

Meridian Healthcare Limited

Rievaulx House

Inspection report

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Date of inspection visit: 9 & 17 December 2014
Date of publication: 29/04/2015

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?

Requires Improvement



Is the service well-led?

Good



Overall summary

The inspection took place on 9 and 17 December 2014 and was unannounced. At the last inspection on 23, 24 April 2014 and 2 May 2014 we found the provider had breached the staffing regulation of the Health and Social Care Act 2008. We asked the provider to take action and we found this action has been completed

Rievaulx House Care Centre is purpose built and provides accommodation and personal care for up to 50 people. The home is located in a residential area close to the city centre of Leeds. Accommodation is in single rooms which all have en-suite facilities. The home is on two floors and

has lift access, each floor has a communal lounge and dining room and then a smaller lounge. They have a level access car park and garden there is a garden at the rear of the care centre.

The service has a Registered Manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Medicines were not managed safely. During the inspection we noted a number of shortfalls in the way medication was administered, stored and recorded. We saw examples where out of date medication had been administered and medication that needed to be stored at room temperature to be most effective was stored in the fridge.

This is a breach of Regulation 13, (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in safe care and treatment.

Staff were employed in sufficient numbers to care for people safely, though staff told us at busy times this meant they did not have time to engage with people other than when delivering care interventions.

People told us they felt safe at the service. Staff were knowledgeable about how to keep people safe and prevent them from avoidable harm.

We saw people looked well cared for. We saw staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes. People using the service told us they received good support from the care staff.

The service had effective systems in place to ensure staff were recruited safely. Some staff told us they did not always feel well supported. However, we saw supervision took place. Staff had access to training and all staff had an annual appraisal.

An effective induction programme was in place to support new members of staff to deliver good care and support to people who used the service.

The Care Quality Commission is required by law to monitor and report on providers' adherence to the requirements of The Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS). Where one person's freedom had been restricted in order to keep them and others safe a DoLS authorisation had been sought and was in place. Care staff had training in relation to The Mental Capacity Act and showed good knowledge about people living in the service and whether they were able to give consent.

People enjoyed the food and were offered choices and regular snacks and drinks throughout the day. When people needed additional support during mealtimes this was provided.

Although the service had an activities co-ordinator we found not all the activities were matched to people's personal hobbies and interests and were generic.

The service had effective systems in place to monitor the quality of care provided. The operations manager carried out a monthly compliance visit and identified any areas where improvements were required. We saw audits were completed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has since been replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. We found medication was not always administered as prescribed and there were issues with management of stock control.

Staffing levels were safe and within the recommendations of the tool used by the service to calculate staffing levels. However, staff told us they had limited time to spend with people other than when delivering care.

Staff recruitment policies ensured staff were suitable to work with vulnerable people. People who used the service felt safe and staff were confident in how to report any concerns with regard to people's safety.

Requires Improvement



Is the service effective?

The service was effective. Staff had a good induction programme prior to starting work. Staff had mixed views on the level of support they received and the effectiveness of supervision. All staff had received an annual appraisal.

We saw reference to people's abilities to make decisions in their care plans. DoLS were being appropriately applied.

People's nutritional needs were being met. People told us the food was good and we saw people were provided with appropriate assistance and support to eat their meals.

Good



Is the service caring?

The service was caring.

We saw people were treated with dignity and respect. Staff knew the people using the service well and supported them to make choices.

People told us they felt well cared for. One person told us "The staff are excellent really."

A visiting health professional told us, "Staff genuinely care about the service users."

Good



Is the service responsive?

The service was not consistently responsive.

People were assessed before moving to the service to ensure the persons needs could be met.

We found care plans contained detailed information and were regularly reviewed, but relatives told us they were not involved in this. We also found some information in care plans which would be difficult for staff to implement without further knowledge.

Requires Improvement



Summary of findings

Activities were available but people who used the service did not have personal activity plans which were matched to their hobbies and preferences. The service had activities on offer which were related to the Christmas period.

Is the service well-led?

The service is well led. We saw evidence of policies and procedures to enable consistency across the service.

Staff and Residents meetings took place which meant people were involved in the service. An annual customer questionnaire is completed so that people using the service can give their views.

Effective audit systems were in place and actions were recorded.

Good



Rievaulx House

Detailed findings

Background to this inspection

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

This inspection took place on the 9 & 17 December 2014 and both days were unannounced. At the time of our visit there were 50 people living at the service. On the first day the inspection team consisted of two inspectors, a specialist advisor in governance and an expert by experience in older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection team consisted of one inspector.

Before this inspection we reviewed all the information we held about the home. Before the inspection we contacted commissioners of the service and we were made aware of information that had been requested by the local authority regarding an improvement plan.

The provider had completed a provider information return (PIR). This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission.

We spoke with 10 people living at the service and three visiting relatives. We also spoke with three visiting health professionals. We spent time observing care in communal areas of the home, and also looked at some peoples bedrooms. We interviewed seven care staff, the activities co-ordinator, chef and a domestic assistant, the Registered Manager, Operations Manager, and Deputy Manager.

We reviewed seven care plans and looked at the medication records for seven people using the service.

Is the service safe?

Our findings

People living at the home told us they felt safe. One person told us, "I feel very safe here". Another person said, "They like to have someone walk with you and to tell them when you're going out". A visiting relative said to us, "Safe? Yes. He's very well cared for here". However, our observations found that the home was not consistently delivering safe care to the people who lived at the service.

