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Longmead House

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

Longmead House provides personal care and support for a maximum of 23 older people, some of whom may be living with dementia. Accommodation is set over three floors all of which have access via stairs or a lift. On the day of our inspection 12 people were living in the home.

This was an unannounced inspection that took place on 26 April 2016.

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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

Care records for people were not always accurate and some information held was contradictory.

There was a good atmosphere in the home where people and staff interacted in an easy-going manner. People and relatives were happy with the care provided and they were made to feel welcome when they visited. Staff supported people to take part in various activities although we have recommended the provider consider introducing more purposeful activities.

Staff followed correct and appropriate procedures in administering medicines and medicines were stored safely and appropriately.

Care was provided to people by staff who were trained and received relevant support from their manager. This included regular supervisions.

Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Information included detail around people's mobility, food and personal care needs. Where people had risks identified guidance was in place for staff to help reduce these risks.

Quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held. People were asked for their views about all aspects of their care and could make their own decisions. We received some good feedback at the home.

There were a sufficient number of staff to care for people. Safe recruitment practices were followed, which meant the provider endeavoured to employ staff who were suitable to work in the home. Staff were able to evidence to us they knew the procedures to follow should they have any concerns about abuse or someone being harmed.

Staff had not always completed assessments in relation to the Mental Capacity Act 2005, however the registered manager took immediate action to address this. Staff were heard to obtain people's consent before they supported them. Where people had restrictions in place to keep them safe, the registered manager had submitted the appropriate DoLS applications.

People had care responsive to their needs. People were provided with a choice of meals each day and those who had dietary requirements received appropriate food.

Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, dietician or district nurse.

Complaint procedures were available to people and there was a contingency plan in place should the home have to be evacuated.

There was an open positive culture within the home and it was evident the registered manager was respected by staff.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made some recommendations to the provider. 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?

Good

The service was safe.

People's risks were assessed and recorded.

The provider ensured there were enough staff on duty to meet the people's needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

People received the medicines they required and medicines were stored correctly and safely.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Deprivation of Liberty Safeguards. Although we found they had not always follow the legal requirements in relation to the Mental Capacity Act the registered manager took immediate action to address this.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care based on best practices.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions about their care.

Relatives were made to feel welcome in the home.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities, however we have made a recommendation to the provider to introduce more purposeful activities.

Care plans were comprehensive and regularly reviewed. People were involved in making their own decisions about their care.

People were given information how to raise their concerns or make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Care records relating to people were not always consistent or contemporaneous.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

Staff felt supported by the registered manager and relatives thought the registered manager was good.

Staff and people were involved in the running of the home.

Longmead House

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 checked 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 unannounced inspection took place on 26 April 2016. The inspection team consisted of three inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Prior to our inspection we had asked the provider to complete 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 the PIR prior to our inspection.

As part of our inspection we spoke with three people, the registered manager, four staff, five relatives, a friend of one person and three social care professionals. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included five people's care plans, five staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Longmead House on 18 June 2014 where we had no concerns.

Good

Is the service safe?

Our findings

We asked relatives if they felt their family member was safe. One told us, "Yes I do. That's because the staff actually care." Another relative said, "There is always someone (staff) around."

People received the medicines they required at the time they should have them. One person told us they always received their medicines and staff always explained to them what they were for. Where people required topical creams (medicinal creams) guidance was available in people's care plans on where the creams should be applied. Each person had a Medicines Administration Record (MAR) which recorded the medicines they had been prescribed.

However we found that people who had 'as required' (PRN) medicines did not always have a protocol in place which meant staff did not have information on when they may require this medicine, what signs and symptoms they may display and the maximum dose they could be given. We found the protocol for the administration of homely remedies (medicines which can be purchased over the counter without a prescription) was not individualised but was written to include everyone living in the home.

We recommend the provider reviews their medicines administration records to ensure the information in relation to medicines is complete.

Medicines were stored correctly and staff carried out routine stock checks to help ensure medicines were all accounted for. A healthcare professional told us, "I can say that all staff involved in medication have a good knowledge of patients and their treatments, and have a good relationship with ourselves and the GPs. When medicines need to be returned, they are written in the book for us to sign and always line up."

