Norwood House Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 31 August 2016 and 1 September 2016 and was unannounced. We last inspected the home on 10 April 2014. The provider was meeting the requirements of the regulations we inspected against.

Norwood House is registered to provide nursing care to older people, people with physical disabilities and people living with dementia. The home can accommodate up to 31 people. At the time of our inspection 29 people were living at the home.

The home had 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 had breached the regulation relating to good governance. Standard risk assessments were carried out for people. However, we found there were no other bespoke risk assessments in place for people, such as in relation to behaviour that challenged others. Dependency assessments had not been updated to reflect people's current needs. The provider did not have a comprehensive system to evidence staffing levels were appropriate.

You can see what action we have asked the provider to take at the back of the full version of this report.

People, relatives and care workers told us enough care workers were deployed to meet people's needs. The provider did not have a comprehensive system to evidence staffing levels were appropriate. We have made a recommendation about this.

People told us they were happy with their care and the care workers providing it. They said they were cared for by a kind and caring staff team who treated them with respect.

People and care workers said the home was a safe place to live.

Care workers showed they had a good understanding of safeguarding adults and whistle blowing. They also knew how to report concerns. All care workers said they would have no hesitation raising concerns to keep people safe.

Medicines records supported the safe administration of medicines. Medicines administration records (MARs) were accurate and medicines were stored securely.

Regular health and safety checks were carried out to help keep the home safe for people to live in, such as checks of fire safety, water, gas and electrical supplies. Procedures were in place to guide care workers on

people's care needs in an emergency.

Incidents and accidents were investigated with action taken to help prevent the incident happening again.

Care workers received good support including regular one to one supervisions and appraisals. The provider had not ensured staff had all the training they needed when it was due, as some essential training had been completed after our inspection visits.

People gave positive feedback about their meals. Care workers supported people to have enough to eat and drink in line with their assessed needs.

The provider acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005. Deprivation of Liberty Safeguards (DoLS) were in place or had been applied for where people were unable to consent to their placement in the home. Care workers supported people to make as many of their own choices and decisions as possible.

Records confirmed people had regular input from external health professionals, such as GPs and specialist community nurses.

People's needs had been assessed and personalised care plans developed. Care records provided care workers with information about people's preferences and 'life history.'

The provider had worked towards and achieved the nationally recognised Gold Standard Framework (GSF) for end of life care.

Activities were provided to keep people occupied, such as bingo, games and sing songs.

People and relatives knew how to complain. They told us they did not have any concerns about their care. Previous complaints had been thoroughly investigated and resolved.

People said the home was well-led and had a good atmosphere. Regular quality assurance checks were carried out. These had been successful in identifying areas for improvement.

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.

Effective recruitment checks had been carried out to ensure care workers were suitable for their role.

Medicines were managed correctly.

Care workers had a good understanding of safeguarding and whistle blowing, including how to report concerns.

Regular health and safety checks were completed.

Is the service effective?

Good

The service was effective.

Care workers received one to one supervision and appraisal. Some essential training was not up to date but was completed shortly after the inspection.

The provider followed the requirements of the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS).

Care workers supported people to meet their nutritional needs.

People had access to the external health care services.

Is the service caring?

Good

The service was caring.

People and relatives gave positive feedback about the care provided at the home.

Kind and caring staff provided people's care.

People were treated with dignity and respect.

The provider had achieved recognised accreditation in end of life care.

People were supported to make choices so their preferences were met.

Is the service responsive?

Good

The service was responsive.

Personalised care plans had been written following an assessment of people's needs.

An activity programme was available for people to access if they wanted.

Complaints were dealt with in line with the provider's agreed procedure.

Is the service well-led?

Requires Improvement

The service was not always well led.

Individual risk assessments had not been carried out and some assessment records were not up to date.

There was no effective monitoring system in place to provide assurances appropriate staffing levels were deployed.

People and care workers told us the registered manager was approachable.

Relatives and care workers felt there was a positive atmosphere in the home.

