

Kay Care Services

Terravis Park Residential Home

Inspection report

Choppington Road
Morpeth
Northumberland
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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



Overall summary

This inspection was unannounced and carried out on 29 March 2015. We had received information about concerns in relation to people's care and welfare. We were also told that people who used the service were woken up very early. We visited the service at 6.30am. We did not find evidence that staff were getting people out of bed early or that people's needs were not met. We returned for the second and third day of inspection on 30 and 31 March.

We had last inspected the service in February 2014, and at that visit found the service was meeting all of the regulations that we inspected.

Terravis Park Residential Home is a care home in Morpeth. It accommodates up to 42 older people, some of whom have dementia care needs. At the time of our visit there were 16 people being cared for at the home.

Summary of findings

At the time of our visit there was a registered manager in place. 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. Our records showed they had been registered with us since November 2013.

Risks relating to the building had not been assessed. Two people who used the service were accommodated on the first floor. The risks of uneven flooring and open stairs had not been assessed. Some individual risks due to people's needs had not been taken into consideration in risk assessments.

We found that the décor of the premises did not fully meet the needs of people who had a dementia related condition. We have made a recommendation to ensure that the décor and design of the premises meets the needs of all people who lived at the home.

Staff were able to describe how they would respond to any safeguarding concerns, and were aware of how to contact the local authority safeguarding team.

We observed there were enough staff to meet people's needs. The atmosphere in the home was calm and unrushed. Staff told us the staffing levels were consistent. There were recruitment procedures in place. However, when we checked these procedures we saw one member of staff had started working in the home before their Disclosure and Barring Service check had been returned.

Medicines were managed in a safe way. There was a system in place to order, receive, store, administer and dispose of medicines.

Staff had received a range of training, we saw this training was monitored and it was up to date. We saw all staff had received training in dementia care. Staff spoke positively about the training opportunities available to them. Staff were not aware however, of some of the key principals of the Mental Capacity Act 2005 (MCA). The manager told us training in MCA was planned for this year. We have made a recommendation to ensure that the service follows the relevant requirements of the MCA.

Staff regularly met with their supervisor to discuss their role and the people they supported. In addition to yearly appraisals to discuss their performance and development.

The provider was aware of their responsibility to assess any restrictions placed on people's freedom through the delivery of safe care. The provider had assessed those who required a Deprivation of Liberty authorisation, and sent applications to the local authority.

People were supported to eat and drink. We saw on the whole people's weight had increased since they started receiving care from the service. People were given a choice at each meal. The cook was knowledgeable about people's dietary needs.

People were very positive about the way they were treated by staff. People told us they felt respected and that staff were kind. We saw staff appeared to know people well and the atmosphere in the home seemed warm, with staff and people sharing jokes. Staff told us they enjoyed their role.

People told us their independence was promoted and their privacy was respected. We saw documentation relating to people's care were kept securely.

We saw staff were responsive to people's needs. During our visit we saw staff regularly checked with people if they needed any help and support.

Activities were planned throughout the day and we saw groups of people taking part in games with staff. Staff told us they accompanied people on walks around the garden of the home, and that trips out of the home were occasionally planned.

People knew how to make complaints. We looked at the complaints and compliments book. We saw there had been three entries within the last 12 months. Two were positive praising the service, and one was a complaint. We saw the complaint had been investigated and responded to.

Accurate records relating to people's care and the management of the service had not been maintained. Audits were carried out regularly but these had not highlighted the concerns which we found during our inspection.

Summary of findings

People spoke highly of the registered manager and of the changes which she had implemented since she had begun her role. Staff told us leadership within the home was good, and that they were able to contact the manager whenever they needed to.

There were processes in place to gather feedback from people who used the service, relatives and staff members.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to records and assessing and monitoring the quality of service provision. These correspond with one breach of the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Risks relating to the building had not been assessed.

Staff were aware of their responsibilities in relation to safeguarding. There were enough staff to meet people's needs. Recruitment procedures were in place but had not always been followed.

Systems were in place to manage medicines.

Requires Improvement



Is the service effective?

Not all aspects of the service were effective.

