

St Martin's Residential Homes Ltd

The Leys

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This unannounced inspection took place on 21 November 2018.

'The Leys' accommodates and provides personal care, without nursing, for up to 33 older people, some of whom have dementia care needs. The home is owned and managed by 'St Martins Residential Homes'. The premises had been adapted and consisted of two floors which included bedrooms, a main lounge and dining room, and a new dementia unit. At the time of our visit there were 28 people using the service.

The Leys 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.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence failed to support the rating of good and the service has been given a rating of requires Improvement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found that risks to people had not always been identified and managed safely. For example, where people were using thickener in their drinks because of a risk of choking, there were no risk management plans in place to cover the risk of choking or dehydration.

Although there were quality assurance audits in place, there was a lack of managerial oversight to ensure quality checks were used effectively to bring about improvements to people's care and support. For example, records management was not always accurate and organised so records could be accessed easily. Falls and nutrition records were inconsistent and unreliable. People did not always receive their medicines as prescribed. Systems in place to ensure lessons were learnt from accidents and incidents needed to be strengthened. Significant incidents had not always been reported to the relevant authorities so they could be investigated and actions taken to reduce the risk of such incidents happening again. Confidential information was not always stored securely.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing levels were sufficient to meet people's needs. Systems were in place to ensure that people were protected by the prevention and control of infection. Systems in place to ensure lessons were learnt from accidents and incidents needed to be strengthened.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People enjoyed the meals and told us they had a choice of meals every day. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

There were no records of any best interest meetings specific to people or the support that they needed to ensure decisions were made in their best interests. This did not ensure the principles of the Mental Capacity Act (MCA) were always followed.

People received care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and or their relative where required. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed. People were supported to take part in meaningful activities and there was a varied programme of activities available for people to take part in. There was a complaints procedure in place to enable people to raise complaints about the service. People were supported to plan and make choices about their care at their end of life.

Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information so they had the knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively. The staff we spoke with were all positive about the registered manager and were happy with the support they received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks to people had not always been identified and managed safely and people did not always receive their medicines as prescribed. Systems in place to ensure lessons were learnt from accidents and incidents needed to be strengthened.

The provider had systems in place to safeguard people from abuse. New staff were recruited safely and there were sufficient numbers to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems in place to ensure the service worked in line with the principles of the Mental Capacity Act 2005 needed to be strengthened. Records relating to people's dietary and hydration needs were inconsistent and unreliable.

People's care needs were assessed and met by staff who had completed the training they needed to provide people's care. People were supported to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. They took time to ensure that people understood what was happening and supported people in a patient and encouraging way when they were moving around the service.

Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised containing information about

people's likes and dislikes. People were supported to participate in individualised activities. The provider's complaints policy and procedure was accessible to people and their representatives.

People were supported to plan and make choices about their care at their end of life.

Is the service well-led?

The service was not always well led.

Systems in place to assess, monitor and improve the quality and safety of the service needed to be strengthened and improved to ensure they were effective. There was a lack of managerial oversight in relation to the governance of the service.

The staff team worked well together and felt supported by the registered manager. People told us they were happy with the service they received.

Requires Improvement 

The Leys

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 visit took place on the 21 November 2018 and was unannounced. The inspection was carried out by one inspector, an inspection manager and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We asked commissioners from the local authority for their feedback about the service. We used this information to plan the inspection.

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.

During our inspection visit we spent time observing care and support in the communal areas and we observed how staff interacted with people who used the service. We spoke with six people using the service and four relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the director of the service, the registered provider, and six staff members that included the registered manager, the deputy manager, two care and support staff and the cook and activity coordinator.

We looked at records that included six people's care records and twelve people's medication records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as policies and procedures, staff training records, the staff rota and quality assurance audits.

Is the service safe?

Our findings

Risks to people had not always been identified and managed safely. People had individual risk assessments to enable them to be as independent as possible whilst keeping them safe. They covered a variety of subjects including, moving and handling, falls, nutrition and tissue viability. However, we found some areas of risk to people had not been identified and management plans were not in place to reduce those risks. For example, where people were using thickener in their drinks because of a risk of choking, there were no risk management plans to cover the risk of choking or dehydration. This did not ensure staff had the information and guidance to keep people safe. We discussed this with the registered manager who told us they would ensure the relevant risk assessments were completed.

