

Longlea Limited

Longlea Nursing home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

A registered manager was employed by this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law as does the provider.

Longlea Nursing Home provides a service for up to 22 older people. People may need care for a period of time

Summary of findings

to recover from illness or have lived in the home on a longer term arrangement. At the time of our inspection 19 people were using the service. This was an unannounced inspection.

We looked at the provider's recruitment processes. It is the legal requirement for the provider to obtain satisfactory evidence of conduct in previous employment relating to health or social care, or children or vulnerable adults. In one out of four staff files we looked at, one reference was missing relating to staff's conduct in such previous employment.

There was no clear and safe system of checking expiry dates for all of the medicines to make sure they were safe to give to people. Although medicines were kept securely, there was a risk of people being administered out of date medicines which may affect their health and wellbeing.

Staff did not always share people's personal information in a confidential way. We did not see any agreement from people indicating they consented to their personal information being shared in the home in front of other people or visitors.

Staff had not completed recent training in dementia care, fire, food hygiene and health and safety. There was a risk of people being supported by staff who may not have up to date knowledge and skills. However, staff were supported appropriately to understand and carry out their roles and responsibilities by appropriate supervisions and appraisals, team meetings and handovers, and daily communications with senior staff and the registered manager. The provider ensured there were enough staff to meet people's needs.

People and their relatives felt safe at Longlea Nursing Home and they were protected from abuse. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected. The registered manager was knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) and had taken the right action to ensure people's rights and liberties were protected.

Throughout our inspection we saw examples of appropriate support that helped make the home a place where people felt included and consulted. People and their relatives were encouraged to plan their own care and support. We saw staff responded to people's needs quickly and in a caring way. People said they were treated with dignity, privacy and respect.

People were supported to maintain their health and wellbeing because staff knew the people well. There was enough food and drink available and we saw the mealtime was enjoyable time for people. People were supported to choose food and to eat their meal without being rushed. Staff treated people in a caring way.

Systems were in place to identify, report and respond to incidents and accidents appropriately and action was taken to prevent these events from re-occurring. The registered manager assessed and monitored the quality of care. The home encouraged feedback from people and their relatives, which they used to make improvements to the service.

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?

The home was not always safe. The provider's recruitment process was not always robust. It did not follow legal requirements to check staff's conduct in previous employment. However, staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There was no system for checking medication expiry dates and making sure no one was administered out of date medication.

Staff respected people's freedom and rights. They acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were protected and supported appropriately when they needed help with making decisions.

Requires Improvement



Is the service effective?

The home was not always effective. Not all staff had up to date training to ensure there was no risk of people being supported inappropriately.

However, staff were supported and encouraged through a thorough induction and regular supervision to ensure they could meet the needs of the people.

People's health care needs were assessed and staff supported people to maintain their health and wellbeing. People had access to health professionals when required and were supported to eat and drink enough to meet their needs.

Requires Improvement



Is the service caring?

The home was not always caring. People's personal information was not always shared in a confidential way. However, people and relatives told us their privacy and dignity was respected. Staff responded well and in a caring way when people needed help or support.

Staff supported people to express their views and make their preferences and wishes known taking time to listen to them.

Requires Improvement



Is the service responsive?

The home was responsive. During our visit we saw staff responded on time and appropriately to people's needs. People and their families were able raise their concerns in the home and these were responded to appropriately. There was an appropriate system to address and respond to complaints. When people did complain the home thoroughly investigated their concerns and tried to put things right. The staff and registered manager were approachable and dealt with any concerns in a timely manner.

Good



Summary of findings

People and their relatives were involved in the care planning process. People's needs were assessed and appropriate records were in place. Relatives were encouraged to support people to plan their care.

There was a choice of activities for people to participate in if they wished. The home arranged activities for people who use the service according to their wishes and interests.

Is the service well-led?

