

Dovestone Estates Limited

Wray Common Nursing Home

Inspection report

Wray Common Road
Reigate
Surrey
RH2 0ND

Tel: 01737240563

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06 March 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Wray Common Nursing Home is a care home providing accommodation and personal care for up to 55 older people, who may also be living with dementia. The accommodation at Wray Common Nursing Home is set over two floors. Lounge and dining areas are available on each floor although the downstairs communal areas are predominantly used. The upper floor is accessible via two lifts. There were 44 people living at Wray Common at the time of our inspection.

People's experience of using this service:

At our last inspection we found that there were not always sufficient staff deployed to meet people's needs and that non-care staff had not had a police check completed, medicines management processes were not always robust and infection control procedures were not consistently followed. Although people were receiving responsive care, records were not always up to date and quality assurance processes were not effective in identifying shortfalls in the service provided. At this inspection we found although some of these concerns had been addressed, there were still areas of the service which required continued improvement.

The registered manager told us most people living at Wray Common were living with dementia. However, we found that the provider had not given sufficient consideration to ensuring the environment was designed to meet the needs of people living with dementia and staff had not received training in this area. Records did not always contain guidance for staff on how to provide people's care and people's life histories were not always known to staff. There was little engagement or activity provided to people who spent most of their time in their rooms. The registered manager told us they were exploring ways of making activities more person centred.

There was a lack of robust management oversight in some areas of the service. Whilst improvements were noted in audits and spot checks in some areas these principles had not been applied throughout the service. The provider had not ensured that effective quality assurance processes were in place to support the registered manager and staff in their roles. Where possible, the registered manager responded immediately to concerns noted in people's care records.

Feedback received from people and their relatives was positive regarding the service they received. People described staff as caring and told us they felt happy and safe living at Wray Common. Feedback received by the CQC since our last inspection was all positive and reflected that staff and the registered manager were always willing to help solve any concerns. Visitors were welcomed into the service and we observed staff greet them by name.

There were sufficient staff available to support people and this was monitored on an on-going basis. Staff told us they felt supported in their roles and received regular supervision. People were supported by caring staff who provided choices regarding their day to day care. Visitors were made to feel welcome to the service and people's religious beliefs were respected. Staff treated people with dignity and ensured their privacy was respected when supporting them with personal care.

There was good communication between care, staff nurses and management regarding people's healthcare needs. This meant that healthcare concerns were addressed promptly and advice from professionals was followed. Robust medicines processes were followed and people received their medicines in line with their prescriptions. People told us they enjoyed their food and were provided with alternatives. Where people required support to eat this was provided in a caring way.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published on 15 February 2018)

Why we inspected: This was a planned inspection based on the previous rating

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We will check that the provider has made the improvements we identified as necessary through further inspections.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement 

Wray Common Nursing Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of two inspectors, a specialist nurse with specialist knowledge of a service of this nature, 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.

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

There was a registered manager in post who supported us to access information during our inspection. 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.

Notice of inspection: The inspection took place on 28 February and 6 March 2019. The first day of our inspection was unannounced. We informed the registered manager we would return for the second day of our inspection.

What we did: Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us

in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we spoke with six people who lived at the service and five relatives. We observed the care and support provided to people. We also spoke with the provider, registered manager and seven staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at nine care plans, five staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

Following the inspection, the registered manager sent additional information and updates relating to staff training, meeting minutes, care records and survey results.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in January 2018 we found that people were not always provided with safe care. There were not always sufficient staff to meet people's needs, risks to people's safety were not always monitored and safe infection control procedures were not always followed. We also made recommendations regarding in relation to staff recruitment procedures and medicines management. At this inspection we found that improvements had been made in all areas although guidance and recording in relation to risk management required additional monitoring in some areas.

