Gemini Care Limited

The Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 8 May 2018 and was unannounced.

Following the last inspection in January 2017, the provider wrote to us to show what they would do and by when to improve the key question of 'Safe' to at least good. We found that the provider was now compliant with the previously identified breach of Regulation 12 (medicines) of the Health and Social Care Act 2008 (regulated Activities) 2014. Despite these improvements we found breaches 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 this report.

The Lodge is a 'care home' which accommodates a maximum occupancy of 44 people. At the time of this inspection visit, 8 May 2018, 32 people were living at the home. Most of these people were living with dementia. 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 at this service. 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 registered manager was present throughout our visit.

Systems and processes were not always used effectively to monitor the quality and safety of the service. You can read more about this under the 'Safe' and 'Well-Led' sections of this report. Quality monitoring systems in place had failed to identify that hot water presented a scald hazard and that windows above ground level were not restricted safely. These were immediately made safe once brought to the attention of the registered people. However, the lack of systems to identify potential hazards and risks was not effective. The provider lacked oversight of their provision of service.

People told us they were happy living at this service and that they felt safe with the care provided. People were protected from the risks of abuse. Staff received appropriate training and knew how to raise concerns if they felt people were at risk of being abused or mistreated.

People's individual needs, choices and preferences were assessed and known by a caring, consistent, well trained staff team who knew people well. People and their representatives, as appropriate, were involved in their care plans and reviews of their plans of care by staff who were well trained to meet their individual needs. No external agency staff were used at this service at the time of this inspection. Individual risks for people were assessed and managed. Medicines were given to people safely and infection control procedures including correct use of protective equipment and cleaning schedules kept the home clean and free from any unpleasant odours.

People received care from staff who had undertaken training to be able to meet their individual needs and preferences, which included having enough to eat and drink. Snacks and drinks were available whenever people wished to have them. Meals were home cooked in line with people's choice, preferences and needs, by trained kitchen staff. Specialist diets were catered for appropriately for people.

Staff were recruited safely. Checks were completed by senior staff which ensured staff performance and competence was closely monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People told us that staff were caring and kind in their approach and that staff treated them with dignity and respect. Staff were aware of how to protect people's privacy which ensured this was maintained. People were supported to access healthcare in a timely manner and we were told by relatives that the management team were "proactive" and ensured healthcare professionals were contacted without delay when people needed this.

People told us that they didn't need to make complaints but felt confident that they knew the process should they wish to make a complaint.

This home actively supported people at the end of their lives. The deputy manager was able to tell us how they would support people and their families to receive personalised end of life care. This was achieved by using appropriate care planning and by liaising with appropriate healthcare professionals which ensured people had timely access to anticipatory medicines as required in the last few days or weeks of their lives. Appropriate documentation was seen for those people who did not wish to be resuscitated which ensured that people received the end of life care they wanted or that was required in their best interests.

There was a clear, transparent management team at the service who worked well together with the staff team to provide support as required.

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.

Risk assessments and actions relating to windows and hot water were not always completed when required.

People's individual needs were assessed appropriately and staff knew people very well and were able to meet the needs of people at the service.

People received their medicines safely.

People were protected by safe infection control measures, which included cleaning schedules and the correct protective equipment worn by staff when required.

Lessons were learned when things went wrong although systems required improvement to ensure that all risks were identified in a timely and appropriate way.

Is the service effective?

Good

The service was effective.

People's needs and personalised choices were assessed in a holistic way by staff that knew people's individual preferences well.

People were supported to eat and drink enough and were offered nutritious home cooked foods of their choice. Snacks and drinks were available.

People had timely access to healthcare when they needed it and staff supported them receive the care and treatment required.

Staff sought consent from people and supported them to live in least restrictive ways to live the life they wanted to.

Is the service caring?

