

Eastern Healthcare Ltd

Blyford Residential Home

Inspection report

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Date of inspection visit:
05 April 2018
12 April 2018

Date of publication:
06 June 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Blyford Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Blyford Residential Home is registered to provide support to 43 people, some of whom may be living with dementia. At the time of inspection there were 40 people using the service accommodated across three units.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Statutory notifications received by the Care Quality Commission showed us that the manager understood their registration requirements.

At the last inspection on 2 and 6 March 2017, the service was rated Requires Improvement overall and was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provided us with an action plan stating how they intended to make the required improvements. At this inspection we found that the necessary improvements had been made to comply with the previously breached regulation and all recommendations made at the last inspection had been acted on. However, we identified that there were shortfalls in the management and administration of medicines which constituted a breach of the regulations. The service continues to be rated 'Requires Improvement' overall.

Medicines were not managed and administered safely. We found that the medicines for 13 people had not always been administered in line with the instructions of the prescriber. Staff had not identified these issues and raised them with the management of the service to ensure action was taken.

Improvements were required to ensure that the quality assurance system in place was capable of identifying shortfalls in all area's of service provision. Significant improvements had been made in some area's of service provision following our previous inspection. However, an audit of medicines had been carried out by the deputy manager the day before our visit but this audit had not identified the issues in medicines administration which we identified.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks to people were appropriately planned for and managed. People and their relatives told us they felt safe living in the service and that staff made them feel safe.

Checks were carried out to ensure that the environment and equipment remained safe. The service was clean and measures were in place to limit the risk of the spread of infection. The service had taken on board recommendations made previously by infection control specialists and had taken action to improve practice.

People told us there were enough suitably knowledgeable staff to provide people with the care they required promptly. Staff had received appropriate training and support to carry out their role effectively. Staff received appropriate supervision which helped them develop in their role.

People received appropriate support to maintain healthy nutrition and hydration. The support people needed to reduce the risk of malnutrition and dehydration were set out in their care plans. People told us the food was good quality and they had a choice of meals.

People told us staff were kind to them and respected their right to privacy and that staff supported them remain independent. Our observations supported this.

Records demonstrated that people and their relatives were encouraged to feed back on the service in a number of different ways. They were invited to meetings to shape the future of the service and share their views. People and relatives made positive comments about the approachability of the registered manager and the prompt action they took where needed. People told us they knew how to complain and felt they would be listened to.

People received personalised care that met their individual needs and preferences. People and their relatives were actively involved in the planning of their care. People were supported to access meaningful activities and follow their individual interests.

The registered manager and deputy manager created a culture of openness and transparency within the service. Staff told us that the registered and deputy manager were visible and led by example. Our observations supported this.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were not always administered in line with the instructions of the prescriber. Advice and guidance from healthcare professionals was not sought where this would be appropriate.

Risks to people were minimised because there were plans in place to guide staff on reducing risks to individuals.

There were enough staff to meet people's needs.

The environment was safe and clean.

Is the service effective?

Good ●

The service was effective.

The service was meeting the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.(DoLS).

Staff had the training and support to deliver effective, safe care to people.

People were supported to eat and drink sufficient amounts.

People were supported to access support from other healthcare professionals such as GP's.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, kindness and respect by staff.

People were supported to remain as independent as possible.

People and their relatives had been involved in the planning of their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People told us they knew how to make complaints and were confident these would be acted on.

People had access to meaningful activity and engagement.

There were detailed end of life care plans in place for people.

Is the service well-led?

The service was not consistently well-led.

Significant improvements had been made in area's for improvement identified at our previous inspection visit in 2017. However, shortfalls in medicines administration we identified at this visit had not been independently identified by the service.

Improvements were required to ensure that the quality assurance system in place at the service was capable of identifying shortfalls in all area's of service provision.

People, their relatives and staff had been involved in the process of making required improvements to the service.