The service was well led. There was a positive and open working atmosphere at Longlea Nursing Home. People living at the home, staff and relatives felt the registered manager and team were approachable. There was a commitment to listening to people's views and making changes to the service in accordance with feedback received.

The organisation was working at building trust in the home by encouraging open and honest communication between people, professionals, staff and relatives.

Systems were in place to review and address any incidents and accidents in order to identify any themes, trends and lessons to be learned.

The registered manager had quality assurance systems to monitor quality of care and support. They involved people, relatives, staff and stakeholders to provide feedback so the home could make improvements.

Good



Longlea Nursing home

Detailed findings

Background to this inspection

We inspected the home on 6 August 2014. This inspection was carried out by an Adult Social Care inspector, a specialist nurse advisor 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.

Before the visit to the home we looked at previous inspection reports and notifications that we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and identifying areas of good practice. 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 last inspected this service on 8 August 2013 and found no concerns.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spend time observing how staff care for people and interact with them.

We spoke with seven people, four relatives, four care workers, two nurses, the cook and the registered manager. During our inspection we observed how staff interacted with people and their relatives. We looked at how people were supported during the day. We also reviewed a range of care records for five people and records about how the home was managed.

Following our visit we sought feedback from commissioners and health care professionals to obtain their views of the service provided to people.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

The provider did not always carry out thorough recruitment processes. We looked at four staff recruitment files to see what checks have been carried out. The provider checked staff's employment history, competence and conduct, health and criminal record check to confirm the staff member's suitability to work with vulnerable adults. One staff file was missing one reference from their last employer. We asked the registered manager about it but they were unable to find it or offer an explanation. Staff's conduct must be checked to ensure people are not at risk by being supported by unsuitable and inappropriate staff.

We looked at the medicines management in the home. The general medicines cabinet was not always managed appropriately. We saw there were a number of different medicines stored for people living in the home. We asked how the flow of medicines and checks regarding expiry dates were carried out. The senior staff told us this was done by 'whoever replenishes the stock to check the dates and ensure older stock is in front'. We randomly selected 15 medicines to check expiry dates. We found one medicine and one box of needles were out of date. The senior staff took it out and said they would discuss this in a meeting with staff. Medicines were not always checked appropriately which increased the risk of people being administered medicines that were out of date.

The medicines were locked and stored in a safe place. The senior staff in charge of the shift held the key to access the medicines. The controlled drugs cabinet was locked and contents were checked against current administration. Controlled drugs stock was recorded correctly and signed by two staff. Some people also told us they could look after some of their own medicines because this was what they liked. Other people said they were happy for staff to administer all of their medicines. We observed medicines administration. People were supported to take their medicines in appropriate way.

People felt safe and supported by staff. Comments included: "I feel very comfortable and safe here" and "I am always very comfortable and content here. Everything is always very good". People felt safe because they knew staff would come quickly when they called for help. Call bells were answered promptly. Relatives told us they were happy with the way their family members were looked after in the home.

Arrangements were in place to ensure people were protected from abuse. Staff had received safeguarding training. They knew how to identify potential abuse and understood their reporting responsibilities. Safeguarding and how to keep people safe was discussed in team meetings, handovers and staff supervisions. The registered manager was committed to provide a safe environment for people and encouraged everyone to raise any issues or concerns so these would be addressed accordingly. Appropriate information was provided to CQC and local authority regarding concerns raised and actions taken to address these concerns.

The registered manager assessed staffing numbers according to people's individual needs. Extra staff would be put in if people's needs changed and they needed more support. Dependency assessment was reviewed every month or when changes happened to make sure there was enough staff at all times to support people. People were looked after by care staff and qualified nurses. People and relatives were happy with the levels of staffing. People told us and we observed staff responded to the call bells promptly. We did not observe anyone rushing and the support was provided at people's pace.