People were cared for by a sufficient number of staff. We did not see anyone having to wait to be helped or supported during our inspection and there was always a member of staff around when needed. The registered manager told us she used a dependency tool to decide how many staff were needed. This was dependent on the needs of the people living in the home at the time and whether or not they needed extra assistance. For example, if someone needed a hoist for transferring. The registered manager said she was generally supernumerary and there would normally be three care staff on duty each day in addition to a chef, domestic and two laundry assistants. Staff numbers on the day matched what we had been told by the registered manager. One person said they felt there were a sufficient number of staff. They told us they had rung the bell the previous night and a staff member was with them straight away.

Risks to people had been identified. For example, we read risk assessments in relation to people falling or for one person who was reluctant to receive personal care. Staff had guidance on how to help ensure people were not exposed to any risk. For example, one person was recorded as, 'doesn't realise the risk of using the stairs' and in order to reduce this risk it was noted, 'staff to accompany X when moving around the home'. We saw this happen on the day. People were supported to be independent but in a safe way and without risk. For example, one person's care plan stated, 'I try to do most things myself. I sometimes feel I can walk without a frame, but I know you worry about this. I need an aid to walk as I have a history of falls'.

Accidents and incidents were recorded by staff and action taken to prevent reoccurrence. For example, one person tripped over in the home and staff had taken the appropriate action in relation to this incident. This was to ensure staff always checked the home for trip hazards.

The provider carried out recruitment processes in a way which helped ensure that only suitable staff were employed to work in the home. For example, we saw staff files contained a past employment history, references, identification and results of a Disclosure and Barring Service check (DBS). A DBS identifies if a person has a criminal record.

People were helped to remain safe because staff understood their role in relation to safeguarding. Staff described to us the types of abuse that may take place. They were able to tell us what they would do if they suspected any abuse. Staff knew of the role of the local authority team in relation to safeguarding and told us they knew they could also call the Care Quality Commission. One member of staff told us they had previously whistle blown when they had concerns about a service they used to work for. Another member of staff said, "We need to look at how we communicate with people so they will trust us."

People would continue to be cared for in the event of an emergency or the home having to close for a period of time. There was a contingency plan in place which gave guidance to staff on what to do in an emergency. Each person had a personal evacuation plan in the event of a fire in the home and staff were up to date with their fire training which meant they would know what to do. A fire risk assessment had been carried out in September 2015 and each week the fire alarms were tested.

Good

Is the service effective?

Our findings

Staff did not always follow the legal requirements in relation to the Mental Capacity Act (2005). Care plans held mental capacity assessments for people, but these were not always completed for specific decisions such as the locked door for example. We read people had mental capacity assessments for their general health, personal care, medicines and finance. 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. Following the inspection the registered manager told us they had taken immediate action to address this shortfall in practice.

We recommend the registered provider complete work in relation to mental capacity assessments for people in a timely manner.

However, staff understood the need to obtain consent from people. For example, a member of staff told us they would always gain people's consent when they wished to deep clean their room as this required them to move ornaments and personal belongings. We noted where people were able to they signed to consent to the care they received.

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). Staff were able to demonstrate to us a good understanding of the legal requirements and had submitted DoLS applications for people appropriately.

People were offered a choice of meal each day and menus displayed showed a good range of home cooked nutritious food was provided to people. People told us they always enjoyed the meals in the home and said they were able to eat at their own pace. One person said, "One thing they do well is they feed us well." Another person told us they particularly liked the arrangements for meals because they were provided with the food they liked. They told us the chef came to see them every morning to discuss what they would like and they said the chef never disappointed them. A relative said, "Staff pander to her (food) whims." People knew what the meal choices were for the day. One person said, "The chef always tells me."

People's dietary requirements were known by the chef. The chef told us they knew what people could or could not eat and knew one person in particular did not eat meat. They showed us the list they followed which detailed people's individual dietary needs and told us they would ask people each morning which meal they would like from a choice of two for lunch.