Good

People were supported by a friendly, caring staff team who respected people's individuality, privacy and dignity. Staff were

employed from a variety of backgrounds with some staff for whom English was not their first language. One such staff member was able to beautifully express how much they cared and enjoyed their job, telling us, "We love the residents and love our job. They are like my family who are not in this country. They are my mother and my grandmother. It makes me feel close to my family to be here. If I can make people happy it is a big thing for me." People told us they were spoken to with respect and were addressed by staff as they wished to be. A person said, "I feel I have a friendship with some of the staff." Another person told us that they were asked about whether they preferred a male or female staff member to support them. A relative told us, "They're lovely [staff], I can't fault any of them." People confirmed that their privacy was respected. One person described what this meant for them. "Yes, the staff do respect my privacy, they always knock."

Records were held securely in locked cabinets to protect people's privacy in line with the requirements of the Data Protection Act 1998. The registered manager was aware of new data protection legislation, the General Data Protection Regulations 2018.

People have been involved in making decisions and their own care planning. The registered manager told us that they had met with each person and their families to enable them to review each person care and support within the home. We observed staff offering choices and respecting decisions made throughout our visit. The registered manager told us in their provider information return (PIR) 'We have and will continue to review rooms that are best suited to individuals, for example if an individual had a particular faith and needed a room to face a certain direction, another example is a younger resident who required WIFI, we made sure [they were] close to the office to give a stronger signal.' This shows a commitment to individualised care and support.

There was a comfortable and friendly atmosphere at the home throughout the inspection visit. People told us that they liked living at The Lodge and that they found the team friendly and kind. A person said, "If they [staff] see someone a bit quiet, a bit sad, they'll come and talk to you".

People were sensitively encouraged and supported to promote and maintain their independence and to participate in social opportunities as desired to avoid loneliness or isolation within the service. Staff knew people and their needs very well and we observed that people and staff had developed positive, friendly relationships. People felt in control of their lives. A person told

us, "They're interested in me, I'm very content with what I have." Another person said, "I got up later today, that was my choice." A person's relative told us, "They've actually got [persons name] to have a bath as well, they hadn't had one for years."

People received visitors to the service without restrictions and visitors were encouraged to visit whenever it was possible and were made to feel valued and welcome. During the inspection we observed relatives visiting as they chose and people were offered privacy and quiet spaces in the home to meet with their family members if desired. One such relative told us, "They're very good with my visiting relative as well, make them welcome, make a fuss of them."

Is the service responsive?

Good

The service was responsive.

People were involved in the review of their care as required with people's personalised needs and choices being known by staff who knew them well.

A range of stimulating activities were arranged for people with people deciding what activities took place.

Complaints were not often received and people told us that they had no need to complain about the service. However, people were aware of the complaints process should they wish to use it.

People were supported sensitively at the end of their lives by a staff team who actively engaged outside healthcare professionals, in a timely manner, when required, which ensured that people were able to die well in their home environment.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems and processes did not always work effectively to monitor the quality and safety of the service.

People were actively involved in developing the service in which they lived with their feedback and views being captured by the management team.

Staff felt well supported by an approachable and transparent registered manager.

The service aimed to continuously improve the service provided

and used updated policies and procedures to adhere to current standards and current best practice guidance.

The Lodge

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 8 May 2018 and was unannounced.

The inspection team consisted of one inspector 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 we reviewed information, we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law. We also sought the views of the local social services contracts officer regarding this service's compliance with contractual obligations before carrying out this inspection.

During the inspection we spoke with six people and two relatives of the people who lived at the home. We also spoke with six care staff, the deputy manager, the registered manager and the registered provider.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, policies and procedures, staff training records, staff rotas, accidents, incidents and complaints.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 12 January 2017, medicines were not safely and consistently managed. This was a breach of Regulation 12 (safe care and traetment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that medicines were safely managed and people received medicines as intended by the prescriber.

At this inspection 8 May 2018, we found that the service did not have suitable measures in place to ensure hot water delivered to all baths did not present a scald hazard, nor all above ground height windows assessed with action taken to prevent falls from a height. This was discussed with the registered provider and registered manager during this inspection. Immediately after our visit we were sent evidence to show that measures to keep people safe were in place with regards these two factors of health and safety. However, what remains was that processes were not in place to monitor, report and action such matters.

