Thomas Henry Mallaband Limited

Windmill Court

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

We inspected Windmill Court on 7 October 2014. Windmill Court is a care home for older people who require nursing or personal care. It provides ground floor accommodation for up to 34 people. At the time of the inspection there were 33 people living at Windmill Court.

There was a registered manager in post at Windmill Court. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were happy living at Windmill Court. The atmosphere was friendly and relaxed and we observed staff and people living at the service were relaxed in each other's company. One person told us; "We get wonderful loving care from the staff." We saw visitors come and go throughout our visit, one came with a pet dog. This was welcomed by the service.

During our inspection we saw people looked well cared for and their needs were met quickly and appropriately. We found some records relating to people's medicines and creams were not always accurate or regularly completed by care staff. This meant it was not possible to establish if people had received prescribed medicines or creams. Some charts that recorded when people were

Summary of findings

moved in order to prevent pressure areas developing were not adequately kept. We have required the service to always keep the records of peoples care adequately. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service and their relatives were very complimentary about the care and support they received from staff and management who they felt were knowledgeable and competent to meet their individual needs. For example one person told us; "They know me well and know what I like and how I like things done."

People told us they felt safe. One person told us; "This is my home and it feels just like that." We found the service was meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were properly recognised and promoted.

Staff understood the needs of the people and we saw that care was provided with kindness and compassion. People and their families told us they were happy with their care. A relative told us it's a; "Really nice place with a good team who make you feel really welcome" and "The management and staff are a brilliant bunch, it is always a pleasure to visit here."

Staff were appropriately trained and skilled and provided care in a safe environment. New staff received a thorough induction when they joined the home and fully understood their roles and responsibilities, as well as the values and philosophy of the service. Training was completed by staff to ensure the care provided to people was safe and effective and met their needs.

People were supported to live their lives in the way they chose. People were asked about how they liked to spend their time and their choices were respected. There was a programme of group and individual activities which people were encouraged to take part in if they wished

People were asked what they thought of their service at regular resident's meetings. People told us they saw the registered manager most days who they could speak with if they wished. Two visitors told us they found it very helpful to have a copy of the minutes of the last residents meeting attached to the current agenda for the next meeting sent to them. Staff were asked for their views about the service at regular staff meetings.

Care plans were well laid out and regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care and were treated with dignity, privacy and respect.

The premises were accessible, well maintained and comfortable. There were appropriate spaces for people to spend time with visitors; taking part in activities, just chatting together or spending time on their own.

There were positive relationships between staff and management. One staff member told us, "I am happy here, this is a good home to work in, we are a good team, we get good support." Everyone we spoke with spoke positively about the kindness and compassion at Windmill Court.

The provider took steps to help ensure staff were skilled. Staff were encouraged to attend training in areas specific to the needs of people living at the home, for example, dementia care and mental capacity training. This helped ensure best practice was followed by staff in the home.

The registered manager assessed and monitored the quality of care consistently. The home encouraged feedback from people and families, 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?

Requires Improvement

The service was not safe. There were discrepancies in the records associated with people's medicines. Care records were not accurate.

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. People and their friends and families told us they felt safe.

There were effective systems in place to manage risks.

Is the service effective?

Good

The service was effective. People and their families were involved in their care and were asked about their preferences and choices. The registered manager understood the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and made sure they were used appropriately.

People received care from staff who were trained to meet their individual needs.

External healthcare professionals were involved in providing specialist areas of care and treatment to people. People were able to use appropriate health, social and medical support whenever it was needed.

Is the service caring?

Good

The service was caring. During our visit staff were kind, compassionate and treated people and their families with dignity and respect.

There was a choice of activities for people to participate in as they wished.

The registered manager provided good support to people, their staff and people who visited the service.

Is the service responsive?

Good

The service was responsive. People were encouraged to express their views about their care. Future wishes and decisions, such as what people would like to happen for their end of life care, were included in the care records.

Activities were available to people, both in groups or one to one in their rooms.

People were encouraged and supported to have their personal possessions around them. This led to bedrooms having an had individualised feel to them.

Is the service well-led?

Good

The service was well-led. Staff said they felt well supported and were aware of their responsibility to share with management any concerns about the care provided at the home.