Where people were at risk of malnutrition staff sought appropriate advice. For example, one person had been referred to the dietician due to weight loss and advice to staff was noted as, 'carry on adding cream to puddings and cereals, offer snacks of fruit and cheese'. In the afternoon we saw people were offered small pots of fruit as a snack.

The lunch experience for people was a pleasant one. People who used the dining room had regular places based on established friendships which was conducive to the meal as a social experience. People talked to each other and staff sat with people who needed support to eat. Following lunch people had a choice of tea or coffee at the table which helped maintain a feeling of shared social experience.

People received effective care from staff. One person suffered from swollen legs. We read in their care plan staff had engaged professional input to ensure they obtained appropriate advice on the best treatment for this person. As a result this person's legs had improved. Their relative told us, "Within two weeks her legs had improved. They are unrecognisable." Another relative told us in relation to their family member's care, "Mum has put on weight since last December. She is doing really well." People were cared for by staff who knew them. When we asked staff about people, they were able to describe their individual characteristics to us. For example, their preferred food or their individual interests.

People had access to external healthcare professionals when appropriate and staff were effective in noticing when people required professional intervention. For example, one person refused medical treatment and staff had involved the GP. Staff had contacted the GP in relation to another person who they suspected may be suffering from an infection. They told us, "We should always look for signs that people don't want to do things. It may be that they're not well." One person said they had never had any issues about the doctor being called out if necessary. A relative said, "Staff always keep us in the loop with what the doctor says."

People were supported to remain healthy through actions by staff. People were weighed on a monthly basis and if any weight loss was identified, referrals were made to the dietician or GP. A staff member told us they had good communications with the GP practice and the district nurses came into the home for one person. A relative told us, "Staff spot things very quickly and they are very good at making sure she drinks fluids." Another relative said, "Staff manage all aspects of her health. When she came out of hospital confused, staff calmed her down and got her back on track."

The environment was signposted in a way that was suitable for people who may be living with dementia. For example, we noted on the inside of a toilet door adjacent to the lounge was a sign saying, 'lounge'. The dining room had a pictorial sign in the hall indicating which way to go.

Staff received support and training which helped enable them to do their job confidently. One staff member said, "I had an induction when I came. I was shown how each person liked to be cared for; what they liked to be called. I looked through the care plans and the home policies." They said training was ongoing and they had undertaken training in subjects such as infection control, health and safety and first aid. Another member of staff told us they shadowed more experienced staff when they first started working in order to get to know people. One person said, "New staff are given time to get to know us, they come round with other staff at first." A professional said, "This is one of the few homes where I see the manager plans training in such a way that she guarantees she'll attend sessions along with staff present on the day, to ensure learning is carried onto practice."

Staff were supported by management. A staff member said she had received regular supervisions which meant senior staff were ensuring that they put their training into practice. Staff had the opportunity to meet with their line manager regular which gave them the opportunity to discuss any aspect of their work, any concerns they may have or training they required.

Good

Is the service caring?

Our findings

We asked people if they were happy living at Longmead House. One person told us, "I can't find anything to grumble about." A friend of one person told us, "She looks well. She's putting on weight. Staff are very friendly." A relative said, "She is very, very well looked after." Another relative said, "I can't praise them enough. Mum is so happy there." A further relative said staff were, "Fantastic. It has a family atmosphere."

Professionals gave us positive feedback. One told us, "I have found the service one of the best in the area. Residents always appear happy and well-looked after by staff. When it comes to staff treating people with kindness, care, respect and dignity, I have consistently observed on numerous occasions how staff implement these daily."

Although we only received positive comments from people, relatives and professionals we did observe some occasions when staff did not always display thoughtful practice to people. For example, one member of staff was supporting two people to eat at the same time during lunch and not all staff took the time to tell people what was on their plate when they handed it to them. On one occasion a member of staff stood up at one point to feed someone, rather than sitting at their level. One person's care plan stated, 'doesn't like much vegetables on plate' and yet we saw there was a large portion of vegetables on their plate at lunchtime. Another person had asked to go to the toilet, but a staff member said to another member of staff, "They've just been." However, we had been sitting in the lounge area with this person for at least one hour and had not seen them being supported to go to the toilet. When the person asked again a short while later however we did see staff support them. One person changed their mind at lunchtime on their meal choice and the member of staff did not offer to get them their preferred choice. Instead they told the person, "I will tell the chef and tomorrow you can have fish."