Staff had received training in care and safety, as well as training specific to people's needs. Staff received regular supervision and yearly appraisals.

Staff told us how they supported people to make decisions. Staff had not received training in Mental Capacity Act 2005 (MCA) and were unaware of some of the principals. The registered manager told us this training was planned.

People told us they enjoyed their meals at the home. The cook was knowledgeable about people's dietary needs.

Requires Improvement



Is the service caring?

The service was caring.

People and their relatives told us staff treated them well. People explained they were supported to remain independent. They also told us that their privacy was respected.

Good



Is the service responsive?

The service was responsive.

Staff were responsive to people's needs. We saw there was a good staff presence in the home, and staff regularly checked with people if they needed any help or support.

Care records were personal and included information on people's assessments, needs and preferences.

People were aware of how to make a complaint. We saw the complaints procedure had been followed when responding to complaints.

Good



Is the service well-led?

Not all aspects of the service were effective.

Records were not kept to a good standard. Some documentation within care records were incomplete or inaccurate.

Requires Improvement



Summary of findings

Regular audits were carried out, but these had not identified the shortfalls we found on the inspection.

There was a registered manager in place. People who used the service, their relatives, and staff spoke highly of her.

Terravis Park Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 29 March 2015 and was unannounced. We returned on 30 and 31 March 2015 to complete the inspection. We had received information about concerns in relation to the service, and as a result we brought the date of this planned inspection forward.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who carried out this inspection had expertise in older people and those who had a dementia related condition.

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.

Before the inspection we reviewed all of the information that we held about the service and the service provider including the PIR. In particular, we looked at any of the notifications that had been sent to us. Notifications are sent to CQC to inform us of any legally notifiable events, such as accidents, deaths or safeguarding matters.

In order to gather the views of other organisations about the quality of the service we contacted the local authority safeguarding and commissioning teams. We also contacted the local Healthwatch team. We did not receive any information of concern from these organisations.

During the inspection we spoke with nine people who used the service. We also spoke with one relative who was visiting the home and telephoned three other relatives. We spoke with a GP and a district nurse who were visiting the home. We spoke with the registered manager, operations director, four care staff, cook, maintenance worker, and a student on work experience.

We reviewed four people's care records and 10 people's medicines administration records. We looked at five staff personnel files in addition to a range of records in relation to the management of the service.

Is the service safe?

Our findings

We saw some risks in relation to people's needs had been addressed. For example, the risk that a person may fall over or develop a pressure ulcer. However, other risks had not been assessed. We saw from one person's care records that they sometimes became distressed and displayed aggression towards staff and other people who used the service. Their risk assessment associated with their needs did not make any references to the risks this person may pose to other people and staff. We spoke with the manager about this who told us they would address this risk assessment.

Most of the people were accommodated on the ground floor of the home, but two people's bedrooms were on the first floor. People could move freely between the first and ground floors of the home. There were no safety mechanisms however, on the open stairs. The flooring upstairs was uneven in places. The ground sloped where there were ramps under the carpet. There were signs on the wall alerting people to the change in the floor level. However, these areas of uneven flooring were difficult to anticipate as there were no distinguishing markings on the floor. The risk of the open stairs and uneven floor for people who had a dementia related condition had not been assessed.

Staff told us that overnight they were usually based on the ground floor. They told us they checked on the people accommodated on the first floor every three hours through the night. Staff explained they would always go and check if they heard any movements from upstairs. We noted however, there was no risk assessment or guidance in place to ensure people living on the first floor were safe. We fed this back to the manager who told us they would implement a risk assessment for the home, in addition to reviewing people's individual risk assessments.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that they felt safe. One person said, "Do I feel safe? Oh yes. The staff here do right by you." Another person said, "The staff here work very hard. They are very careful with you. They are very thorough."

Staff had been trained in identifying and responding to any safeguarding concerns. Staff we spoke with were able to describe the company procedure to follow if they were alerted to any allegations of potential abuse. Information about how to respond, including telephone numbers for the local authority safeguarding teams was displayed in the staff room. We reviewed safeguarding records, and saw the manager had liaised with, and made referrals to the local authority's safeguarding team where appropriate.