Requires Improvement 

Blyford 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 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 comprehensive inspection was carried out by one inspector and an Expert by Experience on 5 and 12 April 2018 and was unannounced. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the contents of notifications received by the service. Services have to notify us of certain incidents that occur in the service, these are called notifications.

Some people using the service were unable to communicate their views about the care they received. We carried out observations to assess their experiences throughout our inspection. We spoke with four people using the service, three relatives, a close friend of a person using the service, four care staff, the registered manager and the deputy manager.

We reviewed eight care records, two staff personnel files and a sample of records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection on 2 and 6 March 2017, we rated the service 'requires improvement' in this key question. Improvements were required to the staffing level and cleanliness of the service. At this inspection, we found improvements had been made to the staffing level and cleanliness of the service, however, we identified issues in medicines administration. The service remains 'requires improvement' in this key question.

We carried out an audit of people's medicines and found that there were medicines remaining in the monitored dosage systems (MDS) of 13 people using the service for the five days prior to our inspection. A monitored dosage system is where the pharmacy provides the service with prepackaged medicines to be administered to the person on the medicines round. In total, 25 medicines were not administered across these 13 people in five days. Some staff had noted on the back of the medicines administration record (MAR) that the person was sleeping at the time of the medicines round. Other staff had not recorded the reason the medicines were not administered. Staff were not flexible with the administration of medicines and did not try administering people's morning medicines later in the morning if they were sleeping during the medicines round.

We immediately fed these concerns back to the registered manager and asked them to carry out an investigation. One person had missed three night time medicines for two days because they were asleep at the time of the evening medicines round. The deputy manager told us this person was now going to bed earlier in the evening. The service had not requested a review of this person's medicines to see whether these could be taken at other times of the day to facilitate their earlier bed time. Staff administering medicines had not identified to the registered or deputy manager where they had been unable to administer people's medicines. This meant that advice was not sought from healthcare professionals as to whether these medicines could be administered safely at other times of the day. People not receiving prescribed medicines could have a serious impact on their health and put people using the service at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visit the registered manager demonstrated to us that they had taken action to ensure people were protected from the risk of not having their prescribed medicines. They had contacted people's GP's to obtain advice on whether there may have been a negative impact on people's health. They also requested reviews of some people's medicines to see whether times of administration could be altered. We were also provided with details of a meeting called with staff and evidence to demonstrate that staff had been removed from medicines administration duties until they were retrained and had their performance assessed.

People told us they felt safe living in the service. One said, "No problem at all, yes I feel very safe. The carers are very good." Another person told us, "Yes I do [feel safe], the staff are very good." One person's friend told us, "My friend feels very safe here, yes. I would have no hesitation in speaking to someone but there just isn't

any need." The service took steps to ensure people were protected from avoidable harm and abuse. People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

Risks to people were monitored, planned for and minimised. Each person had a set of individualised risk assessments. These assessed the level of risk to the person in areas such as pressure care, malnutrition or choking. Where people were identified as at risk, there were clear instructions that staff could refer to in order to minimise the risk to people. The management team had a process in place to oversee people's risk levels and ensure prompt action was taken where needed. For example, the system would identify if someone had lost weight and may require input from a dietician. We saw that where people's risk levels had increased, action had been taken by the management team to seek prompt advice from specialist healthcare professionals such as district nurses or falls prevention specialists. This meant we were reassured that people were protected as far as possible from risks.

The environment was safe and appropriate processes were in place for maintaining the safety of the service. The service had a member of maintenance staff who carried out regular checks on water temperatures, window restrictors, fire alert systems, call bell systems, electronic appliances and gas appliances. The service had a legionella policy in place and an external company carried out regular testing on the water quality at the service. The maintenance person carried out regular flushes of the water system to ensure the risk of legionella was reduced. We saw that when the maintenance person was on annual leave, the registered manager conducted these flushes themselves to ensure the risk was minimised. Checks were also carried out regularly by an external company on the fire systems in the service. Records demonstrated that equipment such as hoists and wheelchairs were serviced yearly. Regular checks were carried out on the condition of walking frames to ensure that they remained fit for purpose and to reduce the risk of people falling.