We spoke with the registered manager about this at the end of our inspection as most of our observations centred around one member of staff only. They assured us they would speak with the member of staff immediately and remind all staff of the importance of treating people in a respectful way. We had confidence that the registered manager would address our observations as she had advised. A professional told us, "She (the registered manager) is adamant about excellence in care practice and addresses shortfalls and poor practice without hesitation or delay."

The service was caring as a whole as we observed numerous occasions of good care and people were treated with kindness and attention from staff. Most people were sitting in the lounge area during the morning of our inspection and we heard staff chatting to them consistently. People were regularly offered drinks by staff and checked that they were okay. One person required their blood sugar levels tested by a member of staff during the morning. We saw staff do this in a nice way, they informed the person what they were doing and reassured the person when the result was okay. One person told us they had been feeling unwell during the night and had called staff. They said this morning staff had asked them how they were. A relative told us, "They treat her with care and kindness."

People were made to feel as though they mattered. One staff member adjusted one person's legs and put a

blanket over them saying, "You're going to get cold. Can we put the blanket back over you?" Another member of staff said to people as they passed them, "Are you all right X?" There was music playing in the background and staff checked if people were happy with the choice of music. When one person asked if it could be changed, staff adjusted the radio to a channel people preferred. A member of staff said, "I am always talking to them (people). I know who likes what." We saw this happen throughout the inspection. One person said, "You only have to ask about anything. Yesterday I had help filling in my postal vote."

Staff supported people to move around the home and be independent. One person regularly got up from their chair. Although staff were always immediately at their side, they let the person move around without intervening, keeping a watchful eye to ensure they were safe. On occasions when they got up from their chair staff encouraged them to do things for themselves, like open the door to other rooms. One person told us, "Staff here respect what I can do for myself." A member of staff told us, "We give them choice, it's important."

People were cared for by staff who showed a gentle approach with people. When staff wanted to speak with people who were dozing we saw them gently checking they were alert before talking to them or supporting them. For example, when they encouraged people to stand up from their chair to walk to the dining room.

People were able to make their own decisions. We heard staff giving people choice throughout the day. This ranged from what they would like to drink, where they wished to sit or how they wished to spend their time. One person told us they had their daily routine which they liked and staff respected and supported them to continue with this. They said staff were very attentive and respectful of their space and choices. Their appearance was important to them and staff supported them in this and had taken the time to get to know them. A member of staff told us, "We must always give people choice. If someone refuses something we will offer something else. If they still say 'no' then it's their choice."

People were given their privacy. We saw some people chose to spend time in their rooms at different times during the day and staff respected this. One member of staff said, "People still have their right to have space." A relative told us, "Staff are very aware of her dignity and they know she's entitled to her privacy."

People were supported to maintain relationships with people close to them. We saw visitors arrive during the day. A relative told us, "They (staff) always make you very welcome. It's like visiting family with the staff."

Good

Is the service responsive?

Our findings

Activities for people varied and although there was an activities programme this was adapted depending on how people felt on the day or what they fancied doing. We saw activities included news headlines, exercise sessions, crosswords and puzzles and entertainment from external activities providers. We saw staff circulate among people during the day, creating opportunities for one-to-one interaction, for example when someone was looking at a magazine and staff developed conversation from this. During the afternoon we heard staff ask people if they would like to do some exercises and later in the day local school children came to chat with people. The children were mixing and chatting with people and the registered manager told us this was a weekly occurrence. People who chose to spend time in their room were checked on by staff. A visitor told us, "Staff are always popping in and out."