Risks to people's safety were appropriately assessed, managed and reviewed. Each person had a risk assessment to review their abilities and support needed to keep them safe which also took into account people's wishes to be independent. This balanced the risk taking and people's independence. It helped staff to make sure people were protected from the risk but also enabled them to remain independent where possible and undertake the activities they liked. These assessments were different for each person as they reflected their specific risks and individual needs. Guidance and management plans were in place to help staff keep people safe and reduce the risk of injury. Some people needed to use equipment to keep them safe, for example, bed rails. One person told us they chose to have bed rails as it helped them to get in and out of the bed safely and get comfortable when they went to sleep.

The registered manager monitored people's wellbeing and safety on a daily basis. They spent time with people and staff observing daily practice. They also carried out an audit on care records and what staff recorded daily to make sure any issues or discrepancies were picked up. Staff would report to the manager any changes and what was going on

Is the service safe?

in the home. Regular meetings took place which were used to raise any safety issues. Incident and accident reports contributed to monitoring of people's safety and any reoccurring trends.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm where there is no less restrictive way of achieving this. Staff had training to understand when and how an application to deprive someone of their liberty should be made and they had access to the relevant policies and procedures. The registered manager reviewed and assessed people with the local authority to make sure

people were not deprived of their freedom unlawfully. One person had a DoLS in place and staff were able to respond to this person's needs. Two applications were waiting for the outcome.

Staff had also received training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's mental capacity to help them make decisions. This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The manager and staff encouraged people to make their own decisions ensuring those important to the individual were involved in this decision making. More complex decisions were supported by necessary assessments and best interest meeting to ensure decisions were made in accordance with people's wishes and the requirements of the law.

Is the service effective?

Our findings

We reviewed the latest training record for all staff. Not all staff had up to date training, for example, four staff did not have food hygiene and health and safety training, five had no fire training, and four did not have infection control and dementia care training. There may be a risk of people being supported by staff without appropriate knowledge and skills.

Staff had completed appropriate induction and training when they started work at the home. During induction new members of staff worked with more experienced staff to ensure they were safe and sufficiently skilled to carry out their roles before working independently. Staff told us the training was good as it helped them to understand and meet the needs of people. Some staff had attended additional training outside of the mandatory training that was specific to the needs of people. This included areas such as end of life care, difficulties with swallowing, tissue viability and falls awareness. Staff also completed mandatory training in safeguarding adults, the Mental Capacity Act (2005) and DoLS, dementia care, medication administration and moving and handling. People felt supported by staff. Comments included: “It is always very good and works perfectly for me” and “I go down to the dining room for lunch and everything is very nice”. Relatives told us: “It’s a lovely place here and staff are excellent. If they can do it they will do it” and “I’m very happy with the care and support for [name]”.

Staff understood their responsibilities for meeting people’s health and care needs. Appropriate records were kept for instructions and details on how to keep people healthy. For example, managing people’s wounds and monitoring their skin, and monitoring people’s diet and weight. Information in care plans and treatment protocols helped staff monitor and identify people at risk of poor health. For example, people at risk of malnutrition or dehydration were closely monitored by staff and when needed referred to a dietician or GP. The kitchen staff visited people early in the day to find out their choices to accommodate individual needs and make sure people had adequate diet. Staff monitored people’s weight and took action if people were not maintaining their weight. They also recorded people’s food and fluid intake and monitored it to ensure people were

eating enough. Some people had fortified foods (food where the amount of calories is increased through the addition of cream and cheese) and fortified drinks (prescribed drinks used to increase people’s calorie intake).

Staff supported people to stay healthy and people’s care plans described the support they required to manage their day to day health needs. The plans included information about people’s personal care, skin management, mobility, falls prevention, medication and nutrition. Care plans also noted the support people required to manage their mental health. Records showed people had regular access to healthcare professionals such as GP’s, psychiatrists, tissue viability nurses, chiropodists, physiotherapists and speech and language therapists (SALT). For example, if people were at risk of malnutrition, staff involved dieticians to advise them how best to support people to maintain their weight. Staff showed good knowledge of people’s needs, being able to recognise signs of health deterioration and promptly respond to those changing needs and get help.