Regular quality assurance checks were carried out.

Norwood House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 31 August 2016 and 1 September 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also viewed the recent reports from local authority and clinical commissioning group reviews of the home. During the inspection we spoke with a visiting GP and a specialist community nurse.

The provider completed a provider information return (PIR) prior to the inspection. 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service and eight relatives. We also spoke with the registered manager, a nurse, a senior care worker and a care worker on a one to one basis. We observed how care workers interacted with people and looked at a range of care records which included the care records for three people, medicines records for ten people and recruitment records for four care workers.

Good

Is the service safe?

Our findings

People and relatives felt there were enough care workers on duty to meet their needs. One person commented, "There are quite a few [care workers on duty]." Another person told us, "They come round several times and ask if you need anything." One relative said, "There seems to be enough [care workers on duty]." Another relative told us, "I think there are enough staff." A third relative commented, "Yes I do [think there are enough staff]. I come at night so you see more." A fourth relative commented, "They seem to have a lot of the same staff. They don't want to move on."

Care workers also told us there were enough staff. One care worker told us, "With the levels now we manage pretty well. We try to get people to be very independent so care takes a bit longer. Residents get their needs met first [before those of care workers]." Another care worker said, "Staffing levels are safe, there must be one [care worker] in the lounge to supervise." The registered manager told us staffing levels were flexible and adapted to suit the changing needs of people. For example, when required a twilight shift was provided to support the night staff.

People said they felt safe living at the home. One person told us, "I do feel safe. I was falling at home, I am not falling as much." One relative said, "Security was fantastic, the doors were always locked very securely." Care workers also told us they felt people were safe. One care worker said, "Yes they are safe, doors are key coded and stairs are key coded."

Care workers demonstrated a good understanding of safeguarding adults, including how to report any concerns they had. They knew about various types of abuse and potential warning signs to look out for. All care workers told us they would report concerns directly to a senior person including the registered manager. The provider's safeguarding log confirmed that the four safeguarding concerns received during 2016 had been referred to the local authority safeguarding team as required and investigated fully. Lessons learned had been identified and shared, such as implementing specialist equipment to reduce falls in the home.

Care workers were aware of the provider's whistle blowing procedure. None of the care workers we spoke with had used the procedure whilst working at the home. One care worker told us, "If I had concerns I am confident I can raise issues easily." Another care worker commented, "Concerns would be welcomed, [registered manager] is a fair manager. Concerns would be dealt with effectively and quickly." A third care worker said, "Concerns would be dealt with correctly."

All people were routinely assessed to help protect them from a range of potential risks. This included risks associated with poor nutrition, skin damage and mobility. These assessments were reviewed monthly so they were relevant to people's current needs.

Medicines records supported the safe management of medicines. Only trained care workers whose competency had been checked administered medicines to people. Medicines administration records (MARs) were completed correctly to accurately account for the medicines people were given. Where medicines

hadn't been given codes were used to confirm the reason, such as a person refusing or medicines not required. Medicines were stored securely in locked medicine trolleys. Checks were also carried out to ensure medicines which needed to be kept chilled were stored at the correct temperature. Other medicines records, such as for the receipt and return of unused medicines were up to date.

There were effective recruitment checks in place to confirm new care workers were suitable to work with the people living at the home. Records we viewed confirmed pre-employment checks had been carried out, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people.

The provider carried out health and safety checks to help keep the premises safe for people to live in. These included checks of the fire safety systems, water safety, gas and electrical safety and the environment. These were up to date at the time of our inspection. The provider had documented procedures to deal with emergency situations, such as a business continuity plan and personal emergency evacuation plans (PEEPs). Important information needed during an emergency was located in a red box in the reception area for easy access. This included detail of each person's individual support needs in an emergency. PEEPs provided a summary of people's support needs should they need to be evacuated from the building in an emergency.