People's personal and individual risks were assessed and people received support in the way they wanted it which made them feel safe and protected them from individual risks with personal care. Accidents and incidents were documented for people with actions taken when people were at risk of falling. People used suitable equipment and mobility aids that were labelled with their names and assessed for their individual needs. Larger equipment was regularly serviced and maintained in accordance with legal requirements. We observed staff on three occasions using their training and equipment to move people within the environment. This was done safely and with respect to the persons wishes. For one person who was frail staff used cushions to position their limbs and ensured their comfort when repositioned. People told us that they felt safe living at The Lodge. One person said, "Safety, yes I feel safe here, there's no physical violence. The staff manage the safety side well." We asked staff about the risk assessments tools within care plans that were used. They understood these and knew for instance that to complete a Waterlow tool (gives an estimated risk for the development of a pressure sore) where people could no longer be weighed staff could take an arm measurement to aid them with the assessment.

People received care and support from a consistent staff team who had the required skills to meet their needs. The service didn't use staff from outside agencies which meant that the regular staff team knew people very well. Staff understood how to safeguard people from abuse and could tell us of appropriate actions they would take if they suspected risks of harm or abuse to people. Everyone we spoke with told us they had not been hurt or discriminated against by any member of staff at any time. Staff received training in safeguarding and procedures were known of how to contact the local safeguarding team. We reviewed the staffing rotas which evidenced that there were enough staff on duty to meet people's needs at different times during the day and at night. There were three waking night staff. The registered manager had completed a dependency assessment which indicated the staffing levels required. People were complimentary about the attitude and kindness of staff and felt that staffing levels were appropriate. Staff we spoke with consistently said there were enough staff on duty.

People were protected by safe recruitment practices. Appropriate checks were made which ensured staff were of good character to work with vulnerable people. The deputy manager had very recently audited all

staff files and had found some gaps in historic records and therefore was taking action to ensure all paperwork was in place. They were ensuring that references from previous employers and character references were available in staff files, along with a photograph of the staff member and an enhanced DBS (Disclosure and Barring Service) was completed for all staff.

People received their medicines safely. A person said, "They do the medications efficiently, no problems with meds". Another person said. "The medication's consistent. I ask for paracetamol when I get severe heads". Other people told us that staff knew about their allergies and that they received pain relief when needed. We observed medicines being given to people. Medication was given safely and respectfully to people. The medication was stored safely and securely and at the right temperature. We saw the Medication Administration Records (MAR) had photos of people and records were completed correctly. Staff responsible for giving medicines had received medicines training and competency checks of their ability to give medicines safely. There were systems in place to audit medicines to ensure people received these as the prescriber intended and to ensure stock balance so that medicines did not run out when needed.

People were protected from the risks of infection with infection control procedures. The service was clean, tidy and homely and well decorated. A recent visit from the local authority reported that the home was clean and fresh with no odours. The home remained that way throughout our visit.

Staff used personal protective equipment (PPE) such as gloves and aprons appropriately and wore different coloured uniforms depending upon their role at the home. The deputy manager had recently revised the daily and weekly cleaning schedules and was implementing these changes with domestic staff. The laundry had good systems in place with soiled laundry safely managed. The kitchen had recently been visited by food hygiene inspectors and was rated four stars. There were still some matters to be addressed fully to meet the recommendations set out by the environmental health officer. These remaining matters were planned to be addressed.

Lessons were learned and improvements were made when things went wrong. The registered manager and registered provider had addressed the actions identified at our last inspection. The requirement made in our last report had been actioned. The local authority had visited and produced a report and actions had been taken to address the recommendations made. Feedback from this inspection was acted upon and evidence sent promptly to learn from matters highlighted from feedback given on the day.

Good

Is the service effective?

Our findings

People were supported to live their lives in the way they chose to with staff who positively supported and promoted personal choices for people. A person told us, "I think they're [staff] genuinely interested in you as an individual." A relative told us, "They've been very attentive to [named relative] needs. They suggested some bed rest as [named relative] had not been sleeping in their own bed prior to moving to the home". They went on to name a staff member saying, they are very good at interacting with their relative and felt, "Their dementia issues seem to have diminished."