People did not always receive their medicines as prescribed. There were two people who needed thickener in their drinks. There were no instructions on their MAR charts or in their care plans about how many scoops they needed. We asked three staff how many scoops one person needed and they gave us three different answers. This put the person at risk of choking if too little thickener was added to their drink. We saw the registered manager had completed medication audits, but they had not identified this area of concern. We discussed these concerns with the registered manager who said they would contact the pharmacy to ensure the correct dosage was printed on the MAR chart. In the meantime, clear instructions were added to the two individual charts. The Medication Administration Records (MAR) were not signed for one person on the morning of our visit. We checked to see if they had received their medicines that morning, and we found they had.

We observed a staff member giving people their medicines. This was undertaken in a person-centred way, with each person being asked if they were ready for their medicines and how they wished to take them. We observed that staff stayed with people until they took their medicines. One person told us, "I am very grateful that the carers are managing my medications. I take a lot of pills and when I started to be forgetful, I started to forget to take my tablets. Here it's stable as the girls help me take the correct dose on time." A relative commented, "[Relative] takes medication regularly. It's the same regime their consultant in hospital prescribed so I am very happy no changes have been made. I don't know what type of medicines they are, but [relative] is stable and that is all that matters."

Medicines were stored safely, there was a system for recording the receipt, and disposal of medicines to ensure staff knew what medicine was in the service at any one time. This helped to ensure that any discrepancies were identified and rectified quickly.

Staff were aware of their responsibility to report any errors, incidents or near misses. However, accidents and incidents were not always recorded appropriately, and actions were not always carried out and communicated to the staff team to ensure that lessons were learnt. For example, when a person had a fall, actions were not always put in place to ensure the person had extra support and increased monitoring by the staff team.

The provider had systems in place to safeguard people from abuse. People told us they felt safe living at the

service, and with the support that staff gave them. One person told us, "I am very happy here and feel very safe with girls who are helping me with everything I cannot do myself anymore." A relative commented, "I definitely feel it's safer here for my [relative], much more than when they were at home. I could not leave them for one single moment alone, they would get up and next moment they would be on the floor. Here they have this crash mattress, so as soon as [relative] puts their feet down, it triggers the alarm so somebody is next to them before accidents happen."

We talked with staff about safeguarding people from abuse, and they were all clear on the correct procedures to follow. One staff member said, "I would talk with the manager. If I didn't think it was being dealt with, I would go to CQC." Staff told us they had been trained in relation to safeguarding people from abuse and records confirmed this. The provider had ensured that information about how to report safeguarding alerts and whistleblowing concerns was displayed and accessible to all staff. Records showed that most safeguarding concerns had been reported to the local authority, however, we found one significant incident that had resulted in injury to the person that had not been reported because it had not been recognised as a safeguarding incident. Any further investigation into the cause had not been fully carried out. This meant significant incidents were not always reported to the relevant authorities in a timely manner.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans (PEEPS). This provided assurance that people would receive the appropriate level of support in an emergency to keep them safe.

There were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. A relative told us, "There are enough staff. There are always staff around in the lounge to keep an eye on people." Staff told us there were enough of them on duty at all times. We observed that when people used their call bells, they were responded to swiftly. There was a calm atmosphere and staff did not appear rushed. All staff we spoke with said they felt staffing numbers were sufficient to meet people's needs, and they didn't feel rushed or under pressure.

The registered manager told us that a dependency tool was completed and staffing hours were based on this information. They told us they would continue to monitor staff numbers on all shifts to ensure there was always enough staff on duty to meet people's needs. Rotas confirmed that staffing was consistent.

People were safeguarded against the risk of being cared for by unsuitable staff because the provider followed thorough recruitment practices. Checks of recruitment files evidenced new staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview, which was in line with the registered provider's recruitment policy.

People and their relatives told us they thought the service was clean and hygienic. One person said, "They keep my room lovely and clean." A relative commented, "The home is clean. They do make an effort to keep the place clean." Staff we spoke with could describe infection control procedures and told us they had plenty of personal protective equipment (PPE). One staff member said, "We have access to all the gloves, aprons and hand gel we need." Housekeeping staff followed suitable procedures and cleaning schedules to ensure the risk of cross infection was minimised. However, we found there were some areas that required improvement, for example, some carpets were old and had an odour. The provider had already identified this as an area for improvement and we saw an improvement plan that included the replacement of the

flooring in parts of the service. Staff had received training in infection control and the service had achieved a five-star food hygiene rating.

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions 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 when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. 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.