Records showed individual incidents and accidents, such as falls had been dealt with at the time of the incident. A falls diary was kept for each person so that a falls history was available, as well as details of any action taken to help keep them safe. Incidents and accidents for the whole of the home were reported to the clinical commissioning group (CCG) every three months. 'Patient safety incident reports' we viewed included details of safety incidents and details of action taken to respond to incidents.

Good

Is the service effective?

Our findings

The training matrix we viewed during the inspection identified gaps in essential training. For example, three care workers had not completed safeguarding training and care workers had not completed challenging behaviour training. The registered manager advised us the matrix required updating as some of this training had been completed and some care workers had left their employment. An updated training matrix was provided by email shortly after our inspection visits. This confirmed most training was up to date. However, we noted 'challenging behaviour' training for three out of six care workers and 'dementia awareness' training for two out of six care workers had only been completed after our inspection visits.

Care workers were well supported to carry out their caring role. One care worker told us, "The manager supports us, she is always available if I need her. When she is not on duty she is always at the end of the phone." Another care worker said, "We are really well supported. The manager is good at guiding us, assessing our knowledge and explaining things. We all look after each other." Records were kept of supervision and appraisal meetings between care workers and managers.

Care workers were supported to complete the training they needed. New care workers had completed the care certificate a part of their induction programme. This included all of the essential training they needed, such as person-centred care, nutrition, safeguarding and infection control. One care worker told us, "[Registered manager] does some clinical supervision and flags up training for us. We have had quite a lot of training this year. I have safeguarding training next week and I have done diabetes training. We did mandatory training in the past couple of months involving everybody." Another care worker commented, "Training is really good."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for all people using the service following a MCA assessment. These had either been authorised or were in the process of being assessed by the local authority.

Care workers described to us how they supported people with decision making. They said they used communication books and showed people meals, drinks and clothes to allow them to point out their preference. We observed many examples of this happening during the two days of our inspection,

particularly in relation to meal time choices.

People were supported to make their own decisions and choices. One person told us, "I like my own opinion. If they [care workers] say anything I disagree with I say I don't agree with them. I can do what I like." One relative said, "[Family member] can't make their needs known. Even though [family member] can't say whether they like coffee, tea or juice they still ask [family member]." One family member with power of attorney confirmed the provider always involved them in decisions about their family member's care.

Care workers understood the importance of obtaining consent from people before providing any care or support. One care worker commented, "We ask people what they want and how we can help."

Care workers gave us examples of the strategies they used in the home to support people when they displayed behaviours that challenged. These included people having quiet time, diversion and distraction with an activity. One care worker told us, "We give time, we don't rush people. It makes for a happy home." All care workers confirmed physical restraint was never used in the home.

We received positive comments from people and relatives about the meals provided at the home. One person commented, "The food is alright, you get a choice. If you don't want it you don't have it." One relative commented, "[Family member] used to say the food was lovely here." People were enabled to make choices about what they wanted to eat and drink. We observed the cook went around the home with a large photo menu each morning. This meant people could make their meal choices verbally or through pointing to their preference. We saw this worked well with most people being able to make a choice. One relative said, "They have coloured charts for dinner. They show [family member] a picture which is a good idea."

We observed during the lunch time meal to help us understand how well people were supported. We found prior to people being brought into the dining room, tables had been set with table cloths and cutlery. Crockery specially designed for people living with dementia was used to help people eat and drink independently. Care workers asked people where they wanted to sit on the dining room. We overheard one person saying they would like to sit at a table with a green placemat. Care workers supported the person to meet this preference by guiding to a suitable table. Drinks were available for people when they arrived in the dining room. People were shown jugs of squash to choose from, which they did either verbally or through pointing to the drink they wanted. People sat at tables in small friendship groups of three to four people. Most people we observed were independent with eating and drinking. However, where they required assistance care workers provided this without any interruptions and at the person's own pace. Special diets were catered for in accordance with people's dietary requirements, such as pureed meals and thickened drinks. Various appetites were also catered for with people offered various portion sizes to choose from.