Summary of findings

Incidents and risks were monitored to make sure the care provided was safe and effective. The home used assessment systems to make sure there were enough staff to care for people safely.

Windmill Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Heath 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.

We visited Windmill Court on 7 October 2014 and the inspection was unannounced. The inspection was carried out by one inspector 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. Their area of expertise was in older people's care.

Before our inspection we reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR 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 also reviewed the information we held about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

At our last inspection in June 2013 we did not identify any concerns with the care provided to people who lived at the home.

During the inspection visit we spoke with 12 people, six relatives, and one friend who was visiting. We also spoke with the registered manager, the deputy manager, four care staff and two nurses. We received comments from district nurses and GPs who visited the home regularly. We looked around the home and observed care practices on the day of our visit. We looked at four records which related to people's individual care. We also looked at three staff files and records in relation to the running of the home.

Requires Improvement

Is the service safe?

Our findings

During the inspection we found people were not fully protected from the risk of receiving the wrong medicine because processes for recording medicines were not robust. We saw people were offered and either accepted or refused medicines that were needed occasionally (prn) such as pain relief. We saw one person had medicines documented on a 'prn' chart; the same medicines appeared on their MAR sheet as prescribed twice a day every day. We were told by the clinical lead the 'prn' chart should have been removed from the file when the regular prescription arrived. This meant staff could follow incorrect information in this file, and medicines could be given twice without staff recognising they had been given already.

Some people were prescribed pain relief patches which were replaced every three days. There were clear records indicating when this medicine should be given and where the patch should be positioned on the person at each application, using a body map to guide staff. One person's care plan we saw it directed care staff to check the persons patch site daily to ensure it had not come off. We did not see any records of this daily check. We asked the nurse if this check was done and we were told staff always checked the patch was in place when they provided personal care for this person, but it was not always documented. This meant it was not clear from the records when and if this patch was checked daily, as directed and staff might not be aware if the person had been without pain relief or for how long.

Pain assessment records in some care files were not up to date. We discussed this with the clinical lead who told us they had received feedback from people at the home, who had requested not to be "pestered" by staff repeatedly asking them if they were in pain 30 minutes after every medicine round and had asked to not be questioned in this way. The home was reducing the use of such assessments and some had been discontinued, however, it was not clear from the records which had been discontinued.

One person who had recently arrived at the home brought with them a medicine which they used as necessary. This medicine was in the medicine trolley at the home but it had not been recorded on the person's medicine records. We were told this person had not required this medicine since they arrived. It had been overlooked when the recent pharmacy order was done and the medicine was not recorded as an occasionally required medicine. This meant staff were not prompted to ask the person if the medicine was needed. We spoke with this person's family who told us they were confident the person could request such treatment if needed.

Many people at the home required creams to be applied regularly. We saw there were records in people's rooms which documented when and where cream had been applied. Some of these records had not been completed regularly. We discussed this with care staff all of whom reported the cream would have been applied but the recording of this was sometimes overlooked due to workload pressures. There were safe processes for the storage and disposal of medicines . We observed medicine rounds which took place during our inspection. From the medicine records we were able to see people received their medicines at the prescribed times.

Overall we found information relating to people's medicines was not always recorded accurately and it was not easy for staff to find current information in some care records. However, people told us they were happy with the way they received their medicines and we did not find any negative impact upon people as a result of the occasional recording discrepancies.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe and had no concerns for their safety or that of their possessions. All the bedrooms we visited contained a lockable drawer for the safekeeping of people's possessions. Comments included; "I feel very safe here, they (staff) are all very good," and "I have never felt anything other than happy and settled here."

Comments from visitors included "We visit at all different times and it's always the same, calm and friendly," "A very nice, home in my opinion" and "things are dealt with promptly when necessary."

Staff were aware of the different types of abuse and were clear how they would raise any concerns they had with management of the service or the Care Quality Commission. Staff were not aware Cornwall Council were the lead authority for investigating safeguarding concerns. We looked at the Safeguarding Policy and found it to contain accurate information about the various types of abuse, and the process for raising concerns within the service. It did not contain any information for staff on the

Requires Improvement

Is the service safe?

local arrangements for Cornwall, including contact details for the local authority. Some staff were aware of a 'Say no to abuse' leaflet displayed in the hall of the home, which contained the contact details of the local authority safeguarding unit. This meant that some staff might not know who to report concerns to if they did not believe their concerns were being taken seriously by the home. The registered manager told us this would be discussed at the next staff meeting to ensure that all the staff were aware of the local arrangements for raising concerns.