A range of servicing and tests were carried out to maintain the premises. The fire alarm was tested every week and the water temperatures were checked in people's bedrooms and bathrooms. We found a towel rail which was very hot when touched in an upstairs shower room. We considered that this was a health and safety risk. We spoke with the manager about this issue. She said she would address this immediately.

Plans were in place in case of an emergency. We saw evacuation procedures were displayed around the home detailing the process to follow if there was a fire. Staff told us regular fire drills were carried out. Hospital admissions information was stored in people's care records. This document held information about people's needs, regular medicines and methods of communication in case they were taken into hospital.

We reviewed the accidents and incidents records. We saw the manager monitored these to determine if appropriate action had been taken by staff. Accidents and incidents information was analysed and shared with the operations director at the company's head office on a monthly basis.

We spent time looking around all areas of the home. We checked communal areas and people's bedrooms. We found the home was clean and well maintained. Staff were observed using personal protective equipment, such as gloves and aprons appropriately.

During our inspection we saw there were enough staff to meet people's needs. The atmosphere in the home seemed calm and people's requests were responded to quickly. We observed mealtimes and saw these were well managed. Staff were able to serve people's meals and support those

Is the service safe?

who needed help with their meal. Staff we spoke with told us the staffing levels were consistent, and there were enough staff on duty to meet people's needs. One staff member said, "Today is a typical day. There are three carers, a senior and [Name of Manager]. We can manage well with three staff."

Recruitment procedures were in place to determine if staff were suitable to work with vulnerable people. The manager told us staff were subject to checks through the Disclosure and Barring

Service (DBS) to determine if there were any reasons that may prevent them from working with vulnerable people. The manager also told us two references were required to check staff were of good character. We looked at five staff recruitment files. Four of the files showed the recruitment procedure had been followed. However, one person had started working in the home before their DBS check had been returned. We were told this was an oversight, and that a recruitment checklist had recently been put into place to ensure all checks were carried out before staff started work.

We saw two members of staff had declared a conviction on their application forms. We spoke with the manager who told us their conviction had been discussed at interview. The manager told us that following their interview, she had considered the circumstances surrounding the convictions and considered that these did not raise any issues in relation to the staff providing care to people. However, the manager acknowledged that these considerations and assessments had not been documented.

There were systems in place to ensure the safe receipt, storage, administration and disposal of medicines. People's medicines administration records (MAR) had been completed. MARs included information detailing when and why people had refused their medicines. We observed staff administering medicines appropriately. Staff had received training in safe handling of medicines. Their competency in administering medicines was checked annually through assessments and observations. Medicines were stored securely. However no checks were carried out to ensure the temperature in the medicines room was appropriate for the safe storage of medicines. The manager told us she would address this immediately.

Is the service effective?

Our findings

All of the people who used the service, and their relatives we spoke with told us they were very satisfied with the way the staff were able to meet people's needs. One relative said, "The staff are absolutely fantastic. I want to praise the staff for the care they show my father. I could not be more content. His appetite has improved since he went into the home."

We spoke with two visiting professionals, who were positive about the care provided. A GP told us, "Things have improved greatly in this home over the past two years since the new manager was appointed. I find I am called out only when needed."

Records showed staff had received training in safe working practices such as moving and handling, health and safety and medicines. Staff also told us about the training they had received which was specific to the needs of people who used the service such as dementia care training. One member of staff said, "It's a 12 week course, with a workbook to go through and questions to complete. We manage it in our own time, but [name of manager] is very good at making sure we've got the time to do it. I've learned a lot, it's been quite sad at times, but very important to know." Another said, "I've done loads of training. We do a lot here. We're always doing some kind of course or up to something new."

Induction training for new staff members was thorough. It included time for the staff member to read policies, get to know people's needs and shadow more experienced staff. We saw staff's skills in delivering care were assessed at the end of the induction to ensure they could safely and competently deliver care.

Records showed staff received supervision sessions on a regular basis. Staff we spoke with confirmed they met with their supervisor every two to three months and were very positive about the experience. One staff member said, "We talk about anything. How I am in general. If I have any concerns. If there is anything that I can think of that could be done better. It's good to meet up and chat about anything that might be on my mind." Staff received yearly appraisals to discuss their performance and personal development.