People received care and support from well trained staff who knew them well. There were enough staff on duty to support the needs of people living at The Lodge. Care plan records for people detailed personalised assessments with person centred information collected from people in documentation. People's likes and dislikes were known. People told us that the staff were competent to provide the support they needed. A relative told us that care and support to their relative was good. "I've been in the room, they couldn't be kinder". In care plans we saw that guidance given to staff was based upon current best practice. For instance, staff were guided with information on how to spot signs of a stroke through the FAST acronym (facial weakness, arms, speech and time) and how to recognise a chest infection.

Staff received mandatory training as the organisation required which included training for dementia awareness, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), safeguarding adults, first aid, infection control, health and safety and moving and handling practical and theory based training. The registered manager had further dementia training planned and an upcoming date to deliver GERT suit training was being advertised to the staff group. This is a suit that simulates the features of old age. One staff member said that they received all the training they needed. Another said, "I have all the training I need in health, preventing infections, how to use the hoist and slide sheets. Fire training was the last one I had. The people here are very safe because we are here for them and know what we are doing."

Staff were well supported by the registered manager and deputy manager. Staff received regular supervisions and were invited to regular team meetings. A staff member told us that they were part of a, "Friendly team" and that they "Shared and talked" to resolve challenges. We observed the staff handover and saw that staff were attentive to one another. Respecting each other's views and in agreement in ways of working. We were told by another member of staff that the registered provider was, "Very supportive".

People had enough to eat and drink to maintain a balanced diet and people's individual dietary needs and choices were catered for. The kitchen staff understood how to meet people's dietary needs and preferences and how to fortify foods for people who may require a higher calorie content to maintain a healthy body weight. For example, the cook told us that they were aware of how to prepare meals to meet different dietary requirements which included preparing vegetarian, vegan and pescatarian foods for people and fortifying meals for people with identified weight loss. We observed the lunchtime meal experience for people. Most people living at the service chose to eat together in the dining areas. But other choices of where to eat were also respected. People were seen chatting happily to one another throughout their meals and staff interacted with people in a friendly and calm manner. Staff wore appropriate protective equipment

over their uniforms to maintain hygiene while serving food to people. People told us that they enjoyed the food. One person explained, "The chef will come and say' 'do you want this plate of food, or this plate of food.' If I really don't like it they'd get me something else." Another person said, "The food is reasonable. There is more choice I think. I just ask and I can have what I want." One relative told us, "In the main [named relative] likes the food."

Throughout the day drinks were brought round frequently. In the afternoon there was home baked cake that the people living at the home had helped make earlier in the day. We asked people if snacks or drinks could be requested outside of the usual service and we were told that; "You only have to ask" and "You would get whatever you wanted."

People were supported by staff to access healthcare services which included the dentist, opticians, doctors and chiropodist. A person told us about their optician appointments; "It's been a year, I'm going to them [opticians)] tomorrow. Transport's laid on". "A person's relative also told us about their relative's recent illness, saying the homes staff; "Did what they could. [Their relative] was seen by the doctor three times in four days and had two days bed rest." The registered manager told us how they always advocated for people by liaising with local healthcare professionals which ensured that people received healthcare when they needed it. A recent initiative to ensure matters were dealt with as best as possible were regular meetings with the District Nursing Team. We saw the minutes of actions agreed to ensure a good working relationship was in place. Whilst observing the handover between senior staff we saw positive communications about people's health needs. For instance, staff passed over information about how someone's cough was developing and another person on a short course of medicine and that family had been consulted. This demonstrated ongoing consistent healthcare support.

The environment was homely with an accessible layout that met people's needs. The premises were generally in good repair, with a choice of spaces to spend time with others or to have private time alone if desired by people. The garden from the main lounge was accessible for people with a variety of chairs. One person told us how this made them feel relaxed to be in the garden. A new call bell system was being considered to better meet the needs of people. Signage for communal rooms was good. There were large visual signs on toilet and bathroom doors, positioned at waist level and providing clear identification. Some people had good signage and indicators for their personal rooms, but others did not. People could bring their own possessions and furniture to make their rooms personalised and comfortable.

