when a person lacked capacity. DoLS applications had been made and management maintained oversight of where the application was in the process. Best interest meetings were being conducted and advocacy services accessed for people where needed.

Staff provided people with choices and sought their consent before undertaking care tasks. People told us; "They always ask for consent before helping, they encourage you to be independent", "We have meal choices and decide when to go to bed or get up, they always ask for consent before helping you."

The environment was appropriate for the people living there. Corridors were decorated and homely, there were pictures on the walls and a make shift washing line and clothes hanging from the ceiling. People had use of communal areas including two lounges, a tea room and enclosed courtyard and garden. Rooms were personalised and included the person's own belongings, pictures and personal items.

Is the service caring?

Our findings

We checked the progress the provider had made following our inspection in July 2017 when we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's preferences were not being respected regarding who delivered their care and treatment.

At this inspection we found the provider was meeting the requirements of this regulation.

People living at the home told us staff were kind, caring and considerate. Comments included; "The staff are really nice, kind and compassionate people", "I like the staff very much. They have been really good to me", "I think they're great, I have a good laugh with them."

Visiting friends and relatives we spoke with during the inspection also told us they felt a good standard of care was provided at the home. Relatives said; "I was tipped off this was a good place and [my relative] gets well looked after in here", "They are cracking people, a really good bunch of people", "I feel a sense of relief when I leave here, I know [relative] is in good hands."

During the inspection, a pamper session was being facilitated and people had their nails done alongside the hairdresser doing people's hair. We observed people were well presented and their feet, hands and finger nails were clean.

Throughout the inspection, we observed positive interactions between staff and people. Staff gave people time and provided reassurance when people were anxious or unsure. We saw staff sitting with people in the lounge area and throughout the day we observed lots of laughter, and appropriate touching, holding hands and hugging.

People were offered choice about their routines and how they wanted to spend their day. This included participation in activities, where they chose to sit and the food they wanted to eat. People were also able to spend time in their bedrooms if this was something they wanted to do and was respected by staff. People told us they could have visitors when they wanted and relatives confirmed they were not restricted to a visiting time.

People and their relatives told us staff treated people with dignity and respect and we observed people were treated with kindness during the inspection. Comments included; "They treat you with respect and they are very patient. They always knock on your door before coming in", "They knock on your door before coming in and they are patient and give you time to do things. I'm not rushed", "I'm treated with respect and dignity and that's important to me. Staff are patient and take the time to get to know you."

The staff described how they treated people with dignity and respect when delivering care. Staff comments included; "I treat people how I would want to be treated, making sure all their needs are met", "Be discreet when talking with people, knock before entering people's rooms and make sure doors are shut when supporting personal care." "There are bedrooms facing the car park so we always make sure curtains are

closed when supporting people to get dressed."

People and their relatives told us staff promoted people's independence and gave them time to do the things they could for themselves. Comments included; "They do encourage me to be independent and they have helped me achieve a lot. I can do more for myself now", "They encourage [relative] to be independent and to join in. They help [relative] when they need help."

People's communication needs were assessed and met. People had communication plans in place and we observed staff varying how they communicated with people depending upon their needs.

Information was on display in the reception area of the home in relation to advocacy services, complaints and safeguarding procedures.

Is the service responsive?

Our findings

We checked the progress the provider had made following our inspection in July 2017 when we identified a breach of Regulation 9 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider could not demonstrate care was devised and reviewed in conjunction with people and did not maintain contemporaneous records.

At this inspection we found the provider had not met the full requirements of these regulations but demonstrated they were aware of the outstanding actions required and had worked systematically through addressing the breaches identified at the previous inspection.

Care plans mitigated risks but were not person centred or detail people's personal preferences or wishes. The care plans we looked at were prescriptive and task led, focussing on what had to be done and didn't detail how, by whom or when people wanted things doing. This included exploring people's wishes regarding personal care routines which was also raised by two relatives as a concern during the inspection.

We discussed this with the management who showed us their action plan which identified this and it was their intention to start addressing this and amend the care plans to make them more person centred.

Daily logs were kept but the entry was made by the nurse on duty and not the staff member that had completed the care task. This resulted in a global entry in the daily records usually at the end of the shift which generally referred to food and fluid intake and whether the person had been settled that day. Little information was available about people's emotional and social needs, engagement or wellbeing. The daily log was also contradictory to other records maintained to determine whether people's care needs were being met. For example, the fluid intake chart documented the frequency and amount a person had drunk which when calculated demonstrated poor intake but when the daily log entry was made it was documented the person had taken a good fluid intake.

Daily records including records for the use of thickeners in drinks and personal care were not consistently completed to determine people's care needs were being met. The personal care record didn't document whether a bath or shower had been provided and the management were unable to determine whether the time and frequency these were occurring met with people's personal preference and wishes.