We looked at staff records to find out what safeguarding training they had done. All staff had up to date vulnerable adults training. There were emergency plans (PEEPs) in place for each person. Staff were aware of the emergency plans and were confident of the actions to take in an emergency, such as a fire.

We looked at people's care records and they contained appropriate risk assessments which were reviewed regularly. There was detailed guidance and information for staff on how to reduce the risks for people. For example, where bed rails were in place on some people's beds, these were protectively covered to ensure the person was safe and to reduce the risk of the person becoming trapped in the rails. Some people required a hoist to be moved from bed to chair. Staff were clearly directed to use a specific size sling for this task. This helped to ensure the person was comfortably and safely moved.

When accidents and incidents occurred these were recorded by staff, in people's files. This meant staff would be aware of any patterns or trends that appeared and could respond to reduce the risk of potential re-occurrence. The registered manager told us of an instance where one person was falling with increasing regularity. This person was reviewed by the GP and their medicines were reduced considerably. We were told this person now fell much less often.

People were supported because the organisation had sufficient numbers of staff to meet the needs of the people living there, at all times. The registered manager reviewed staffing levels regularly by looking at the dependency of the people living at the home. People and relatives said they felt there were enough staff to meet people's needs and they always appeared competent and knowledgeable. However, some people told us they were concerned about the long hours (double shifts) some staff worked and the amount of work they had to undertake to cover colleagues away on sick leave. One visitor told us "I wish the staff had the time to take Mum for a walk along the corridor."

Staff told us they felt there were sufficient numbers of staff to meet people's needs. Some staff mentioned that "things get a bit tight when people go off sick at short notice, but we do get bank and agency cover most of the time." One external healthcare professional told us "They have fairly low turnover of trained staff and the 'matron' is always very visible and works in a dual management and nursing role."

The service had a safe recruitment process. Appropriate checks were undertaken to ensure staff were safe to work with people at the home. There was a vacancy for a maintenance person. Maintenance tasks were continuing to be covered by outside contractors and internal staff as appropriate. This meant the service remained well maintained. We were told the post was filled following interviews held during the inspection.

Good

Is the service effective?

Our findings

People who lived at the home received effective care and support from well trained and well supported staff. Care staff knew the people they supported well and their needs and preferences regarding their care and support were met. Comments we received from people included "They all seem to know what they are doing," and "I am confident the staff would always know what to do." External healthcare professionals told us "Staff follow specialist advice and liaise changes in a timely manner," "They (staff) make appropriate referrals," "Staff are competent and well organised."

Records showed staff had attended training such as fire safety, infection control and moving and handling and also additional training such as dementia care. This helped to ensure staff were able to meet people's needs.

There was an induction process which new staff told us they found very supportive. Staff underwent a two week period of shadowing experienced staff before they worked alone. There were regular staff meetings and these were found to be helpful. Staff benefitted from regular supervision and appraisal. This meant staff spent time with their manager discussing any training and development of their knowledge and skills.

Staff had undergone training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. Staff we spoke with were clear on this legislation and how it protected people. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. Only at this point would there be an indication for an assessment. Everyone who lived at the home had had Mental Capacity assessments carried out regardless of their capabilities. This was not in line with the guidance set out in the legislation.

Where some people had been assessed as not having capacity to make specific decisions, best interest meetings had taken place in order to reach a decision on the person's behalf. Most of these meetings had involved family/ representatives to ensure decisions were made in the person's best interest. Some of the records had not been fully completed by the staff who undertook the decision making process and the registered manager told us this would be rectified immediately. In one person's care file we saw an advanced decision had been made by the person regarding their end of life care and this was clearly displayed for staff to refer to. This ensured the person's choice would be respected.

People said that the manager and/or staff discussed their care with them from time to time and felt that they were well informed. We saw people, and/or their representatives had been given the opportunity to sign to show they agreed with the content of their care plans.