Assessing risk, safety monitoring and management

- Guidance to staff in how to monitor and manage risks to people's safety were not always clearly recorded. Care records did not always contain guidance to staff on the risks associated with specific health conditions such as diabetes, epilepsy or catheter care. Some people's care plans contained contradictory evidence regarding how their care should be provided. However, we observed effective communication between care staff and nursing staff regarding people's health which helped to reduce this risk. The registered manager acknowledged care plans needed to accurately reflect risks to individuals. They ensured that people's records we discussed with them were updated immediately. They assured us a full review of risk management plans would be completed.
- In other areas we found that risks were managed safely. Risk assessments had been completed in areas including skin integrity, falls and malnutrition. Safety measures had been implemented to minimise risks. Where people were at risk of falls, relevant professionals had been consulted to ensure they had access to appropriate equipment.
- Care plans had been transferred to an electronic system which highlighted risks to people's safety. As people's care was provided, staff were able to update the system immediately which meant risks could be continually monitored. For example, staff could see at a glance if people had had sufficient fluids and had been repositioned regularly to minimise the risk of skin breakdown.
- Health and safety checks were completed regularly and any concerns addressed promptly. The servicing of hoists and firefighting equipment was completed in line with requirements and relevant health and safety certification was in place. Each person had a personal emergency evacuation plan to guide staff and the emergency services in the support they would require to remain safe in the event of an emergency.
- The provider had developed a contingency plan. This guided staff on the action to take should unforeseen circumstances arise to ensure people continued to receive their care.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Wray Common and there was a relaxed atmosphere between people and staff. One person told us, "I'm happy here and I feel safe."
- Staff had received safeguarding training and were able to describe the different types of potential abuse. They were aware of reporting procedures and how to alert external agencies to any concerns. One staff

member told us, "I would report all abuse to the manager, if I did not think they had acted on it then I would report it to CQC, police and social service."

- Information was displayed to inform people, relatives and staff how they could report concerns. Where required, the registered manager had informed the local authority of any safeguarding concerns.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs in a timely manner. People and their relatives told us they felt there were enough staff. One person told us, "There's mostly enough staff. They come when I need them." One relative told us, "I have never seen as many staff in a home."

- We observed staff had time to spend with people in communal areas and call bells were answered promptly.

- Staff members told us they felt there were enough staff although it would be beneficial to have more time to spend with people in their rooms. One staff member told us, "We are always with people when they need help and we can be with them in the lounge. It would be nice to sit in their rooms with them more than we do."

- The registered manager told us that since our last inspection they had recruited additional staff members to support people at key parts of the day such as the mornings and meal times. Staff confirmed this had been beneficial.

- Robust recruitment checks were completed which included all potential staff completing an application form and undergoing a face to face interview. Disclosure and barring service checks (DBS) were completed prior to staff starting their employment.

Using medicines safely

- Safe medicines procedures were followed. Each person had a medicines administration record (MAR) which included important information such as allergies and an up to date photograph.

- We looked at ten MARs and found they had been completed accurately with no unexplained gaps or omissions.

- Medicines were securely stored in lockable medicines trolleys within a secure room. Medicines trolleys were clean and tidy and there were sufficient supplies of medicines. Any medicines that were not used and needed to be returned to the pharmacy were recorded. The temperature of the medicines rooms and medicines fridge were checked daily to ensure medicines were stored in line with manufacturer's guidelines.

- There were clear instructions for 'when required' medicines (PRN). The instructions gave staff details on when and how the medicines should be administered which helped to minimise the risk of errors.

Preventing and controlling infection

- Safe infection control procedures were followed. Staff used appropriate personal protective equipment such as gloves and aprons when supporting people with their care. Safe hand washing facilities were available and used by staff.

- Infection control audits were completed by the registered manager to monitor staff practice.

- The laundry area was organised to ensure that soiled and clean items did not come into contact with each other.

- Mattresses and bedding were clean and regularly checked to ensure they remained fit for purpose.

Learning lessons when things go wrong

- The registered manager maintained an accident/incident log which was completed in detail. This was monitored in order to identify any trends and relevant action taken. Where people had experienced falls, they had been referred to healthcare professionals for advice and this had been followed by staff.