We spoke with the manager and staff about the Mental Capacity Act 2005 (MCA). The MCA protects and supports

people who may not be able to make decisions for themselves. Where people lack the capacity to make their own decisions, the MCA sets out the process which needs to be followed so decision making is made in people's 'best interests'. Staff were able to tell us how they supported people to make decisions, such as what they would like to eat or what they would like to wear. They were unsure however, of the process which should be followed if people did not have capacity to make certain decisions.

The manager acknowledged this gap in staff understanding of the MCA. She told us MCA training was planned for that year, and all staff would receive the training. We spoke with the manager about decision making when people did not have capacity. She described examples where decisions had been made in people's 'best interests' for example when a pressure mat was placed in one person's room to alert staff if they fell in the night. However, whilst the manager was able to talk us through the way the decision had been made, she did tell us she had not completed the MCA and 'best interests' documentation.

We were told some people had appointed a Lasting Power of Attorney (LPA). LPA is a legal tool which allows people to appoint someone (known as an attorney) to make decisions on their behalf if they reach a point where they are no longer able to make specific decisions. We asked to see copies of these legal documents. The manager explained copies were not available for most people. This meant evidence was not available to confirm whether an attorney had been appointed or to ensure the attorney was involved in the correct decisions.

The provider acted in accordance with the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure unlawful restrictions are not placed on people in care homes and hospitals. The manager told us that following new guidance about DoLS, she had assessed who required authorisation and requested it from the local authority. The local authority was in the process of assessing some of these applications at the time of our visit.

People were positive about the meals at the home. One person said, "Yes the food is nice, the portions are too big though." We spent time with people over breakfast and lunch time. We saw people were given a choice of what they wanted to eat. Staff provided support in a calm unhurried manner.

Is the service effective?

We spoke with the cook who was knowledgeable about people's special dietary requirements. We looked around the kitchen and saw it was well stocked with meat, fresh vegetables and fruit. She told us about ways she fortified people's diets by making homemade smoothies and high calorie ingredients such as cream, butter and cheese. We noticed that sherry, beer and wine was available because some people enjoyed a drink with their meal or on an evening. We saw from care records that one person had recently lost weight, and this had been referred to a dietitian. All of the other people who used the service had either maintained or increased their weight.

We checked how the adaptation, design and decoration of the premises met people's needs. The manager told us most of the people who lived at the home had a dementia related condition.

The National Institute for Health and Care Excellence (NICE) states, "Health and social care managers should ensure that built environments are enabling and aid

orientation." [NICE, Dementia - Supporting people with dementia and their carers in health and social care, November 2006:18]. We found not all of the premises were "enabling" and helped aid orientation.

We spent considerable time looking around all areas of the home. Most of the corridors were painted in the same colour with few discernible features to aid orientation. The Alzheimer's Society states, "Design changes, such as using contrasting colours around the home, are very useful in making items easier for people with dementia to identify." We fed this back to the manager who told us plans were already underway to improve the environment. Including improving signage and putting photographs and memory boxes outside of people's bedroom doors.

We recommend that records evidence that care and treatment is always sought in line with the Mental Capacity Act 2005.

We recommend that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living with dementia.

Is the service caring?

Our findings

All of the people we spoke with who used the service, and their relatives, spoke highly of the staff at the home. People told us staff were “kind” and “caring”. One person said, “The staff work very hard and they try very hard to please.”

We spoke with both a GP and a district nurse who were visiting the home during our inspection. Both told us people were well cared for. The district nurse said, “It’s a nice little place here. It’s quite homely. People seem to be treated well. I have no concerns.”

During our time in the home we observed staff knew people and their needs well. Staff used their knowledge of people’s families and preferences to engage them in conversations and activities. We saw staff shared jokes with people and the atmosphere in the home was warm and light-hearted. Staff we spoke with told us they enjoyed their jobs, one member of staff said, “I care for people the way that I would want someone to look after my mam or nana.” Another staff member said, “It is very satisfying work.”