We asked people about the food. One lady said, "The cook asked me to write down the menu for a week which I did and we have already had some of my suggestions". People spoke favourably about the food saying, "Very, very good but not always hot enough," "Lovely cakes," "Wonderful, we get a choice of two mains and three puddings," also "Food very good and the cook copes well with my dietary needs." People said snacks were available with the last hot drink of the evening and a visitor said, "Mum woke up one night, asked for and got a cheese sandwich at 1am".

One person told us that when he was weighed on arrival it was found he had lost a lot of weight whilst ill in hospital. They added that they had been told that the home would provide him with the correct nutrition and also sought his suggestions of the food he would like to have and as a result he had regained over half of the lost weight. This demonstrated staff were effective in supporting this person to gain lost weight.

We observed lunch being served in the dining room, it was a calm social occasion, and people chatted with each other. There was a choice of food and we were told people were asked for their meal choices in advance of the meal, but could always change their mind at the mealtime. Everyone seen both in their bedrooms and the lounge had a variety of drinks close to hand.

Some people required their food and fluids to be monitored to ensure they had sufficient intake for their needs. We saw these records for four people and all were regularly completed. The records were signed by a nurse when checked daily to ensure each person had eaten and drunk enough for their individual needs.

Good

Is the service effective?

There was a 'red tray' system in place. If a person's food was served on a red tray it highlighted to staff the person required additional support with their meals, this may include recording of the food and fluids if there were concerns. For example, if the person was losing weight. Staff supported people with their individual needs at mealtimes.

People felt their healthcare needs were fully met by the home and external professionals. A visitor praised the staff for coping well with a particularly difficult ulcer dressing that nurses in other places had had great difficulty with. People said that two doctors from different practices visited each week and their experience was that a doctor would be called in no matter what time of day or night. A Parkinson's nurse was on the premises with one person at the time of the inspection. People's care files showed they were attended by visiting healthcare professionals such as their GP, speech and language therapists, and dieticians. People were supported with their healthcare needs promptly by appropriate staff

Good

Is the service caring?

Our findings

The registered manager worked regular care shifts at the home. We were told by people that staff provided good support to people who lived at Windmill Court, their staff and people who visited the service. People who lived at the home were supported by kind and caring staff. Comments we received from people included "We get wonderful loving care from the staff," "All the staff are willing to have a laugh with you". "The carers are a good friendly crew", and "This is a good place with cheerful staff," "The carers are a nice friendly bunch" and "They know me well and know what I like and how I like things done."

Visitors said, "Really nice place with a good team who make you feel really welcome," and "My Dad was more than happy here. The staff respected his independence and he even brought his rowing machine in so he could continue to exercise". Visitors found the manager to be very kind and helpful whenever they needed anything. We were told the manager worked alongside the care staff regularly, providing care and support for people who lived at the home. Visiting healthcare professionals told us "Windmill Court has an outstanding reputation for palliative care in particular."

People told us the staff were very kind to them and we saw many occasions where staff responded to people in a patient and calm way. For example, when a person expressed concerns about their room the carer was seen to go to the person's room and check the matter for them and return to confirm all was well. We did not see any care and support being rushed. Comments included "I like to spend time by myself and that is respected," and "I potter about as I like."

Everyone said the staff respected their privacy and dignity by ensuring that doors were shut and curtains closed at times when personal care was being delivered. Individual's preferences and choices were recorded in peoples' care files. People felt their preferences were respected by all the staff.

During the inspection we heard people seek support and reassurance from staff. The staff responded in a kind and caring manner and addressed the person's concern quickly, returning to them a while later to confirm the matter had been addressed. For example, one person stopped staff in the corridor to say she was cold. Staff responded immediately by increasing the heating in the home and asking if she required more clothing. Later we heard staff checking this person was now warm enough.

In care files we saw clear and detailed guidance and advice provided for staff to inform them how to support individuals in line with their wishes and needs. For example, in one person's file it was said that they "like puddings." Staff found care plans to be helpful and were able to contribute to any changes that were required as a person's needs changed. Life histories are important for staff to understand the background of the person and how it impacts on who they are today. We found that some life history documents in peoples' care files were blank. However the completed life histories were detailed and informative. This supported staff to provide personalised care.