At the last inspection the service needed to make improvements in infection control. The service had received support and recommendations from infection control specialists and had acted on these. At this inspection we found that the environment was hygienically clean and the service was free of unpleasant odours. There was sanitising hand gel available throughout the service and dedicated hand washing facilities. There were cleaning rotas in place which delegated duties between domestic staff. Audits were carried out by the management team and provider to ensure the cleanliness of the service and limit the risk of the spread of infection. These audits included cleanliness checks on mattresses. We observed that staff wore appropriate protective clothing and gloves when providing care to people and these were discarded between tasks. Kitchen staff wore appropriate protective clothing when preparing food.

People told us, and our observations confirmed, that there were enough staff to meet people's needs. One person told us, "You only ever wait a few minutes." Another person said, "Enough staff – well I've never heard anyone complain. The buzzer is always answered quickly." One other person commented, "Yes I think there are enough staff. You just press this buzzer and they come straight away." The registered manager told us they had recently increased the staffing level in response to feedback from staff. This was confirmed by staff we spoke with. A relative of one person told us they didn't feel like there were always enough staff in the past, but felt this had improved. We observed that there were enough staff to provide support to people at the time they needed it. Staff told us and we observed that they had time to spend time with people to meet their social and emotional needs. For example, we observed that one person walked around the service most of the day. They were unable to verbally communicate but we saw that staff tried to engage them in activity or walked with them to reduce the risk of them becoming socially isolated.

The service practiced safe recruitment procedures. Checks were carried out on prospective staff to ensure

that they had the skills, knowledge, experience and character for the role. This included ensuring they did not have any criminal convictions which may make them unsuitable for the role. This demonstrated to us that the recruitment procedure was robust.

The registered manager had a system in place to monitor accidents and incidents. Each incident was reviewed by the management team to consider whether any future actions could be taken to reduce the risk of reoccurrence. For example, we saw that where one person had fallen a number of times a referral had been made to the Falls Prevention Team for specialist advice. This reassured us that appropriate action was taken in response to reported accidents and incidents.

Is the service effective?

Our findings

At our last inspection on 2 and 6 March 2017, we rated the service 'good' in this key question. At this inspection, we found that the service remains 'good' in this area.

People told us and we observed that care was delivered by staff with the appropriate skills, knowledge and experience for the role. One person said, "Yes, very well trained [staff]. [Staff] definitely know what they're doing." Another person told us, "Yes [staff] know what they're doing, definitely. The staff help me a lot." A relative commented, "[Staff] do courses to keep them up to date."

Records of staff training confirmed they received training in subjects such as food hygiene, health and safety, fire safety, dementia, the Mental Capacity Act, pressure care and moving and handling. Staff told us they were asked if there was any extra training they would like. One staff member told us they'd requested diabetes training and that this had been organised for them within a month of their request. Another staff member told us that extra training was offered regularly and they had recently completed training in the use of oxygen and in mouthcare. They also said they had completed a more in depth, hands on dementia training which they spoke positively about. At the time of our inspection all staff were up to date with the service's mandatory training. Staff we spoke with were knowledgeable about subjects they had received training in and were positive about the training and development that had been offered by the new management team.

Staff told us they had the support they needed to carry out their role effectively and were positive about the registered manager and their approachability. Staff told us and records confirmed that they had access to regular supervision sessions with their manager where they could discuss any concerns or training and development needs. Staff also had an annual appraisal to set goals and aspirations for the coming year. This demonstrated the management team's commitment to continually improving the knowledge and skills of the staff team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate. We observed that staff encouraged people to make decisions independently based on their ability. We observed that staff knew people well, and this enabled them to support people to make

decisions regardless of their ability to verbally communicate their views.

People's needs had been assessed prior to them moving into the service to ensure that the staff group had the right skills to meet their needs. The service had taken into account best practice guidance from organisations such as the National Institute for Health and Care Excellence when writing and reviewing people's care records. Staff knew where to access information about people and told us they referred to people's care plans for information about how to meet their needs. This meant we were assured that staff had the information required to provide people with effective care in line with best practice guidance.