One person said they sat and read most of the day. We asked them if they got bored and they told us, "If you think about it, it's what I'd do if I was at home. We do try games at times, but it depends on how people feel. It's better in the summer." They did tell us though that staff sat and talked to them and particularly during the summer they used the garden more. Another person said, "Staff are so busy, but they do find time for a chat." They said staff were trying to encourage them to paint again and play Scrabble, both of which they had previously enjoyed.

The registered manager recognised that more purposeful activities were needed in the home. For example, some people had previously knitted and others liked to draw or paint. We noted in one person's care plan it stated 'hobbies: maintain hobbies before Longmead', however there was no information on what this person's hobbies had been. Another person's care plan stated, 'I enjoy gardening'. This person told us they would like to do some gardening but had not had the opportunity to do so at the home. Some people told us they went out with their relatives but would like, "Other opportunities such as going into town." One person said they missed going to church services.

We recommend the provider considers alternative options so people's leisure time is more meaningful to them.

People's needs had been assessed before they moved in to Longmead House to ensure that the staff could provide the care and treatment they needed. Pre-admission assessments recorded people's needs in areas including health, mobility, communication and nutrition/hydration. Assessments also explored and recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies.

Care plans for people were detailed, comprehensive and completed in a person-centred way. They included information on their mobility, personal care, nutrition, skin integrity and communication. Staff could read what people felt they were able to do themselves and what they needed staff to support them in. Two-monthly dexterity assessments were completed for people to gauge whether or not they experienced a reduction in the use of their hands or arms.

People's past history and background were recorded. These identified their likes, dislikes and preferences.

This was detailed enough to include specific television programmes the person preferred or whether or not they liked a light on at night in their room. A pen-portrait was included in care plans which was an easy reference for staff who may not know the person well. It included details of the person and their preferred routines. People's emotional well-being was also recorded. For example, in the case of one person staff had identified that when they talked about their spouse that indicated they were feeling sad. Each care plan contained a health passport which held important information about the person should they have to go into hospital.

People and their relatives were involved in their care plans. One person said, "I am often asked to sign it (care plan). Once a month I think. They give the care I have agreed to." A relative told us, "She still makes decisions for herself (in relation to her care)." Another relative said, "Everyone has an input, but we do rely on staff input."

There was a complaints policy available for people. This was available in the hallway of the home. One person told us the registered manager regularly asked them if they had any complaints or concerns. The registered manager told us no formal complaints had been received since our last inspection. She said if people had any concerns they would resolve them there and then.

Requires Improvement

Is the service well-led?

Our findings

Some care records for people were not always accurate which meant people may not receive the care they need or new staff may not know how to care for a person. For example, one person had been losing weight because they did not always eat all of their lunch. However, their care plan stated, 'eating okay', 'usual weight, remains steady' and 'usual appetite, finishes most meals'. Another person's care records stated a hoist should be used when moving them. There was no guidance on the type of hoist or size of sling staff should use. In another part of their care plan it stated, 'I can walk with my zimmer frame when I am confident'. Staff told us this person could make the decision on whether or not they could stand. However, this person's care plan stated, 'Very confused at times. Memory not very good'.

Care records consisted of various assessments which were followed by the 'care plan'. However the care plan did not always correspond neatly with, or directly reference the assessments. This made information difficult to tie together. Identified risks did not always contain sufficient information for staff. For example, one person was recorded as being at risk when they tried to get out of bed during the night unsupported. There was no action recorded on how this risk may be reduced. This same person was noted as requiring a, 'hoist whenever her mobility is very poor, for safety' but there was no description to staff on what to look for to indication their mobility was poor.

General record keeping not always up to date or reflective of what had taken place. We noted some people's MARs included information on whether or not they had any allergies, but others were blank. It was not clear whether this was because they had no allergies or the information had not been completed. Records in relation to people's leisure time were not kept up to date. Records we looked at indicated that people spent most of their time reading or completing crosswords. However, when we spoke with staff they were able to tell us of a range of activities that took place within the home which was consistent with what we saw on the day. Daily notes in care records were not very reflective of the social aspect of people and did not give any flavour of what kind of day a person had or how they spent their time. Daily notes always commenced, 'gained consent' which as a consequence ceased to have any real meaning.