The home assessed the risk to people’s skin integrity and put management plans in place. These detailed the care duties nurses and care staff had to complete to ensure people’s skin remained healthy. At the time of our inspection one person was receiving care with pressure wounds. A tissue viability nurse was involved to support the care. Staff were aware of this person’s care needs and showed knowledge about healing procedures, training and specialist guidance available. The person received support in line with their care plan and the wound was healing.

We observed the lunch time and how staff were interacting with people and providing support for them. We observed some people sat in the main dining room, some in the living room and some people had meals in their bedroom. People were supported to enjoy their meals. Some people needed support with eating and staff were able to help them with it. For example, staff took some food on a fork, placed it in the person’s hand and they slowly ate it. This was repeated until the person did not want to eat anymore. Another person did not want any lunch as they were not hungry. Staff offered a choice of puddings and the person picked one to have for the meal. A member of staff sat with the person helping them with the pudding, during which they chatted along. All people were offered choices for food and drink and these were respected. We observed lunchtime was not rushed and everyone could eat at their own pace. Kitchen and care staff had good knowledge

Is the service effective?

about the foods people liked and did not like. We spoke with kitchen staff about how they managed meals daily. They would visit each person early in the day to find out their choice for the meal. Some people could change their minds so kitchen staff provided extra portions of different food to accommodate this. They were also aware of special diet needs of people, for example, diabetic or gluten free. We observed the food looked presentable and people enjoyed their meals.

Staff received ongoing individual meetings with their supervisor and regular appraisals. This enabled staff to feel supported in their roles, identify any future professional

development opportunities and raise any issues they had. Staff confirmed they felt supported by the manager, the nursing staff and other team members. The registered manager had introduced new long distance training that would help boost staff's skills and knowledge. Some of the staff had a Diploma in health and social care or were working towards it. They felt this enhanced their skills in caring and being more perceptive of people's needs. Staff felt they had opportunities to progress in their professional development and support the home with providing good care.

Is the service caring?

Our findings

During our inspection, a GP visited the home to review people's health. We saw they sat together with staff discussing people's health and reviewing their records in the dining room where other people and visitors were present. We noted this to the registered manager and asked them to check if each person living in the home agreed to have their health and wellbeing discussed in front of other people.

People and relatives told us staff were respectful and caring. Staff showed care and kindness when supporting people with their daily tasks. Staff spoke with people in a respectful way and supported them when needed. People and relatives told us: "Oh yes, they are nice, especially the manager" and "Staff are very friendly here without being too gushing and overwhelming". Staff knew people well and took time to chat and asked people about their day.

People and relatives told us they were treated with respect and dignity. We observed one person shouting "Help me" and staff came to see them. They explained to the person it was lunch time now so they would have a meal. The person said they wanted to go home with staff. Staff responded well and offered reassurance continuously. Another person was asked if they wanted to have some food but they asked staff not to disturb them. A little while later another member of staff checked if they still did not want any food. The person was happy with a few drinks on the table.

Relatives told us they were happy and confident the staff were treating people with respect and preserving their privacy and dignity. Comments included: "Staff are very thorough with helping [name] with personal care", "Staff are exemplary when protecting [name] dignity and privacy", and "They are very good with personal care and it was always done carefully and very promptly".

During our observation, we saw people were supported in a respectful way preserving their dignity. People were supported to move around the home by staff who made

sure they felt comfortable. For example, one person was helped to transfer from one chair to another chair. Staff did not rush the person, explained the procedure to the person and we saw the person was actually singing along with staff. We did not observe the person was in any discomfort.