People continued to be supported to maintain good nutrition and hydration. People told us that the food and drink they were provided with was of good quality. One person said, "Oh the food is very good. We get a choice and [staff] come around with a [menu] the night before for us to choose what we want for lunch next day. I have my breakfast here in my room and my tea. The staff encourage me to go to the dining room for lunch which I like to do anyway." Another person told us, "The food's lovely. There's plenty of it and it's very good. We can have drinks whenever we want and a biscuit or something like that too, it's very good." A relative commented, "The food is very good. Every Saturday we eat together. We have brunch together."

We observed that the meal time was a positive one and people who could not verbally communicate were shown plates of food to enable them to make a visual choice. Staff offered people ad hoc support and encouragement to eat and people who needed full assistance to eat were supported in a dignified way.

The support people required to reduce the risk of malnutrition and dehydration was clearly set out in their care plans. Their risk of malnutrition was reviewed regularly and we saw that actions were taken to obtain specialist advice from a dietitian where this was required.

The service continued to support people to maintain good health and access support from other healthcare professionals. One person told us, "If we need it - the staff sort all that out for us." A relative said, "The staff are very prompt in organising a doctor if needed. The chiropodist comes regularly too." Records demonstrated that people were enabled to see health professionals such as doctors and nurses when needed. Prompt action was taken to make referrals to other services such as specialists in nutrition or in falls reduction where required.

The service was decorated in such a way which meant people found it easier to navigate to areas such as lounges, dining rooms, bathrooms and personal bedrooms. The registered manager had given thought to how the environment could stimulate people living with dementia and make it easier for them to find their way around their home. Corridors had recently been painted in different colours, which made it easier for people to distinguish between them. People's bedroom doors had distinguishing features to make it easier for people to recognise them. Separate areas had been created throughout the service to provide stimulation to people and help them with orientation. For example, a 'craft corner' had been created in one corridor. There was an enclosed garden for people to access and we were told plans were in place to support people to plant flowers and vegetables in raised beds when the weather became warmer.

Is the service caring?

Our findings

At our last inspection on 2 and 6 March 2017, we rated the service 'good' in this key question. At this inspection the service continues to be rated 'good' in this key question.

A culture of kindness had been instilled by the management team. We observed that both the management team and care staff continued to treat people with kindness. Staff responded quickly to comfort people if they became distressed and answered people's verbal and non verbal requests for support promptly. Our observations demonstrated that the management team and care staff knew people well.

The registered manager had ensured that the staffing level enabled staff to support people with tasks at their own pace and spend time with people on a one to one basis.

People told us and we observed that their right to privacy was respected by staff. One person said, "I get all the privacy I want here in my room." Another person told us, "[Staff] all treat me with kindness and I have privacy in my room." A relative commented, "[Relative] gets quiet time in their room." We observed that discussions staff had with people about meeting their personal care needs were discreet and personal care was carried out in private to uphold people's dignity. Staff knocked on people's bedroom doors and asked permission before they entered. This demonstrated to us that staff were mindful of people's right to privacy.

People told us and we observed that they were encouraged by staff to remain as independent as possible and use the skills they still had. One person said, "The staff are respectful – they don't take your independence away." Another person told us, "I dress and undress myself and the staff encourage me to do that. [Staff] don't take your independence away." We observed that staff supported people to keep safe when mobilising independently, such as by walking beside them. This reduced the risk of people being over supported and losing the abilities they still had.

Is the service responsive?

Our findings

At our last inspection on 2 and 6 March 2017, we rated the service 'requires improvement' in this key question. At this inspection we found the service had made improvements and it is now rated 'good' in this key question.