Adaptations had been made to the home to improve the care of people living with dementia. For example, improvements to the environment, specialist equipment and the development of life histories. One relative described how the provider had made changes to improve the environment. They said the changes included "different coloured chairs, walls different colours and care worker's pictures on the wall."

People were supported to access the health care they needed. Care records showed people had regular input from health professionals, such as community nurses, consultants, GPs and a podiatrist. We spoke with a visiting GP and a specialist community nurse. They confirmed the home made appropriate and timely referrals when required. They did not raise any concerns with us about people's care. The specialist community nurse was involved in reviewing care plans for relevant people.

Good

Is the service caring?

Our findings

People gave us positive views about their care. One person commented, "I am quite satisfied here. I like it here. They are very good in here. I have been in one or two places but this is the best one." Another person said, "I get looked after." A third person told us, "I love it here, I would be lost if I went somewhere else. I don't want to go anywhere else. I feel very happy and very contented." Relatives confirmed their family members were well looked after. One relative commented, "Fantastic care, lovely." Another relative told us, "I think this home has been a godsend. Within weeks [of moving into the home] they started looking so much better. [Family member] is really well looked after here." A third family member said, "I think it is a good care home and I do have something to compare it to. I have some experience of care homes." A fourth family member commented, "We are pleased with the care."

People and relatives gave consistently positive feedback about the care workers providing their care. One person said, "They are all very good. They look after you. They look after us very well." Another person told us, "They are fantastic as far as I am concerned. They look after me very well. I find them very kind and very helpful. [Care worker] is lovely. He is a very kind man. I think we are well and truly looked after." One relative described care workers as "very dedicated". Another relative said, "I have never seen them [care workers] being unkind to people."

People were in control of their care and said they were listened to. One person told us, "If you want to know anything you get to know." One relative told us, "They let [family member] do what they want."

People were cared for by care workers who knew their needs well. One person said, "They have got so used to me now. They know what they are doing." One relative told us, "They were interested in [my family member's] past life, they engaged with [family member]." Another relative said, "They know [family member's] needs well. They know what to do." A fourth relative told us, "They all know about [family member's] past. They look at pictures with [family member] and things like that. They know [family member] is lively and likes to know what is going on. They looked after us as well."

People were treated with dignity and respect. One person said, "Very fair. She [care worker] is a good woman that is why we are so happy." Another person said, "The staff are nice to me. [Care worker] I like him, he helps me." A third person told us, "The staff are good to me. I think they are good to everybody." One relative commented they treated their family member "really well". They said, "They treat everybody with respect." Another relative told us, "They are really good with people. They treat people as individuals."

We observed care workers were kind and considerate towards people. We observed at the end of the lunchtime observation as people were leaving that one person was upset. A care worker discreetly approached the person and asked if they were alright. When the person confirmed they were not alright the care worker asked if there was anything they could do to help. They went on to suggest they went together to a quiet lounge for a chat. The person replied, "Well if you don't mind." We then overheard the person commenting, "I couldn't do without you here, I couldn't."

Care workers described how they delivered care in a dignified and respectful manner. This included keeping people covered as much as possible, closing doors and offering people a choice of a male or female care worker. One care worker commented they were able to do this as they were a "well-balanced team". Another care worker told us, "We always talk to people first. We inform them of what is going on and prompt them [to see to their personal care needs]."

People were supported to meet their choices and preferences. One person told us, "When you have company you can sit in this room [conservatory] and have a choice of what you want to do." Another person said, "I find the staff here are great. As far as I am concerned they do everything I want them to." One relative commented, "They know [family member] likes music so they put the radio on in the background." Another relative commented, "They do try and do a lot of things with them. They celebrate all the festivals." They gave us examples of events that had taken place such as at Christmas, Easter and Halloween.

Care workers supported people to be as independent as possible. One person commented, "They know [to leave me] if I say go away let me try on my own. They just make sure I am okay." One relative told us, "They got [family member] walking again." Care workers told us promoting people's independence was important for the home. They told us they aimed to do this through encouraging people to do as much for themselves as possible. For example, washing themselves, offering choices and knowing people's limitations.