We found some DoLS applications had expired and the registered manager had re-applied for these. We also saw that 14 DoLS applications had been made, but were pending approval. However, where it had been identified that a person lacked capacity, there were no records of any best interest meetings specific to the person, or no details of the support they needed to ensure decisions were made in their best interests.

Staff supported people with their meal choices and to eat and drink enough to meet their dietary needs. One person told us, "The food here is very nice and we do get a choice." A relative commented, "On more than one occasion when asked to choose a meal, and because of my [relative's] slow processing, the carer would wait patiently for their answer."

We observed the lunch time meal and saw people were provided with a choice of meals and had the freedom to eat in the dining room or their own rooms. Staff were attentive and all interactions we observed were respectful of people's needs. The cook had a good knowledge of people's likes and dislikes and any therapeutic diets that people needed. However, we found records relating to people's dietary and hydration needs were unreliable. For example, food and fluid charts had not always been implemented when required and people's nutritional status had not always been assessed correctly. For example, whether they were at low, medium or high risk of malnutrition. This meant people may not be given the appropriate support to eat and drink enough to maintain their health.

There was an assessment process in place to identify people's needs before they were admitted to the service. We saw that the provider worked with local authorities in taking referrals and assessing people's needs. They also involved any healthcare professionals if it was felt necessary. Each person had received a pre-assessment of their needs before moving in to the service.

People and their relatives told us they thought staff had the right skills and knowledge to care for them. One person told us, "They [meaning staff] take good care of me." A relative commented, "The staff are brilliant. They really know how to look after [relative]."

Staff were knowledgeable and had the required skills to carry out their roles. The registered manager told us staff completed an induction programme when they first commenced working at the service. One new staff member said, "I had an induction when I first started work here. It made me feel confident I could do the job." Records confirmed staff had completed an induction and received on-going training appropriate to their roles. Staff told us they completed training in core subjects such as moving and handling, food hygiene, safeguarding and fire safety. One told us, "The training is very good. We get plenty of training and a lot of it is face to face training which is how I learn best."

Staff told us and records confirmed that staff received supervision and an annual appraisal of their performance. One staff member commented, "We get lots of support and the manager and deputy are always available to talk to."

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people, such as social workers and other healthcare professionals. We saw input from other services and professionals was documented in people's files.

People had access to healthcare facilities and were supported to attend health appointments. A relative told us, "[Relative] is well looked after and the staff will always get the doctor if it is needed." Another informed us, "I know [relative] sees the doctor, the optician and the chiropodist regularly." A member of staff said, "We have a good relationship with the district nurses and the doctors. All staff know when to request the advice of health care professionals." On the day of our visit a domiciliary optical service was visiting people living at the service.

There were on-going improvements to the environment and many improvements had already been made. We completed a tour of the premises with the registered manager. As part of the environmental improvements we saw that a new dementia unit had been opened. We saw that this was appropriate to meet the needs of people using the service. For example, people's bedroom doors resembled front doors and there was signage to guide and direct people living with dementia. The provider had an improvement plan that included refurbishing the older part of the service and there were dates and timescales for this to be completed. This showed plans to make the service more compatible to the needs of people living with dementia.

Is the service caring?

Our findings

at the service. One person said, "All the staff are lovely to me. I'm happy here." Another told us, "The girls are very good. We have a laugh and a joke." Relatives also echoed these sentiments. One explained, "One of main reasons we decided on this place for [relative] is because of the staff. The girls are truly wonderful. I know they are doing this job with dedication, but what is important for me is that they offer support to me as well. In the beginning, leaving my [relative] was really difficult for me. I was upset, but they comforted me; they really care for [relative] and so I trust them totally now. The girls will tell me if [relative] has had a rough night, or anything they might think is important so I still feel like I am with [relative] all the time."

One relative told us that when their family member was due to be discharged from hospital to the service, they didn't have time to get everything ready. The management lent their family member a phone so they could keep in contact with their family until their own phone had been sorted out. The relative told us, "I think that was a very nice gesture. The girls are very good at checking [relative's] credit as well."

We observed that staff spent time with people and addressed them by their preferred name. Staff supported people with care and compassion. For example, we observed one person who regularly became anxious and kept shouting out. We saw different staff throughout the day who responded to the person in a calming and soothing manner which they responded positively to.

Staff took time to ensure that people understood what was happening and supported people in a patient and encouraging way when they were moving around the service. For example, we saw staff supported people to transfer using a stand aid. Staff were confident in how they did this and provided people with reassurance by touching and giving eye contact when talking to them.