- The service had recently been closed to visitors due to a virus. Safe procedures had been implemented and detailed recording maintained of the relevant professionals involved and how their advice had been followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection we found there was a failure to follow the legal requirements in relation to consent. We also made a recommendation regarding staff supervision being in line with the providers policy. At this inspection we found that improvements had been made in both areas although continued monitoring of some areas of the Mental Capacity Act 2005 was required. In addition, we identified concerns in relation to the design of the environment in meeting the needs of people living with dementia and regarding the training staff received.

Adapting service, design, decoration to meet people's needs

- Some aspects of the environment were not set up to meet the needs of the people living at Wray Common. Although the service was well decorated, sufficient consideration had not been given to making the service more dementia-friendly. For example, neutral colours had been used throughout the service which did not assist people living with dementia to orientate themselves. Patterned carpets were used in all communal areas which can cause confusion for people living with dementia. There were no photographs or memory aids on people's bedroom doors to help people orientate them to their room.
- We spoke with the provider who told us they were willing to explore these ideas although they had not received any complaints about the environment. They told this had not been a priority due to the layout of the property not being suitable for people who may spend their time walking around the building without staff support. However, this does not take into consideration the need to support people to feel orientated and secure in their environment.
- Most people choosing to spend time in communal areas sat in one of the three lounges. Chairs had been arranged around the edges of the large room. We spoke with the registered manager about how this could be arranged to create a homelier environment which made it easier for people to communicate with each other. They told us they had previously looked to cluster chairs differently but found this difficult due to the shape of the room. The assured us they would look at this again and discuss ideas with people and staff.
- Other aspects of the service were designed to meet people's needs. All floors were accessible by lift. The provider had submitted plans to extend one of the lifts to accommodate larger wheelchairs and stretchers. Adapted bathrooms were available and en-suites fitted in bedrooms. Handrails were fitted around the building to support people when walking although these were not distinctive in colour make them stand out to people.

We recommend the provider looks how the environment could better meet the needs of the people living at the service.

Staff support: induction, training, skills and experience

- People told us they felt the staff were trained to provide their care. One person told us, "The staff are well trained. They have regular training days and the night staff come in for these as well."
- Despite these comments we found that training in areas specific to people's needs was not always completed by staff. The registered manager told us the majority of people at Wray Common were living with dementia. Despite this, the staff we spoke with told us they had not completed training in dementia care and records confirmed this was the case.
- The provider had not ensured the Care Certificate was fully completed and embedded into practice. The care certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. The provider told us they had recently changed their provider of the training element of the course to make it more accessible for staff as they had fallen behind in the completion of the training. They told us they believed that nursing staff then assessed staff competence to ensure staff could put this knowledge into practice. However, nursing staff told us they were unaware of this and had not signed off staff as competent in the Care Certificate standards.

We recommend staff complete training in areas specific to people's needs and are supported to complete the Care Certificate in a timely manner.

- Staff received an induction into the service and staff told us they found this useful. One staff member said, "I started by doing training and then I shadowed staff to learn about them all (people) individually. I felt very welcome and supported."
- Staff received supervision to support them in their role. Staff files contained evidence of supervisions and staff confirmed they regularly met with a senior member of the team. One staff member told us, "I have supervision every two months. I can talk about anything I want. Anything you ask for the management try their best to sort out. You can speak to any of them."

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's legal rights were protected although continued monitoring of processes was required.
- Decision specific capacity assessments had been completed for areas including consent to care, locked exits and the use of bedrails. Where this had determined that people lacked capacity, best interest decisions had been recorded and where appropriate, relatives and professionals were involved. However, best interest decisions were all contained within one document rather than based on each individual decision. This meant there was a risk that consideration would not be given to each area and the least restrictive option considered.
- DoLS applications had been submitted to the local authority where applicable. However, we found two people's DoLS authorisations had expired and had not been reapplied for. The registered manager provided

evidence these had been submitted during our second day of inspection.

- Staff understood the need to gain people's consent prior to providing their care. We observed staff asking people what they wanted to do and giving people various options.