Visitors told us they could spend time with their family/ friends in private. The home had several comfortable areas where people could sit if they did not wish to stay in their bedrooms. Visitors were made to feel very welcome and "one of the Windmill family". Visitors could make drinks for themselves and their relatives any time they liked and were seen to do so.

The home had a resident cat. Visitors and staff were encouraged to bring their pet dogs in to spend time with people in the home. People told us they enjoyed seeing and stroking the animals.

Care records which showed that end of life care had been discussed with people and/or their relative so that a person's wishes, in the event of their health deteriorating, were made known. This showed staff were aware of what process needed to be followed to ensure that people's decision's were respected and therefore their rights were protected.

Good

Is the service responsive?

Our findings

Throughout our inspection we saw staff responded appropriately to people's needs for support. We spoke with people about how they spent their time. One lady said that some days she was woken by the staff at 6.30am at her own request so she could take her 'time critical' medicines . A visitor said that she was aware that her relative would sometimes decide to have a "lie in" in the morning or go back to bed in the afternoon and her requests were always met. Another visitor said, "We discussed Dad's care plan with the manager and we had a huge input into his care". Visiting healthcare professionals told us Windmill Court had "a low out of hours admission rate to secondary care and the staff are very good at flagging up anticipatory management plans for their patients."

People were encouraged to fill their rooms with their personal possessions. All of the bedrooms we visited contained some personal furniture and pictures brought from home and many family photographs. One person said, "This is now my home and it is good to have some of my things around me".

There was a full time activities organiser supported part-time by two of the carer workers who provided a varied programme of activities each month. A typical month's activities included a cream tea, film afternoon with popcorn and ice-cream, yoga, 'Music for Health', cheese and wine, reflexology, entertainers, musicians and visiting animals such as a donkey and birds of prey. Occasional trips out to places of local interest took place in hired transport, which could accommodate two wheelchairs and six passengers. Sometimes relatives assisted people on outings by supporting wheelchair users to travel.

A volunteer came in regularly to spend time with people in their bedrooms and helped in the sensory garden project currently in progress. The voluntary Friends of Windmill Court also supported people in the home regularly. There was a dedicated hairdressing salon at the home. People told us their hairdresser appointment was an enjoyable experience as it felt as though they had "gone out somewhere". People who did not wish to join in communal activities were visited on a one to one basis by the activities organiser so they were not left out. They were provided with the opportunity for "pampering" i.e. make-up or manicure. This meant people were protected against the risk of social isolation.

There were comprehensive records kept of all the activities showing the names of those attending and their level of participation. This assisted the staff in their planning of future events and helped ensure people were supported to take part in activities of their own choosing and preference.

People had their needs regularly reviewed to respond to any changes which may have taken place. People received personalised care which was responsive to their needs. Care plans directed and informed staff to enable them to provide care to suit the individual. The three care files we looked at were individualised and took into account information about the person's interests and preferences as well as their health needs. A visitor told us "The home always lets me know if anything changes or if they are worried about [name]." This showed the home ensured that with the person's permission, they kept their family members updated regarding their care.

People had access to call bells at all times, we heard bells ringing occasionally throughout the inspection and these were answered quickly. People told us the response time was usually "Pretty good" and always within 10-15 minutes. People told us care staff did repond quickly initially, to ensure people were safe, and then staff would ask them if they could possibly wait a few minutes until they had finished what they were doing and they would return to them as soon as possible. Visitors told us they found their relatives always had access to a call bell.

Some people were cared for in bed and were unable to re-position themselves without assistance from staff. Care files stated "position changes should be carried out regularly." We looked at the records in people's bedrooms and found that although records were completed by care staff when care and support was provided, it was not clear when the person was re-positioned and to what side. Staff we asked were not clear how often specific people should be moved/turned.