The manager told us people were involved in planning their own care. She said, “When people come to us, we sit down with them and if they want their family too, and we’ll talk about what they want. What they want from us. We’re a very close team, my office is off the lounge and I’m out there all the time. We are always asking people if they are happy. Is there anything else that we can be doing?”

People were given information about the home when they began using the service. Everyone had been given a service user guide which included how the service was run and what people should expect. Information was also displayed on the wall in the lounge, such as daily activities and menus. We saw this information had been displayed in an easy read format which used pictures to aid people’s understanding. Staff told us they offered people choices in

a way they would understand. One member of staff said, “You can’t just ask everyone here. Not everyone would understand. What I’ll do is when we’re serving lunch, I’ll take over both plates and they can pick which one they like. The same for choosing their clothes.”

Information was also displayed about accessing an advocate. An advocate is an independent person who can support people who do not have capacity with decisions about their care. The manager told us that at the time of our inspection, no one was using an advocacy service.

Documentation relating to people’s care was stored securely within the manager’s office. We saw staff were sensitive when asking people about their care needs in communal areas. For example we saw staff bend down and quietly ask people if they needed support to go to the bathroom.

People we spoke with told us they were treated with dignity and that their privacy was respected. We saw staff knocked on people’s doors, and waited to be invited in, before they entered people’s bedrooms.

People told us their independence was promoted. One person said, “I don’t need much help. The staff know that and leave me to it really. I just ask if I need a hand with anything, but I try to do as much as I can without it.”

The manager told us end of life care was a priority for the home. Records showed staff had received training in end of life care. Staff were very positive about the training. One member of staff said, “I’ve just passed my end of life training. I really enjoyed it. There was lots I didn’t know about before, such as what to do after someone has died. It was quite emotional at times and quite hard but I’m really glad we’ve done it.” Care records included an end of life care plan. We saw staff had discussed with people whether they wanted to record decisions relating to how they wished to be cared for at the end of their life.

Is the service responsive?

Our findings

All of the people we spoke with told us they were happy with the care they received. Relatives told us people were very well cared for. One relative said, "My father could not be more content than he is now. He is even better than he was at home." A GP who was visiting the home said, "The care here is very patient centred."

During our visit we saw staff were responsive to people's needs. There was a good staff presence in the communal areas. We saw staff regularly checked if people needed their help or support.

We looked at four people's care records. We saw a range of assessments had been completed to determine people's needs. For example to determine if people were at risk of falling or of developing pressure damage. Where needs had been identified, care plans were in place to describe to staff how these needs should be met. We saw these care plans varied in the amount of detail included. We saw some were very specific and set out each step staff should take to make sure the person's needs were met. However, others were less clear. We fed this back to the manager who said she would review all of the care plans.

Care records were personal. They contained information about people's life histories. Such as where people had lived, where they had worked and details on their family life. One page profiles had been used to give staff an overview of what was important to the person in one document. We saw one person's profile included details on the support they needed and their preferred daily routine in addition to information about their favourite television shows and foods.

Care records showed people's preferences had been recorded. We saw information, such as what time people liked to go to bed, and wanted to get up in the morning, was specific to people. Before our inspection we had received information of concern that people were woken

up very early. We carried out our inspection at 6.30am and found four people were awake. We spoke with these people who told us they wanted to be up. Their records showed they were early risers. All of the people we spoke with throughout the inspection told us that they were supported to get out of bed at the time they wanted to get up. We found no evidence that people were woken early by staff.

Staff told us the responsibility for planning and carrying out daily activities was shared by all staff. They told us activities, such as card games, dominos, bingo and walks around the gardens were planned every day. Three staff told us this arrangement worked well, as it meant there were lots of opportunities throughout the day for people to take part in activities. However one member of staff said, "I think the home would benefit from an activities coordinator, it would mean people could get out and about more." During our inspection we saw people appeared to be enjoying the activities carried out. The planned activities board showed people were able to take part on occasional trips out of the home.

All the people who used the service, and their relatives, told us they were aware of how to make a complaint. All of the people we spoke with said they had no complaints and they were pleased with all aspects of the home. Information was included in the service user guide about how people could make a complaint and how it would be handled. We reviewed the complaints and compliments file. We saw three entries had been made within the last 12 months. Two were compliments about how the service was operated and one was a complaint. We saw this complaint had been investigated and responded to in line with the complaints procedure. Whilst formal complaints had been documented, the manager acknowledged informal concerns had not been recorded. In discussion with the manager about this she said, "It's a good idea, we will do this."