We recommend that additional monitoring of systems are implemented to ensure the principles of the MCA processes are followed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the service to ensure they could be met.
- Assessments contained information regarding the care people required, medical conditions and health needs in addition to personal information relevant to their care.
- Nationally recognised tools were used to monitor people's health and well-being such as malnutrition screening.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food and told us that alternatives were offered. One person told us, "I like the food; my favourites are egg and chips and fish and chips." A second person said, "The food is not always to my liking, but there is always a choice and they will offer you something else if you don't like the choices." One relative told us, "He is eating better here than he was in hospital."
- A range of options were available to people at each mealtime. People were asked to make choices in advance rather than being offered a visual choice which may be beneficial to people living with dementia. However, we saw that where people did not want their meal, alternatives were offered.
- Staff were aware of people's dietary requirements and ensured these were met. Where people required their meals to be of a modified consistency such as pureed, this was presented attractively.
- There was a pleasant atmosphere in the dining area at lunchtime and where people required support this was provided at their pace.
- People's weight was monitored regularly and referrals made to healthcare professionals where significant changes were noted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with the local authority and a range of health and social care professionals to support people's needs.
- People told us they had regular access to healthcare professionals. One person said, "They send for the doctor if need be, my fingernails are cut and filed by one of the carers and the chiropodist comes for my feet. [Opticians] come very regularly."
- Where specialist support was required referrals were made to relevant professionals such as occupational therapy, falls team, tissue viability nurse and dietician.
- People were supported to attend hospital appointments as required.
- The service had close links with the local hospice who they could call on at any time for support and advice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring and treated them with kindness. One person told us, "The staff are very kind, they are all lovely." One relative said, "This is the best of the best, it is like home from home."
- Staff knew people well and had developed positive relationships with people. We observed staff chatting and laughing with people throughout the day. One relative told us, "Wonderful staff they are always chatting to my husband, they are all so caring." We observed staff reassuring people about what was happening during the day and were sensitive when people were disorientated with where they were.
- Visitors told us they were made to feel welcome when visiting their family members. One relative told us, "All the staff know us and they're always welcoming and friendly. Always have a smile for you." There were no restrictions on the times people could receive visitors. One person told us, "My sister can visit any time."
- People were asked about their religious and cultural views during assessment and the registered manager told us that arrangements would be made for people should specific requests be made. A regular church service was held at Wray Common and holy communion was provided when requested by people.
- The registered manager told us there was no one currently identifying as being from the LGBTQ community living at Wray Common. They told us they were developing the role of an LGBTQ champion for the service who people could speak to if they wished. We saw evidence this was the case.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. We observed staff asking people's preferences throughout the day regarding decisions such as where they would like to sit, which activities they would like to take part in and what drinks they would prefer. Staff were respectful of people's choices and always checked that people were comfortable.
- People and their relatives were involved in the assessment process and developing care plans. One person told us, "They spoke with us and asked what I needed help with. They always ask. They're very kind people."

Respecting and promoting people's privacy, dignity and independence

- People told us they treated them with respect. One person told us, "I definitely get treated with respect and dignity."
- Staff told us they ensured that people's privacy was respected and they felt comfortable when being supported with their care. One staff member told us, "I make sure that bedroom doors and curtains are closed when I help people with their personal care and I also cover up any exposed parts of their body."
- We observed staff spoke to people about their personal care needs discreetly and ensured that care was provided in privacy. Staff were seen to knock on people's doors before entering and were heard to use people's preferred names. When supporting people with the hoist, staff covered their legs with a blanket to

preserve their dignity.