We asked a staff member if they moved a particular person from side to side to prevent pressure damage, they replied "No she does not like it, she finds it very uncomfortable, she is on an air mattress." This person's care records showed they had been re-positioned at 06.25 on the morning of the inspection. There were no further entries when we were present in the room and care staff arrived to provide personal care at 11.30am. This meant it was not clear from the records if this person received regular position changes as directed in their care plan. We saw this

Good

Is the service responsive?

person was clean and looked well cared for, with clean nightwear and clean brushed hair. There were no reports of any pressure damage to their skin in this person's care records. We discussed this with the registered manager who told us she was confident care was regularly provided, but accepted staff may have overlooked recording the care. It is important staff record care provided.This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw the home's complaints procedure which provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. Everyone said that if they had a concern or complaint they would have no hesitation in speaking with the manager or deputy manager, as they were "very approachable people". Those few who had raised concerns said that the matter had been resolved to their total satisfaction in a very short period of time. The home had not received any complaints recently.

Good

Is the service well-led?

Our findings

Windmill Court was managed effectively and had a positive culture and clear set of values stated in their service user information. These included compassion, kindness, respect and independence. Staff knew about these values through staff meeting discussions and their own supervisions. Staff were aware of their responsibility to share any concerns they had about the running of the service.

All of the visitors and residents indicated they thought the home was well organised and run by the registered manager who they held in high regard. Everyone was able to name the registered manager and said that they saw her frequently and found her to be very approachable and always willing to listen to them. One person described her as, "A sweet woman with lots of responsibility." The registered manager told us staffing levels were planned in response to the dependency of the people who lived at the home.

Comments from people at the home included, "The management and staff are a brilliant bunch, it is always a pleasure to visit here," "The staff go above and beyond," "The staff were so good at what for us was a very difficult time" and "When we enter we are greeted by the homely and pleasant smell of cooking or fresh laundry." Visiting healthcare professionals told us "The home is well managed" and "very good staff."

Staff were aware of their role in providing individualised care, and spoke of people's specific preferences and wishes when telling how they meet people's needs.

The registered manager had fostered strong links with the community and people from the home were supported to visit the local area regularly. For example, people from the home visited the local strawberry farm and garden centre regularly.

The registered manager was seen as a good leader by staff. We were told she worked as a nurse on shifts regularly to ensure they were aware of the culture and practice of the service. She was provided with good support by the head office of the organisation. The area manager visited the service regularly, and the provider supported the registered manager with quality assurance audits. This meant the service was constantly reviewing the service it provided and improving. A personal development plan was in place for the registered manager and they reported good support and guidance was available. Current guidelines and best practice was communicated to the registered manager from the head office of the organisation. The registered manager was responsible for notifying the Care Quality Commission of events which affected the people living at the home or the running of the home. We saw from our records such notifications had been received when appropriate.

There was a clear management structure at the home. The staff we spoke with were aware of the roles of the management team and they told us that the manager was approachable and had a regular presence in the home. During our inspection we spoke with both the registered manager and the clinical lead, who demonstrated to us they knew the details of the care provided to people. This showed they had regular contact with the staff and people who lived at the home.

Residents meetings were held regularly, we saw the minutes of meetings which showed they were well attended by people who were asked for their views and experiences. We saw issues raised by people were addressed by the management and staff and people told us they felt they were listened to. For example, one person requested that a flower bed be tidied and this was done. The tea and soup which was arriving at some rooms cooler than people wished was now served out of flasks to ensure it was hot enough for people in all areas of the home. This showed the home took notice of people's views and experiences and acted upon them.

People were aware of the periodical survey sent out to residents and relatives and the quarterly "house" meetings. Two visitors said that they found it very helpful to have a copy of the minutes of the last residents meeting attached to the current agenda for the next meeting. This was emailed to some relatives to ensure they were kept informed of what was going on in the home relatives told us it helped them to feel involved with the care of their family members.

A robust programme of regular audits of the premises, equipment and accidents and incidents enabled the manager to have a clear picture of the service at all times. They evaluated these audits and created action plans for improvement, when improvements were needed. For example, it was discovered the kitchen fans were not working and these were replaced immediately. Care plans

Good

Is the service well-led?

and medication records were regularly audited to drive improvements in the service provision. However, this process had not identified the concerns identified within this report in the recording of administration of medicines and re-positioning records for people who were cared for in bed. This meant the audits were not effective.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user. Regulation 20 (1) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.