Is the service well-led?

Our findings

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During our inspection we noted records had not been kept accurately. Within care records, some documentation was unnamed or undated. Some records had not been completed or had only been partially completed. For example, an assessment documentation to monitor restrictions to people, to help staff to determine if a person needed DoLs authorisation was either blank or only partially completed in all four of the care records we looked at.

Records were not always up to date when people's needs or planned care had changed. We saw in January 2015 one person had been prescribed a medicine which could be administered when they displayed signs of anxiety. They had a care plan in place which described how staff should support this person if they became anxious and distressed. However this care plan and reviews did not reflect the medicine which they had been prescribed. Staff we spoke with were aware of this prescribed medication. However the person could have been at risk of inconsistent care as their records were not an accurate description of their planned care. The manager told us she would update this care plan immediately.

We looked at records relating to the management of the service. We found these were not always complete. The most recent electrical installations test had been carried out in 2009. This stated that the electrical installations were "unsatisfactory." It was not clear what action had been taken in response of this test. The manager told us that she was not clear since the test had been carried out prior to her starting work at the home. The maintenance worker was able to show us invoices which appeared to be for work carried out to address the electrical installations report, but explained no action plan to address the required improvements had been maintained.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems in place to monitor the quality of the service were not robust. The manager carried out a number of audits and checks on the service. We found however, that these

did not always highlight the concerns which we had found. Care plan audits were carried out regularly, however at our inspection we found undated and sometimes inaccurate documentation. Nine months before our visit a pharmacist had recommended that staff monitor the temperature in the medicines storage room. However, this had not been carried out, and monthly medicines audits had not picked this up. We spoke with the operations director about these issues and she advised us she would review the systems in place to provide quality assurance.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Company processes relating to employment of staff had not always been followed. One staff member had started working for the service before their Disclosure and Barring Service (DBS) check had been returned to the service. When staff had declared convictions, assessments as to their suitability had not been recorded.

There was no process in place to review staff DBS records when they had been working at the service for a number of years. We saw some staff had not had criminal records check carried out since they started working for the service in 2006. The manager told us she was aware of this, and was going to start requesting DBS checks for staff who had worked for the service for more than three years.

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission since November 2013. The manager was present during our inspection.

People who used the service and their relatives were very positive about the manager and the changes she had made she had started her role. One relative said, "She has made a big difference to the home since she came". A GP visiting the service said, "Things in this home were a bit wobbly but since the new manager took over, the care is very good. She has trained up a very good team here."

Staff spoke highly of the leadership within the home. They told us that the manager and operations director were a very visible presence in the home for people who used the service, visitors and staff. We spoke with staff who regularly worked nightshifts and weekends. They told us that they

Is the service well-led?

were able to contact the manager at any time. One member of staff said, “There is a good staff team. [Names of manager and operations director] are always on the end of the phone.” Another staff member said, “The manager is lovely. If I had any problems I’d go straight to her. She’s caring, understands what we are going through and listens to us.”

The operations director told us that the aim of the home was, “To deliver the best quality care to people in a home from home, warm, loving family environment.” She told us they achieved this by listening and involving people in their care, providing staff with training and coaching and by building strong, positive relationships with families and stakeholders.

People who used the service and staff told us they felt their contributions were valued. We looked at completed questionnaires which had recently been returned by people who used the service and their relatives. The questionnaires asked people’s views on how the service was run and if people would like to suggest any improvements. The manager told us these were sent out every year, and the results would be collated and shared with people. The manager told us informal meetings were held regularly with people to decide on activities, trips out and menus.

Staff meetings were held monthly and staff told us these were useful to keep up to date with anything they needed to know, as well as providing an opportunity to share their thoughts on the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Systems to monitor and improve the quality and safety of the service were not robust. Systems were not in place to ensure accurate, complete and contemporaneous records were maintained. Regulation 17 (1)(2)(a)(b)(c)(d)(ii).