- People's independence was encouraged. We observed people being supported to mobilise with the use of equipment. Staff told us they encouraged people to be independent with their own personal care wherever possible and people confirmed this was the case. At lunchtime, adapted crockery was available to enable people to eat without staff support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- Information regarding people's needs and life histories was not always available to staff. The electronic care planning system had been in place for over two months at the time of our inspection. The registered manager told us that everyone's care plan had been transferred onto the system and staff were able to access these on their mobile devices. However, not all care records had been completed comprehensively. Some people's records did not include information regarding their needs in areas such as communication, emotional support, medical history and mental capacity.
- The support people required to clean their teeth or dentures was referred to in care plans however, there were no specific oral healthcare plans in place. This is of importance to people who experience swallowing issues.
- Information about people's life histories, hobbies and interests was not always comprehensively recorded and known to staff. One person's care records stated in the 'My Life History' section, "We don't know any significant loss or achievements from [name]'s life.' We spoke with the person who shared memories of their career with us at length. When we asked some staff about people's lives they described their care needs and were unable to tell us about people's families, their occupations or interests.
- There was a lack of activities for people who spent time in their rooms. On both days of our inspection over half of the people living at Wray Common spent their time in their rooms. However, we did not see activities being offered to people in their rooms and staff did not spend time with people unless they were providing their care. One person told us, "Well it would be nice to have more people to talk to here. I don't like being with everyone downstairs but it can get lonely." Activity staff told us they allocated time to spend with people in their rooms in the afternoon although this was unsuccessful, "I come upstairs to chat with people about 3 o'clock but I struggle to find anyone whose awake at that time." Consideration had not been given to how activities could be arranged differently to accommodate people's needs.
- The registered manager and provider informed us that the service had three volunteers visit the service who would spend time with people in their rooms. The registered manager told us they would stay for approximately an hour each week. Whilst this provided some company for people it was not sufficient to ensure people who remained in their rooms had regular social contact.
- Activities were seen as the responsibility of the activities staff member rather than involving the whole staff team in order to create smaller groups and individualised activity plans for people.
- Activity staff had not received training in providing activities to people living with dementia. The registered manager told us they had a meeting planned with the activities co-ordinator to look at how activities could be made more person centred.

The lack of consistency within care records, staff knowledge of people's life histories and access to meaningful activities for people was a continued breach of regulation 9 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

- We found in other areas people's care records provided a detailed overview of people's needs, preferences and life histories. Some staff members clearly knew people well and told us they spent time getting to know people by talking to them and their relatives.
- Feedback from people who joined in activities in communal areas was positive. One person told us, "I like the activities, we have quizzes, we do singing and occasionally do painting. Nothing much goes on at the weekend. I attend communion once a month." People told us they enjoyed the activities provided by external entertainers. One person said, "I enjoy some of the activities. There has been a harpist, we had a visit from a reptile expert (with snakes and snails etc) and also a dog visitor." Two volunteers visited the service on a weekly basis to spend time with people.

End of life care and support

- The service had received numerous thank you cards and compliments regarding the care they had provided to people at the end of their life. Comments reflected on the caring approach of staff towards people and their relatives.
- Nursing staff received regular refresher training in providing care to people at the end of their lives to ensure they were comfortable and did not experience pain.
- The registered manager told us they were aware of the impact on staff of supporting people at the end of their life and sought to ensure that they were supported through the grieving process.
- During our inspection we found care records did not always include information regarding the care people wished to receive at the end of their life. Where information was present, this was completed in a standardised manner rather than including personalised information regarding the persons wishes. Following the inspection, the registered manager sent us examples of care plans which had been updated and gave guidance on people's individual requests and preferences.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint and felt concerns would be taken seriously. One person told us, "I would go to see the matron if I needed to complain. I could leave things in her hands."
- A complaints policy was in place which highlighted how concerns would be dealt with and gave set timescales for complaints to be responded to.
- There was a complaints log in place which showed that concerns had been responded to in line with the providers policy. Where required, investigations were completed and responses provided to the complainant.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection we found there was a lack of robust quality assurance monitoring and record keeping. At this inspection we found that although some improvements had been made there was a continued lack of management oversight of the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives told us they felt the service was well run and the registered manager was approachable. One person told us, "The home is very well run, I see [registered manager] a lot." One relative told us, "I think the home is run well. The manager is wonderful, you can always go and talk to her."
- Despite these comments we found there was a lack of managerial oversight regarding how some of the stated aims of the service were being met. The registered manager told us the majority of people at Wray Common were living with dementia. The providers website stated, 'Our handpicked team of staff at Wray Common Nursing Home in Reigate Surrey, provides both Alzheimer`s and Dementia care for our residents and are devoted to their needs 24 hours a day.' However, as described within the report, consideration had not been given to the ensuring the environment was suitable for the needs of those living with dementia and staff had not all received dementia training.
- The provider and registered manager had not identified concerns regarding the lack of activities and stimulation people who spent most of time in their rooms received. This meant the risk of people becoming socially isolated had not been identified and acted upon.
- There was a lack of co-ordination regarding staff training and competence which had led to staff not fully completing the Care Certificate.
- Whilst the introduction of electronic records had led to positive changes in some areas, the implementation of the system had not been robustly managed. This had led to staff not always having access to comprehensive information about people and their care needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements had been made to quality audit process although further work was required in some areas. Systems had failed to identify the shortfalls within risk management plans, staff training and delays in reapplying for DoLS. The registered manager told us the electronic care system had a range of reports and audit tools which they were in the process of implementing to support the auditing process.
- The provider was based at the service and met with the registered manager regularly. However, the provider did not complete any quality assurance monitoring to support the registered manager in identifying areas of improvement and continued service development.