At the last inspection we found that improvements were required to ensure people were engaged and had appropriate access to meaningful activity. This constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the service had made improvements to comply with this regulation. The registered manager had reviewed the staffing level and made changes to ensure staff had more time to spend with people engaging them in activity. Area's of interest and stimulation for people had been created throughout the service, including a 'craft corner' where people could access a range of craft materials. We saw a number of people independently accessing this throughout the day. The activities people enjoyed and the support they needed to continue these activities were clearly reflected in their care records.

People told us they had access to a range of activities dependent on their interests. One person told us, "I'm registered blind but am partially sighted. I can see the TV. The staff offer to help me to play bingo and I like music things in the day centre." A relative said, "[My relative] does [their] own thing and goes to what [they] fancy, like a sing-song with wartime music, that's a favourite. Last summer the residents went on Broads boat trips and there all sorts of events including a garden party." People benefitted from an on site day centre which they could access independently. One person told us, "I shall be going to the day centre this afternoon as there's music on again. Yesterday we had a sing-song." A range of activities were offered here on a daily basis and staff supported people to take part in these where needed. We observed that people who did not wish to attend the day centre were supported with activities such as crosswords, reading magazines/newspapers and drawing. We saw other staff members supporting people to play board games. This demonstrated to us that people now had appropriate access to a range of stimulating activity.

People's preferences and views on how they would like to be cared for were reflected in their care records. These records included information such as people's hobbies, interests, likes and dislikes. They also contained information about people's daily routines and preferences for when they would like to be supported by staff. Our observations and speaking with staff demonstrated that they knew people and their individual preferences well.

People and their relatives told us they were involved in the process of creating their care plans. One relative said, "Yes I contribute to my [relative's] care plan. The home knows how much I appreciate what they do for both my relatives." Another relative told us, "[Staff] know I'm happy with the care. We discussed everything when [relative] came in [to service]."

Discussions with the management team demonstrated to us that they had taken time to get to know people as individuals. They were able to tell us information about people's personal interests and the support they

required.

There were detailed life histories in place for people living with dementia. These included information about important life events, activities they used to enjoy, their family history and information such as past employment. People's representatives confirmed they had been asked to contribute to people's life histories. A friend of one person commented, "I was happy to contribute to [my friend's] history." This information could enable staff to better understand and communicate with a person living with dementia who may no longer be able to independently recall this information.

The service had detailed end of life care plans in place for people. These had been developed in line with best practice guidance such as the Gold Standards Framework for end of life care. We were told one person was coming to the end of their life. Their care plan clearly set out their preferences around how and where they would like to be cared for at the end of their life. This care plan also made clear what extra support they would require to remain comfortable and pain free. Their records reflected the advice and input of other health professionals and how they were working together with the service to meet the person's needs.

People told us they knew how to complain about the service and felt they would be listened to. One person told us, "[Registered Manager] and [deputy Manager] always say come and see us if you have any worries, so that's what I'd do." Another person said, "I'd speak to [registered manager] or one of [the staff]." A relative commented, "I'd see the manager, who I think is very good." Another relative told us, "I'm very happy with everything but would talk to the manager or team leader – I'm confident things would get sorted." At the time of our inspection, the service had not received any complaints. However, there was a complaints procedure in place which was displayed in a communal area. The complaints procedure was also included in a service user guide provided to people on admission.

Is the service well-led?

Our findings

At our last inspection on 2 and 6 March 2017, we rated the service 'requires improvement' in this key question. At this inspection we found the service still needs to make improvements to the governance system in place at the service. The service remains 'requires improvement' in this key question.

At our inspection on 2 and 6 March 2017 we found that the governance system in place to assess the quality of the service had been ineffective in identifying shortfalls identified at the inspection. We also found that some audit systems needed development to ensure that trends in information could be measured.

At this inspection we found that improvements had been made to comply with previously breached regulations and to act on recommendations made by the Commission at the last inspection. However, the governance system in place had failed to identify the significant shortfalls we identified in medicines administration at this visit.