People were supported to live in least restrictive ways if they lacked the mental capacity to make best interest decisions for themselves. Staff had received training in The Mental Capacity Act and understood how to support people using least restrictive methods. For example, there was access to outside space at any time for people with the use of a safe garden. One person had been reenabled to leave the premises and have a sense of purpose. For example, walking to the post box. People were supported to go for walks with staff or independently with staff being aware of their expected return time. Records showed where designated people had the legal rights to make decisions on others behalf. Staff clearly knew when Lasting Power of Attorney was in place.

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 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). The registered manager had a good

understanding of this process and had made the necessary applications on behalf of people.

Good

Is the service caring?

Our findings

The service was caring.

People were treated with respect. Staff supported people in very compassionate, kind and caring ways whilst respecting people's dignity and privacy. This included personal data for people and staff that was managed appropriately in line with legal requirements.

People and their representatives, as appropriate, were involved in decisions about care and treatment.

Staff had time to care for people, with a consistent staff team who knew people well.

Visitors could come to the service when they chose to without restrictions.

Good

Is the service responsive?

Our findings

People had their needs met in a responsive way by a caring staff team who knew people and their individual needs well. Not all people could always remember if they had been involved in their personal care plans, or if they were regularly reviewed, but we found evidence that documentation was regularly reviewed and changes made to meet peoples needs. We saw records which demonstrated that people were involved in the review of their care. The review record seen was detailed and covered areas of the person's life which included a review of the person's general health, any changes to care needs, any new risks identified or changes required to the plan of care and any other actions required to meet the person's needs fully. Care provided was responsive to people's needs and preferences. One person told us that they had their own exercise routine and used the shaft lift independently. A staff member explained how they were consulting others as they were questioning if a person medicine may relate to the falls they had had. This showed us that different needs were being supported appropriately.

Care plans reflected people's personalised preferences and communication needs. People and their relatives told us that communication with the staff and management of the service was responsive and stated that they were responded to quickly when they wished to discuss matters regarding theirs or their loved one's care and support. Since August 2016, all publicly funded organisations that provide health and adult social care services are legally required to follow the Accessible Information Standard (AIS). This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people understand how to meet people's communication needs appropriately if they transfer between services. We found that documentation used in care plans related to current information used locally and nationally. For example, St Johns ambulance guidance and a local hospice. Information relating to one person who had distressed behaviour the plan put in place was clear and accessible and used words and symbols to aid communication.

On the day of our visit there were activities available for people to participate in. The plan for the morning changed as this was not what most people wanted to do. Instead a cake was made for afternoon tea. In the afternoon there was a visiting performer who sang for people. One person told us, "They have different activities like games on the floor. We had singers and play music several times since I've been here. They're excellent." A different person said, "I might watch a bit of sport on the T.V. in the small lounge, or I'd go to my room." The registered manager explained that the home did not employ specific activities coordinators preferring for staff to take time to develop interests and be with people to meet their individual preferences and choices at that given time. "Staff sit with somebody for an hour, support them better, respect them, care for them. We have a rota of people that take it in turns, perhaps group reading sessions, what people want to do".

People were happy with the service they received and told us that they didn't have to raise complaints, but felt comfortable to do so should they ever need to. People also knew that there was a complaints process at the service. A person told us, "Yes, I would talk to them [management], or one of the team leaders [named a staff member], she's lovely she is - she's just got that way with her." The process was displayed upon the

notice board in the entrance for all to see. The registered manager told us that they had had one complaint that they could recall which they had managed jointly with the local authority's complaints department. This had been resolved to the satisfaction of the person and their relative who raised the complaint. People's views were captured and heard at informal 'resident's meetings' which took place throughout the year which enabled people to continually contribute to the development of the service and the way it was run.