We spoke with the registered manager about this at the end of our inspection. Although some of the records were not up to date we had no concerns that the correct care was not being provided to people. Staff clearly knew people, the care required and detail about their medical or individual needs. The registered manager told us they struggled at times to keep all of the paperwork up to date and this had become more of a struggle since their deputy manager had left. They said they hoped to recruit a new deputy to help with the paperwork. This was reiterated by a professional we spoke with. They said, "The manager is beginning to train a few senior staff to follow her lead on the paperwork issues; a job she has historically performed single-handedly. She did tell me she's recently lost a few senior staff who have moved on. Hence her new challenge in finding the correct staff who can step up to the plate." Following the inspection the registered manager told us they had introduced a new care plan format and were reviewing each person's records.

The lack of accurate and contemporaneous records for people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relatives if they felt the home was well managed. One person told us they saw the manager daily and would not have any difficulty raising anything with them. A friend of one person told us, "The (registered) manager is very good. She bends over backwards for everyone." A relative said, "The (registered) manager is so caring. The home is very well run and very well led. The (registered) manager never gives up on anyone." A further relative commented. "Staff are always on top of everything."

Professionals gave positive feedback in relation to the home. One told us, "The caring approach is seen at the door when the staff welcome you and this reverberates throughout the hierarchy from manager to ancillary staff. The manager is the central driving force behind all the good care given in this home. I'd say this home is truly well-led by a highly competent and dedicated manager."

People were encouraged to give their feedback and were involved in the running of the home. Suggestions and feedback from people were listened to. For example, people had said they had liked the warm savoury snacks they had been given one day and this had been introduced routinely mid-morning with their hot drink. One person told us that during the review of their care plan staff always took the opportunity to ask if they were happy living in the home.

Residents meetings were held every two months and we read at the last meeting people discussed the importance of care plans and why there was always a member of staff in the lounge area. People had commented on how nice the food was and how nice the kitchen staff were. There were also discussions about activities and people said they enjoyed the visiting entertainers. There was a suggestions box on a table in the hall of the home which both people and relatives could contribute to.

Relatives meetings were held occasionally by the registered manager and each year relatives were encouraged to complete a feedback survey. The results of the survey carried out in 2015 showed relatives were very happy with the care that was provided to their family member. Comments included, 'convinced in a short space of time that we have made the right choice for our relative' and 'friendly staff, very respectful with a sense of fun'. Suggestions for improvements had been acted on by the registered manager. For example, relatives had asked for the conservatory to be reorganised to give people more space to use it for arts and crafts. This had been done.

Staff were involved in the running of the home. Monthly staff meetings were held where staff discussed all aspects of the home. A member of staff said that they were supported to give their opinion on people's care. They said they were not afraid to speak up at staff meetings or go to the registered manager. One told us the registered manager was, "Very, very good. She understands everyone's point of view." Another member of staff said how much they enjoyed their job. A third staff member said, "I love working here. I love working with the team, the people and especially my manager – she's so nice. She will always help and listen. She will always ask for our opinions and give us responsibilities. I really like it."

Staff told us the culture in the home was good. One staff member said, "If I'm doing something wrong the registered manager will pull me up. The culture is good and everyone has the same views on the care that should be provided and the goals we are trying to achieve." Another member of staff said, "We talk like a team if there's a problem."

Quality assurance audits were carried out by staff to help ensure a good quality of care was being provided to people. The registered manager carried out regular infection control audits. We read the last audit had identified no concerns. Checks of the building were completed regularly and actions recorded in a communications book which was ticked when actions had been completed. For example, maintenance items such as carpet cleaning or bulb replacements. Equipment used in the home to assist with people's

mobility or help to keep them safe was checked. This included mobility aids, the call system and sensor mats in people's rooms.

Other quality assurance audits including monthly health and safety audits, walkthrough checks of the premises, accidents and incidents, food hygiene and water temperatures.

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 did not take formal enforcement action at this stage. 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 registered provider had not ensured people's care records were always accurate.