This was a breach of regulation 17 as the provider was unable to demonstrate they were maintaining an accurate, complete and contemporaneous record in respect of each person.

People spoke positively of the activities on offer and told us they had improved in the last few weeks. People told us; "I like TV, crosswords and knitting, I keep myself entertained. There's [staff member] she looks after the activities. Yesterday afternoon we went to a dog place down Wallgate." "We have coffee mornings and Friday's has been extended for the Macmillan charity." "They encourage you to join in activities but they don't push you. I look at this activity sheet we are given and decide what I fancy doing."

There was an activities coordinator who was responsible for arranging the daily activities and outings but we observed staff also supported the activities programme. Activities advertised included; newspapers and coffee morning, sing along, one to ones, games, crafts, cinema morning, quizzes, guided reading, mindfulness and pamper sessions. People had been on an outing the day prior to our inspection to doggy care. People observably enjoyed a Macmillan coffee morning during our visit which was facilitated by the staff and relatives had donated cakes and cakes home baked on site to raise proceeds.

People's religious, spiritual and cultural needs were considered and supported. There was a living faith church service held at the home on the last Thursday of each month for people that wanted to participate in the service.

There were end of life plans in care files. Information contained within the care plan included people's preferred place for end of life care. For example, whether the person wanted to stay at the home or go to hospital. There was nobody actively in receipt of end of life care at the time of our inspection. The home was no longer part of the hospice in your care home pilot which was disappointing and the management present had not been aware the home had ever been involved in the pilot.

The complaints process was clear and advertised in the home which identified the procedure to make complaint and the timeframe for response. We saw there had been 11 complaints received in 2018 but we found three of the complaints were not relevant to care. A response had been provided with an outcome to the complainant within the required timeframe. People and relatives told us; "I know how to make a complaint, but the process has never been explained to me." "If I needed to complain, I would go and have a word with the manager." We also noted the home had received eight compliments via cards, letter and email expressing gratitude and thanks for the quality of care provided.

Is the service well-led?

Our findings

Despite the improvements observed, because of the remaining breach identified, well-led cannot be rated higher than requires improvement which means the home has been rated as 'Requires Improvement' for a third consecutive time.

The home has been rated as 'Requires Improvement' on two previous consecutive occasions. At this inspection, it was evident that the provider, management team and staff had worked hard to make improvements. People were receiving safe and effective care. There were, however, areas of practice that needed further improvement and embedding in practice to ensure that the improvements made could be sustained.

The home is required to have a registered manager. 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 has not retained a registered manager throughout the three inspections. There have been seven different management arrangements dating back to January 2016 and despite the current management having made progress, there will be further management changes following the appointment of a registered manager.

The most recent registered manager left the home in early August 2018. The deputy manager also left at the same time as the registered manager. They were replaced in the interim by the clinical lead who stepped up as the home manager for six months as they had knowledge of the systems in the home and built a rapport with staff. Since the home now had neither a clinical lead nor a deputy manager, the acting home manager was being supported by the head of quality and governance. It was their intention to remain at the home to maintain continuity and support the new management team once a manager that would register with CQC and a deputy manager commenced in post.

The acting home manager and the head of quality and governance saw their role as taking the home back to the basics of safe and effective care following a period of concern about the quality of care and the improvements required not being made. We found the oversight and quality assurance provided was effective and the issues identified during the inspection had already been found by the providers own monitoring procedures. Areas of improvement had been made and the remaining actions were being systematically addressed and embedded in to practice.

The home benefitted from an established staff team with some staff members having worked at the home for many years. Staff spoke positively of the current and previous management. They told us management were approachable and they felt supported but they said they wanted a consistent manager that they could build a rapport, confidence and trust.

Communication and support of staff had improved through regular training, supervision and meetings. There was a daily flash meeting where heads of departments attended with management daily at 11.00 to

identify whether there were any issues or concerns that day and to confirm they had the required staff. Residents, meals, maintenance, housekeeping were all discussed to ensure management maintained oversight and could provide support if required.

Meetings with people, relatives and staff were monthly and provided the opportunity for feedback about the quality of care provided and to discuss suggestions for improvements. People and relatives said; "We have regular meetings where you get updated and can put forward suggestions."

People and relatives told us the home was well led and they would recommend the home to others. Comments included; "It's well managed by the stand in manager, she's lovely. We will have to see how the new manager does. Now there is an open, positive culture about the home, I certainly would recommend this place." "The home is well managed. There's a nice atmosphere about the place. I would recommend this place."

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications timely from the home.

The ratings from the last inspection were displayed in the home entrance which was accessible to all people who came into the home. The policies and procedures were available and staff confirmed being kept up to date of changes with legislation and procedures at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider was unable to demonstrate they were maintaining an accurate, complete and contemporaneous record in respect of each person.