The provider was working towards improving the care of people at the end of their lives. They had been awarded 'beacon' (highest) status for the Gold Standard Framework (GSF). GSF is a nationally recognised training programme aimed at improving care, collaboration with GPs and reducing hospitalisation. We found all people were assessed each month on their GSF status to help ensure they received appropriate care. The assessment was carried out with the whole staff team and an external specialist nurse. People also had advanced care plans in place for their future care needs.

Care records we viewed showed people had received advice and guidance from independent advocacy services. The registered manager told us people were not accessing any advocacy at the time of our inspection. However, information about the available advocacy services was readily available to people using the service, such as leaflets. The registered manager also told us care workers advised people and relatives about the availability of advocacy when they were admitted to the home.

Good

Is the service responsive?

Our findings

Care workers were responsive to people's needs. We observed when people requested assistance from care workers this was provided as soon as possible. For example, when people asked for a drink, this was provided quickly. One relative described how the provider had been "very amenable" when they requested a change of room for their family member. They said their family member didn't like the first floor room they had been allocated so the provider was able to offer an alternative on the ground floor. Another relative told us about how the provider helped to bring a medical condition "under control." A third relative commented, "They keep reviewing [family member's] care plan. They sit down and go through what we want and don't want."

People's needs had been assessed both before and after admission to the home. The assessment considered people's social and care needs relating to areas such as eating and drinking, mobility, personal care and cognition. Preferences were clearly documented, as was a 'life history' for each person to help care workers better understand people's needs. This included information about people's early life, family and experiences. They also contained detailed information about people's likes and dislikes. For example, one person particularly liked the smell of home cooked food and having a laugh. Other likes and dislikes included favourite foods and drinks.

Where a need had been identified, a care plan had been written to guide care workers on the care the person required. Care plans detailed a goal to work towards and the action required to achieve the goal. For example, one person experienced difficulties with processing information. Their care plan described how care workers should offer constant reminders and reassurance and break tasks down into small steps. Care plans had been evaluated every month. Care workers told us and care records confirmed people and relatives were involved in developing care plans. One care worker told us, "People are involved, if they are unable due to dementia family are involved.

People had opportunities to take part in a range of activities. One person said, "I can do cooking or go outside and have a walk round. I am alright here." Another person told us, "I do lots of things; knitting and sewing. We play games. I like being with people." One relative commented, "They always had music on, the local vicar singing. There was always something going on." Another relative told us, "They bring [family member] down in the wheelchair into the lounge. People from church come and sing, there is a summer fayre. They try and include [family member]." A third relative said, "[Family member] has more of a social life here, where [family member] is safe."

There were opportunities for people and relatives to share their views through attending residents' meetings. Minutes from previous meetings showed topics discussed included meal choices, activities and social events. One relative commented, "We all [other relatives] talk to each other. We are encouraged to, we are not in isolation."

People and relatives did not raise any concerns with us about the care provided at the home. One person said, "I have no concerns, I am quite satisfied." Another person commented, "I have no concerns, I feel safer

now." A third person told us, "I have no concerns, none at all. I love it, to me they are my family. I am happy here, if I wasn't I would ask to be changed." One relative commented, "I have no concerns. [Family member] wouldn't be still here if they weren't looking after [family member] right." Another relative told us, "All issues if they arose, when highlighted to staff, were addressed." A third relative said, "I just say it as it is. If there is anything we don't like, they know we are not quiet." They went on to tell us issues were "dealt with straightaway". A fourth relative said, "There is always someone you can go and sort something out with. If I have concerns I just go and find the senior staff on duty that day." A fifth relative said, "We know about the complaints procedure. We have not used it. Lots of things have come up that I have just been able to deal with. Things are always dealt with." Complaints had been fully investigated. A written report of the investigation, with details of action taken, was available to view.

Requires Improvement

Is the service well-led?