The day before our inspection an audit of medicines had been carried out. The records of this audit demonstrated that no issues were identified. This audit was not thorough or robust enough to identify that medicines were not always being administered in line with the instructions of the prescriber. Whilst action was taken by the service once they were informed of the shortfalls, we were concerned that the service had not independently identified these shortfalls and taken action to protect people from the risks of not having their medicines as prescribed.

This shortfall demonstrated to us that the quality assurance system in place to was not consistently effective in identifying areas for improvement in all aspects of service provision.

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

Effective audits had been implemented to assess care planning, accidents and incidents, infection control practices and the environment. An audit had also been implemented to assess how people were being supported to maintain good nutrition. We saw that these audits identified areas for improvement and actions were taken. For example, MUST (Malnutrition Universal Screening Tool) training was organised following a nutrition audit.

The service had acted on recommendations following a visit from the Infection Prevention and Control team who identified areas of improvement. We saw that all these actions had been signed off and we identified no issues with the cleanliness of the service during our visit.

Following recommendations from our previous inspection, the service had implemented a system for analysing incidents and accidents to ensure trends could be identified. We saw that this was capable of picking up trends such as the times of day people were falling. This information could help the service to provide interventions at the time people need it to reduce the risk of falls.

There was a positive atmosphere and culture at the service. The registered and deputy manager promoted a culture of kindness, openness and transparency. It was clear from our observations that staff, people using the service, relatives and the managers knew each other well and had a positive working relationship. People made positive comments about the management team and said they felt able to approach them with concerns or complaints if they wished. One person said, "I think the world of [registered manager] and [deputy manager]. They often come to see if I'm okay and are really approachable. They are very good to me." Another person told us, "Oh [registered manager] and [deputy manager] are very good. I often see them." A relative commented, "[Registered manager] is terrifically good! He often chats and is very approachable." Another relative said, "[Registered manager] is very approachable. With [registered manager] in charge there is more attention to detail." One other relative told us, "[Registered manager] is excellent. Whatever you ask for is done. [Deputy manager] is excellent too. They are always around the home." A visiting health professional was complimentary about the management team and the way they communicated with them. They told us that the management team made referrals to them promptly to ensure support could be provided at the time the person needed it. They also praised the way the management team had been involved in the care of one person with complex needs, particularly the relationship they had built with the person. This demonstrated to us that the management team were visible in the service and lead by example.

People told us they were asked to feedback on the quality of the service and share their views through meetings and annual questionnaires. One person said, "Yes I shall go to the [meeting] on Saturday. [The service] are good at listening to us." A relative told us, "There is [a meeting] this Saturday. Residents and relatives are listened to and ideas taken on board. I've completed a questionnaire." Another relative commented, "I shall be at this Saturday's meeting. It's good to hear what's happening." One other relative said, "I've completed a questionnaire." We reviewed the minutes of the last residents and relatives meeting and saw that people were asked for their views on the food, activities, care plans, the decoration of the service and the staffing level. We saw that the views people expressed in regard to the décor of the service and the way it was staffed had been acted on. A questionnaire had recently been sent out to people using the service and their relatives. We viewed the few responses that had been received so far and saw these were all positive. People were informed of the ways they could feed back on the service through a service user guide which they were provided with on admission.

The management team was actively taking steps to develop the staff team and further improve the care people received. Staff had been given opportunities to obtain further qualifications and build upon their skill levels. They were encouraged to set goals in one to one sessions with their line manager and asked if they would like to progress to more senior positions. Staff told us they that if they wanted to progress to more senior positions they were given support and mentoring for this.

The service maintained good links with the community and other care services. Fetes and other annual events were held at the service which the local community were invited to. The service had an onsite day centre which was attended by people from the service, other care services or the wider community. The registered manager maintained links with the managers of other care services in the area to share best practice and ideas. The management team also attended other externally organised meetings, such as on infection control, to ensure they kept up to date with best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12.— 1.Care and treatment must be provided in a safe way for service users. 2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— a.assessing the risks to the health and safety of service users of receiving the care or treatment; g.the proper and safe management of medicines;
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17.— 1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. 2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— a.assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); b.assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