People were given choice and opportunities to make their own decisions. We saw people's rooms were personalised and some relatives told us this was promoted as it was their home now. There was a caring and homely atmosphere and we observed people were relaxed. We saw staff interacted with people in a positive way. Staff treated people with respect and supported them by giving people time to express their preferences and make choices. One person asked to close the door of the area next to their bedroom as they did not like the phone ringing. This was respected and staff explained to us how important it was to keep the doors closed not to disturb the person.

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People felt consulted regarding their care planning and were involved to discuss any changes. People's wishes to be independent and care for themselves were respected. For example, one person liked to keep their eye drops in their room but they were happy for the staff to look after other medication. People were happy with the way staff supported them to meet their daily needs. One relative told us: "They understand [name's] personality and what she does not like".

Staff demonstrated detailed knowledge about the people living at the home. Throughout the day we saw people being offered choices about food, social activities and how they spent their time. We heard staff patiently explaining choices to people and taking time to answer people's questions. They showed caring and friendly attitudes towards their work and the way they supported people. Staff and people chatted during the meal and some decided to remain in the lounge. People were continuously checked if they needed anything. We saw people responded well to staff.

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. Each person had a support plan which was personal to them. These plans included information on maintaining people's health and wellbeing, their daily routines and how to support them appropriately. Staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

People's engagement in activities, maintaining their social skills and emotional wellbeing were recognised and promoted. We spoke with the registered manager about the activities people took part in. People could have group activities or individual time with staff. We spoke with staff who led the activities programme. There was a weekly list of activities in the lounge but people could always ask for a different activity. On the day of our inspection we observed an afternoon group activity which was lively and well attended. We saw staff spending individual time doing people's nails.

The registered manager and staff spoke to people to find out their likes and dislikes that could be incorporated into an activity. The home had a minibus shared between two other homes. Trips included visits to Windsor, Boulters Lock on the Thames and local country houses in Cliveden. People could also access a local day centre. Shopping trips were organised and carried out with relatives' help. We observed one person was ready to go out and told us this was a regular outing for lunch and shopping with their family. The person said they could have visitors whenever they wanted to or go out whenever they wished. People were able to keep relationships that mattered to them such as with family, community and other social links. People's wishes to remain part of their family and maintain their friendships were respected and encouraged. Many relatives visited daily and confirmed they were always welcome to spend time with people.

People and their relatives were involved in the care planning process. People's needs had been assessed and care plans were in place. Relatives were encouraged to support people to plan their care. The registered manager and staff were responsive to requests and suggestions. People were supported to maintain their appearance and

were assisted if needed to see the hair dresser. The hairdresser came to the home once a week. Some relatives said the staff and the registered manager were 'very accommodating and do anything we want'.

The home's care planning and monitoring system ensured people's emotional needs were identified and plans were in place to prevent people from becoming distressed or to enhance their quality of life. The home identified when some people's mood or behaviour changed and could potentially put them or others at risk. They took prompt action by involving relevant mental health professionals like psychiatrist and community psychiatric nurses. Care plans reflected professional guidance and staff were monitoring people's wellbeing continuously. Systems were in place to ensure that decisions about people's care were lawful and these were kept under review.

The provider regularly sought feedback from people, their families and professionals about the care and support. This was achieved via reviews of each person, quality assurance (QA) questionnaires, as well as, speaking to people and their families. For example, due to feedback from people and relatives the home was redecorated in some areas which made the home cleaner and more welcoming. In addition, the registered manager received feedback on the quality of support during staff supervisions and meetings, discussions during daily handovers and communicating with other professionals. This helped identify any improvements necessary so it could be addressed straight away so it did not have a negative effect on people's lives.

The home had a complaints procedure to make sure there was a process to follow and respond appropriately. The policy provided information for people about how to make a complaint as well as the contact details of local advocacy services if people required support to complain. People and relatives told us they had no issues with approaching staff and the registered manager about raising any concerns or issues. The registered manager had a positive view of complaints and told us: "We look at what we had, see patterns or trends, and discuss it in handover". There has been four complaints in the past year which had been investigated by the registered manager, people involved and staff. Complaints were addressed appropriately and all parties were satisfied with the outcomes. Any actions identified following a complaint were implemented and information used for learning about how the service could improve the quality of care to all people.