People were supported compassionately at the end of their lives. People's care plan folders contained information about those people who had appropriate documentation to instruct staff and healthcare professionals not to commence 'CPR' (Cardiopulmonary Resuscitation) should this be required. The form was a 'DNACPR'. This enabled people to have choice at the end of their lives which was either decided by them with the support and agreement of an appropriate medical professional or by a medical professional and those who had legal powers to make health and welfare decisions for people in their best interests. We were also shown records for a person in receipt of end of life care at the service. The documentation asked appropriate assessment questions that included anticipatory medicines and DNACPR's for people. Anticipatory medicines enable people in last few days or weeks of their lives to have their symptoms managed well to minimise pain or discomfort as much as possible. Anticipating what symptoms, a person is likely to experience as they approach the end of their life is sometimes difficult, but immediate access to necessary medicines, prescribed in anticipation of their needs can control symptoms and avoid the associated distress that can be caused to the dying person and to those who are important to them.

The records reviewed for a person at the end of their life evidenced that the staff at the service had a good awareness of meeting the needs of the person and that appropriate healthcare professionals were regularly contacted which ensured that the care received meant the person was able to die well and peacefully in the place of their choosing, in their home. The home had a policy on end of life care that was detailed and up to date. It stated; 'The home also provides or enables key staff to attend specialist training in palliative care. The home uses the services of local palliative care specialists to provide staff training so that all staff are competent in the care of terminally ill service users.' We found evidence to support both these points.

Requires Improvement

Is the service well-led?

Our findings

We found that the provider had failed to implement safe systems to effectively monitor the quality and safety of the service. Audit and quality assurance systems had not been effective in independently identifying and addressing issues we identified within 'safe' of this report. Audits were completed for some aspects in the service, but had failed to identify that hot water presented a scald hazard and that windows above ground level were not restricted safely. We found one window had been restricted by use of a piece of material attached to the sash window. Therefore, the need to restriction of windows had been known about to take such ineffectual action. Once pointed out on our visit action was taken to make matters safe. The lack of oversight and continuous monitoring by the registered persons to be assured the service was safe was of concern. Some systems were being developed and implemented such as cleaning schedules and audits of care plans and staff files. However, there was a lack of systems to show that the provider had oversight to demonstrate that the registered manager was accountable and responding to matters raised through monitoring systems and development within the service. The provider did therefore not have a robust or effective system or processes to monitor and improve the quality and safety of the service.

This is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager at this service. People spoke highly the registered manager. A person said, "I've got a lot of time for [the manager], I find [them] very helpful, very supportive." A different person said, "I know [the manager they are], very pleasant, approachable."

Staff spoke highly of the changes in the management team and felt supported and involved with the changes and developments being made. One staff member said, "We are on the right track. We are involved with the changes. At our monthly meeting we share ideas. We solve things and delegate roles." Another staff member felt that the staff and management were all working together well. From minutes of meetings we could see that what staff told us was the case and that they were asked for their ideas and solutions and were part of running the home.

People who use the service were engaged and involved in developing the service they received. A recent survey had been completed which asked people for their views on a range of matters at the home. The results were available for all to see as these were in picture format and displayed in the main entrance. Whilst the results were mainly positive it revealed some areas for development that included; 13% of people not enjoying the meals on offer, 40% of people saying they or their relative did not join in the social activities and 27% of people not aware of the complaints procedure. A plan to address these findings had yet to be developed and retesting of satisfaction levels of these topics. The service had addressed the concerns that were identified at our previous inspection which demonstrated that the service responded positively to feedback from external agencies and organisations to improve the service, despite the new concerns that were identified at this inspection. A recent inspection by the local authority was positive with the registered manager responding positively to suggestions made. We found that the registered manager had developed strong links with other professionals and used their expertise where needed and this included accessing

training for the staff group from external agencies.

People and staff told us that this was a nice place to live and work. A senior member of staff said, "We [staff team] support each other" and that they enjoyed their role. They told us they enjoyed the changes and developments underway. Staff told us that the registered manager responded to any issues identified promptly. A member of staff said, "If we have a problem the manager acts straight away and gives us feedback about what's happened." The registered manager also told us how they aim to work proactively with external healthcare professionals and stated that they acted on behalf of people to ensure that they received the care and treatment they needed.

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 The provider did not have a robust or effective system or processes to monitor and improve the quality and safety of the service.