The lack of management oversight of some areas of the service was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits were completed in areas including health and safety, kitchen safety, infection control and medicines. Where any shortfalls were identified these were actioned immediately and discussed in handovers or staff meetings to ensure staff were aware of their responsibilities. In addition, the registered manager conducted spot checks on a regular basis. These included unannounced checks at night and weekends, checks of kitchen compliance, lunch service and housekeeping.
- The registered manager was visible within the service and spent time speaking with people. We observed the registered manager spend time sitting with people in the lounge and speaking to people about their families and interests. Where concerns or requests were made these were passed onto staff to be actioned.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Records were securely stored.
- The registered manager regularly attended managers forums run by the clinical commissioning group and attended the registered nursing associations conferences in order to keep up to date with local and national initiatives.
- There was an open approach to liaising with relatives regarding their loved one's care. Relatives told us that they were contacted immediately if there were any concerns regarding their family members wellbeing. One relative told us, "They always ring me if there is any problem at all. I find that very reassuring."
- Staff were positive about the service and told us they enjoyed their role. The registered manager told us they had an open-door policy and staff were encouraged to develop their confidence in bringing forward ideas to develop the service in a person-centred manner, "At handovers and meetings we discuss people to share information between carers. We are trying to promote a culture where staff see people as individuals."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were given the opportunity to give feedback on the service provided. Resident and relatives meeting were held and people's views and suggestions sought. The registered manager told us the meetings had not happened regularly the year but had now been scheduled and were taking place. Minutes reflected the agenda previous covered updates regarding the service, staffing, food and activities. Where suggestions were made these were actioned. For example, one relative had requested a board for staff names and photographs. We saw that this had been purchased and was in the process of being completed.
- Satisfaction surveys were distributed on an annual basis. Responses received were positive with 92% saying they were very satisfied or satisfied and 8% saying they were fairly satisfied with the service they received.
- Staff told us they felt supported by the registered manager and management team. One staff member told us, "The management are all really helpful; really nice and supportive. Everything you ask for (registered manager) tries her best."
- Staff meetings were held regularly. Staff told us they felt able to discuss any concerns openly and these would be acted upon. One staff member said, "Matron asks us in staff meetings if we have any suggestions. For example, we asked if staff could be matched in height when allocating staff to work together. This is now done, it makes moving and handling much easier."
- Since our last inspection the provider had developed a staff survey to gain feedback on any improvements they felt could be made to the running of the service.
- The service had developed positive working relationships with other professionals which meant advice and support could be accessed as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider had failed that care records were consistent, that staff were knowledgeable about people's life histories and that people always had access to meaningful activities.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to ensure consistent management oversight of the service.
Treatment of disease, disorder or injury	