Is the service well-led?

Our findings

The home's aim and objectives were to provide people with quality care and support. People and what was important to them was at the centre of staff's attention in the home. There was a warm environment at the home where people were respected and involved. We saw people and staff had good and kind relationships and communication between each other. We observed friendly interactions and respectful support provided to people.

Improvement was essential to the home and quality assurance systems involved people, their relatives and staff. Staff and the management were committed to listening to people's views and making changes to the service in line with the feedback received. Meeting minutes confirmed the registered manager used this time to promote open communication and to keep staff and people updated on actions taken. Staff and registered manager discussed conduct in the home, improvements, and using staff's and people's feedback to measure the success of the changes that have been implemented. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

The registered manager was committed to maintaining a good team working in the home. They said there was a time when communication was poor among the team. However, they had built the trust and effective communications back. They encouraged good relationships among the staff team because they believed this would have a positive impact on the people and support received. The registered manager was committed to maintaining a homely environment and ensured there was always time for people and their relatives to discuss things important to them. The registered manager spent some time working alongside the staff to observe how they interacted and supported people. They also carried out night spot checks to ensure the level of support maintained throughout 24 hours. Staff spent time observing people and listened to what they had to say. They considered people's views and were motivated to provide high quality care.

We spoke with commissioners and they were positive about the improvements the home had made recently. The home was working in collaboration with the local authority to address any issues and take actions to improve the

quality of care, support and work in the home. During our inspection we also spoke with two professionals from the local authority who were carrying out DoLS assessments for people. They did not report any concerns and were happy with the way the service operated.

Staff meeting minutes showed information about people, their wellbeing and health, support, daily work and any issues were discussed among the team. There was an opportunity to share ideas, keep up to date with good practice and plan improvements. Speaking to the registered manager and staff we could see they were interested and motivated to make sure people were looked after well and able to live their lives the way they chose to. Respect, compassion, caring and positive attitudes towards people and work were attributes present in this home. We observed good practice taking place during our inspection that had a positive impact on people's lives.

Staff were positive about the management of Longlea Nursing Home and the support they received to do their jobs. They felt it was a good place to work and enjoyed their work. Staff said the senior staff and the registered manager were good leaders and available if support was needed. Staff said: "I love it here, it is so friendly", "It is great working here, I love it" and "Since [the registered manager] became the leader, this home has become a happier place". Staff said there were opportunities to discuss issues or ask advice. They told us the registered manager was always available if they needed guidance. The registered manager had praised the staff as they were "a stable workforce who are happy and committed to the home and know the people very well".

The registered manager carried out audits to monitor the quality of care and support. On a monthly basis, they reviewed all reported incidents and accidents, health and safety, and people's care and support records and medicines management. Although medicines storage and expiry date was included and checked during the last audit, it did not pick up two expired medicines we have found during our inspection. The stock was taken away and discussed in the staff meeting that day. The registered manager analysed information recorded through audits to identify any trends and patterns that could inform learning to improve the service and prevent future incidents from occurring. This information was shared with staff regularly in staff meetings and handover. A registered manager from

Is the service well-led?

another home reviewed the quality of the service and support they provided. The management wanted to ensure any other issues or shortages were picked up, to enhance the QA process and bring improvements where necessary.

We looked at the most recent QA questionnaire results. The feedback was positive which helped encourage the staff to maintain and provide a good quality care and support consistently. We also saw there were a few areas identified for improvements. The registered manager was aware of

these actions to take and had plans to address it. They also understood some improvements may be a challenge and could take time, for example, certain areas needed funding so they were trying to source it out. However, the registered manager did not lose focus to ensure people continued receiving good care and support. The registered manager felt supported by the organisation and other homes within the group to maintain the home for people to live happy lives.