People confirmed they could make day to day decisions about their care and support. One person told us, "The girls do ask me how I would like things to be done. Sometimes I like to have a lie in bed and they respect that. I stay in my room most of the time. I enjoy my own company. The girls never pressure me to go out to the main area." A relative commented, "The carers always keep me informed of anything that happens to [relative]. We can make suggestions to help if there are any problems." Staff knew people well and could describe their likes and dislikes and knew each person's family members.

The registered manager told us they provided people with information about how to access advocacy services if required. An advocate is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.

The staff promoted the privacy and dignity of people and their families. One person told us, "The girls are very helpful in a friendly way. They do ask before they do any personal care or undress me. The door is always closed, they are very careful about that."

We observed staff treating people and all visitors to the home with dignity and respect. Throughout the inspection, we observed staff were courteous, polite and consistently promoted people's rights by listening

carefully, offering choices and respecting decisions. For example, we saw they responded promptly, calmly and sensitively when helping a person to sit comfortably. We also observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people's choices and offered assistance if the person needed it, to help promote their independence.

Is the service responsive?

Our findings

People received an assessment of their needs before they were admitted to the service. Staff told us and records confirmed that before people used the service, they were asked for information about their needs. This information was then used to develop a care plan that reflected how each person wanted to receive their care and support. One relative told us, "[Relative] was in hospital waiting for a place to go as they were not able to go back home. Staff came out and asked us lots of questions and I felt reassured by that. They really seemed to want to get it right."

One relative told us, "We are very happy with the care. The staff organised my [relative's] glasses. We didn't know [relative] would wear glasses, but they are and they seem happier now." Another relative commented, "I can say we are very happy with the way they [meaning staff] look after [relative] who is always clean, fresh and dressed nicely."

Care plans contained sufficient information and guidance for staff to be able to assist people with their care and support needs. Staff demonstrated a good understanding of the needs of people living with dementia and the impact this had on their lives. One staff member told us, "We had dementia training which was an eye opener for me. I have a much better understanding now of how dementia affects people. We have to keep changing as people's dementia gets worse." Another staff member said, "It's important to know how people like to be supported. People living with dementia may have a certain time of the day when they are more able to make their own choices." This understanding meant that staff were able to respond to people's changing needs appropriately.

People had access to a varied activity programme that took place seven days a week. There were two activities co-ordinators who supported people to join in activities in groups or individually. During our inspection, we observed people taking part in wrapping Christmas presents, listening to music and singing along.

We spoke with one of the activities coordinators who told us, "When I first started I organised some resident's meetings so I could get an idea of what people liked. I also asked people's relatives for any ideas they might have. We now have a monthly timetable of activities that includes things like, outside entertainers, reminiscence groups, themed nights where we try different food and music from other cultures and flower arranging."

Other activities advertised included a Christmas Fayre, a New Year's party, a visit from the Brownies and a Santa's Grotto. We saw people were free to move around the premises if they were able to, and they could access the garden if they wished. One relative told us, "The garden was used a lot this summer, there are railings for support." People were supported to pursue their cultural beliefs, through accessing local places of worship or in-house religious services.

We saw photographs of day trips and themed events that people had taken part in, such as a trip to Skegness which everyone we spoke with said they really enjoyed. The activities co-ordinator also informed

us that the Princes Trust had built some flower beds in the garden and people had planted and grown their own vegetables. One relative told us, "We had a bingo fundraising event not long ago so we can purchase more arts and crafts stuff. I am happy to come and help. There is a Christmas meal soon. We are encouraged to make suggestions about what we would like to see happening."

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they could provide people with information in different formats if it was needed. We saw that some notices had been produced in large print and/or pictures and displayed around the service.

If people had any concerns or complaints they could use the complaints procedure that was accessible to people in the 'welcome pack' they received when they began living at the service. There was also a complaints procedure displayed in the main hallway. However, the one on display did not contain details of the Local Government Ombudsman (LGO) so complainants could escalate their concerns if they were dissatisfied with the outcome of any investigation by the provider. We brought this to the attention of the registered manager who said they would address this. The copy in the welcome pack did contain all the necessary information about the LGO.

One relative said, "I have complained in the past. My complaint was dealt with quickly and efficiently, there was no fuss. I'm happy with how it was handled." The provider had also introduced a comments box where people and visitors to the home could raise any concerns, compliments and ideas at any time. All complaints were recorded along with the outcome of the investigation and action taken. This meant that a person making a complaint could be confident the provider would take action to resolve it and make improvements to the service where necessary.

Staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. They worked closely with district nurses to ensure people's needs were met in their final days. People's wishes for how they wanted to be cared for were in their care plans so staff were aware of these. Staff welcomed and supported the relatives and friends of people at the end of their lives.

Is the service well-led?

Our findings

During this inspection we found that although there were quality assurance checks in place, there was a lack of managerial oversight to ensure quality checks were used effectively to bring about improvements to people's care and support. For example, the registered manager told us they completed regular monthly checks in relation to people's nutrition. However, these had not sufficiently identified people's weight loss and did not correctly detail what actions needed to be put into place to ensure people's nutritional needs were met. For example, one person had lost a significant amount of weight over a four-month period. The risk tool used had recorded this person as low risk and reviews of their nutritional assessment recorded 'no change'. Another person had lost between five and ten per cent of their body weight over a six-month period. The risk tool recorded them as medium risk. The registered manager's records showed this person should have been put on food and fluid charts in August, but they had not been put in place. This placed people at risk of not receiving support to maintain their nutritional intake or being referred to the appropriate health professionals.

Records management was not always accurate and organised so records could be accessed easily. For example, falls management was disorganised because some falls had not been recorded, and actions to be taken as a result of falls, had not always been implemented. For example, one person's falls risk assessment between August 2018 and October 2018 identified them as being a medium risk. The action for this should have resulted in a falls log commencing, but this had not been implemented. In October 2018 the risks to this person had increased and they had been assessed as high risk of falls. This meant a referral to the falls team should have been made. We were unable to find any referral for this person. Another person had not had their falls assessment reviewed since August 2018, and one fall had not been recorded on their risk assessment. This meant the overall scores for this person were not correctly recorded.

Where a significant incident had occurred within the service, the registered manager had not informed the Care Quality Commission so we could check the required action had been taken. On the day of our visit we observed one person with significant bruising to their face. We were informed they had a fall on 29 October 2018 and had been taken to hospital with bruising and swelling to their face. The hospital had raised a safeguarding referral to the local authority and they had requested that the registered manager investigate the incident. They were given 28 days to complete this. There were two staff statements that both stated the person was in bed, but there was no record of any further investigation into how the bruising had occurred. This did not provide assurance that significant incidents were reported to the relevant authorities so they could be investigated and actions taken to reduce the risk of such incidents happening again. We could not be assured that the providers investigations were robust enough to be effective.

We found that monitoring systems in place had failed to identify risks to some people and they had not always been managed safely. For example, there were no risk management plans in place for people assessed as at risk of risk of choking or dehydration. For people who needed thickener in their drinks, we were unable to find appropriate instructions about how much should be administered and medication audits had not identified this area of concern.

On the day of our visit we observed a cupboard in the dining area that housed people's personal records. This had a door missing so people's confidential information was accessible to people who were not authorised to look at these records. The provider told us the door had only recently fallen off and would be repaired by the end of the week. However, no contingency plan had been implemented to ensure people's private, personal and confidential information was stored securely.

The lack of maintaining accurate care records placed people at risk of inappropriate or unsafe care. Systems in place to assess, monitor and improve the quality and safety of the service needed to be strengthened and improved.

This was a breach of Regulation 17 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff were positive about the registered manager. One person said, "[Name of manager] always comes and talks to me. He makes me laugh." A relative said, "I would describe this place as relaxed and homely. This suits us for our [relative]. I am very happy the way management is helping us, they do not overwhelm us with constant information, but only when it's needed." A second relative explained, "The manager is very approachable, and very well informed. I asked him his opinion about something and he gave me a very good answer. He is very good at stopping and asking if we need anything."

Staff felt well supported and told us they received support through appraisal sessions, as well as informal chats with the registered manager or deputy manager when they had concerns or issues which needed addressing. Staff also attended team meetings which covered a range of issues to support them in their roles. One staff member told us, "I have learned such a lot from [name of registered manager]. I feel so much more confident now with his support and guidance." Another member of staff commented, "The manager is very approachable. We can go to him with any concerns."

During our inspection, we saw that staff were comfortable interacting with the registered manager and a positive and open working atmosphere was present. Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said management listened to them. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff told us they could feedback through a variety of forums including team meetings, supervisions, and observations, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

The service worked in partnership with other agencies to develop and improve. Information was shared appropriately so people got the support they required from other agencies and staff followed any professional guidance provided. The provider had ensured they displayed their current ratings at the registered location.

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 Systems in place to assess, monitor and improve the quality and safety of the service needed to be strengthened and improved.