Our findings

Prior to our inspection we had received some anonymous concerns relating to staffing levels within the home. Although staffing levels during our two days of inspection were appropriate, we found the provider did not have an effective system to determine and analyse staffing levels. The tool used for this purpose was very basic and did not take account of key information, such as people's dependencies, behaviours that challenged, the layout of the home and pressure points during the day. This meant the provider did not have robust evidence to provide assurances staffing levels were sufficient at all times.

The provider did not always have accurate and up to date records. Some assessments were not reflective of people's current needs, as they had not been reviewed regularly. One person's dependency assessment was dated February 2015. From viewing their care records we saw their needs had changed. For example, they had lost a significant amount of weight requiring specialist nutritional advice. Their dependency assessment had not been updated accordingly. This meant the assessment potentially contained inaccurate information about the person's needs and the level of care they needed.

The temperature of the treatment room was not monitored to check it was in an acceptable range to store people's medicines. This meant the provider could not be assured all medicines were stored safely.

A previous external audit of the home had noted the provider's approach to risk management was not individualised to the needs of each person using the service. We found this had not been addressed when we carried out our inspection. Other than the standard risk assessments, we found there were no other bespoke risk assessments in place. This was despite some people using the service displaying behaviours that challenged others. However, care plans we viewed included information about how to support people in these areas. This meant it was not always possible to determine whether the measures identified in care plans were appropriate to keep people safe.

This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had an established registered manager. The registered manager had been proactive in submitting the required statutory notifications to the CQC. One relative described the registered manager as "very approachable". They went on to say, "The owner always showed an interest." Another relative commented, "I could approach the [registered] manager if I needed to." A third relative told us, "I go to the [registered manager] about all sorts." A fourth relative said, "We can contact the [registered] manager. The manager is very nice, very good." One care worker commented, "[Registered manager] is a really good manager. She works on the floor, she helps you."

The provider demonstrated a willingness to act on feedback to improve the care people received. Some of the relatives we spoke with also commented on this. One relative told us, "The provider seems to get different ideas [to improve care for people]." Another relative commented, "Things are always moving on."

People, relatives and care workers told us the home had a good atmosphere. One person commented, "Everybody is so joyful and happy." Another person said, "We have lots of laughs and lots of giggles." One relative said the atmosphere was "really nice, we are like part of the family. Always very caring". Another relative told us, "There is always a good atmosphere, always jolly. We usually get a cuppa and biscuits." A third relative commented, "We can visit anytime they don't mind. I think the atmosphere is quite good." A fourth relative said, "You can come day and night, it doesn't matter, it is people's home. We feel welcome." A fifth relative commented, "You feel at home." One care worker commented, "Relatives are very supportive."

There were opportunities for care workers to give their views about the care provided at the home. Minutes we viewed confirmed regular staff meetings took place. One care worker said, "We have a good team, we share ideas, we all watch each other." Another care worker told us, "We are encouraged to make suggestions. They are really good at listening to staff."

There were a range of audits in place to check on the quality of people's care. This included checks of medicines, care plans, staff files and a kitchen audit. These had been effective in identifying issues and ensuring action was taken to investigate and deal with the issues. For example, medicines audits were conducted regularly and any concerns identified were acted on. For example, missing signatures on MARs had been dealt with through one to one discussions with the relevant care workers.

People, relatives and health professionals had been consulted on their views about the home. We reviewed the most recent feedback dated January 2016. Nine out of 31 people surveyed had replied and given positive feedback about the care provided at the home. For example, 100% of respondents had confirmed they felt welcomed, felt care workers understood people's needs and were satisfied with people's care.

External checks had been carried out on the quality of people's care. For example, there had been recent visits from the local authority and the CCG. We noted the provider was making good progress with the action plans developed following the visits. Actions identified included changes to people's dining experiences, amendments and displaying care worker's photos in communal areas. We found during our inspection these actions had been implemented. The provider had developed an overarching improvement plan which contained details of improvements to be made during 2016.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to assess, monitor and improve the quality of the services provided were not consistently effective. Regulation 17(2)(a)