At the previous inspection on 23, 24 April and 2 May 2014 there was a breach of regulation 22 (staffing) of the Health and Social Care Act 2008, this was judged to have a minor impact on the people using the service. The provider submitted an action plan telling us how they were going to comply with this regulation. During this inspection we found the provider had put measures in place to ensure there were sufficient staff to keep people safe.

The manager told us she had worked a variety of care shifts both day and night to understand whether the service had adequate staffing levels. A recommendation from this was to implement a 'twilight shift'; a member of staff who would work between 6am to 12pm and 6pm to 12am.

On both days of the inspection we observed there was not a member of staff on the twilight shift. We asked the manager about this and we were told this was due to staff shortages, but three new members of staff had been recruited, and were due to start pending recruitment checks. The manager showed us a copy of the 'staffing levels calculator' completed 17 December 2014 this showed the service had enough staff, without the additional member of staff to deliver safe and effective based on the support needs of the people who lived in the service.

The manager and operations manager both told us they had walked around the home and people appeared settled, therefore they had not needed to use agency staff. They confirmed that if they had required agency staff, this would be arranged. On reviewing the 'agency staff file' the last time an agency member of staff was employed to work in the home was on 22 October 2014.

We saw the staff rota for the past two weeks, however, the overall summary numbers did not tally with the staff rota. When the operations manager was asked to clarify the numbers she counted up the staff on the rota and showed us that it equated to six staff on a morning shift and six staff

on an afternoon/evening shift. The operations manager told us that they had not updated the staff rota's to reflect the changes to staffing levels yet. We saw in November 2014 compliance visit by the operations manager one action was to ensure the rota was easy to follow.

During the inspection we observed that people were offered support as they needed it over the two days. Therefore, it appeared appropriate staffing levels were in place.

Four members of staff told us they did not feel they had enough staff to provide effective care and support for people who lived at the service. They felt they were able to support people with their care needs, however, they did not feel they had time to engage with people using the service other than when supporting with care tasks. The manager felt they service had enough staff but was also aware of the high level of care needs some of the people living at the service had. The manager was taking appropriate action to support those people to move onto more appropriate services.

At the last inspection people who used the service raised concerns about the noise from the call bell system. The manager has completed a critical analysis of call bells and the service now has a new call bell system which is more effective. People using the service told us they are happy with this change.

Appropriate arrangements were not always in place in relation to the recording and stock control of medicines. For recording the administration of medicines, medicine administration records (MARs) were used.

We found half a tablet in the side of the medication cupboard door, this was not sealed or labelled, this meant we were unable to tell who the medication was for.

For one person using the service we were not able to identify whether their medication had been administered correctly. We saw the MAR chart was signed to say 8 tablets had been taken but only 4 were missing from the dosette system. We asked a staff member about this and they produced 8 'surplus' dosette sheets for the person using the service. We could not see this medication was recorded. The surplus stock was in the cupboard with the locked cabinet where the controlled drugs were stored. The

Is the service safe?

member of staff told us the medication had probably been given from the old dosette sheets. This meant we were unable to tell whether the person using the service had been given the medication as prescribed.

When we asked why the service was storing and using old medication which was not recorded accurately the member of staff told us the service had been advised by the Clinical Commissioning Group that they must use up old stock rather than requesting new medications. (Clinical Commissioning Groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.)

In the fridge we saw old stock was being used. The fridge contained two packets of viscotears liquid gel. One was dispensed 1 October 2014 & opened 3 November 2014 the information on the prescribing label stated 'discard after 28 days.'

We also saw latanoprost dispensed 2 September 2014 and opened 18 October 2014 with the instruction to discard after 4 weeks. The instruction on the packet clearly read 'before use store in fridge. During use store at room temperature.' We saw this in the fridge and the medication was being used despite the fact that it had been open for more than 4 weeks.

The staff told us they had not had time to audit the fridge. The manager assured us this would be done with immediate effect. The controlled drugs were stored securely, however, we found some pain relief patches were not being administered at the times prescribed, this meant people were not receiving their medication as it had been prescribed.

We found appropriate arrangements were not fully in place in relation to recording, storing and administration of medicines. It is important this information is recorded to ensure people are given their medicines safely and consistently at all times. This is a breach of regulation 13 (Management of Medicine); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which

corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. You can see the action we have told the provider to take at the end of this report.

We raised these issues with the registered manager and the operations manager and they assured us they would be resolved, and that they would contact the CCG with regard to previous advice they had been given.

We spoke with staff about their understanding of safeguarding adults. Staff were able to tell us about the types of abuse and what they would do if they suspected abuse had occurred. Staff said they would report concerns to a senior member of staff, and if they felt they were not being listened to they would approach the deputy manager or manager. A member of staff told us they would take immediate action if they witnessed abuse to ensure the person using the service was safe. We saw there were up to date policies and procedures available for staff with regard to safeguarding adults. These contained information on what to do should abuse be suspected and contacts details for external professionals, for example; the local authority safeguarding adults' team.

We saw risk assessments were in place for people who needed support with mobility and those at risk of weight loss. These were accessible within the person's care plan record. We saw people had Personal Emergency Evacuation Plans to ensure staff were aware of the level of support people living at the service required should the building need to be evacuated in an emergency.

We looked at four staff files and saw records of the checks made before staff were employed. The registered manager obtained a written reference, a copy of their birth certificate and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that holds information about criminal records and information which would help the service check if staff were suitable to work with adults who were vulnerable.

Is the service effective?

Our findings

We were given mixed feedback from staff about support from the manager and the effectiveness of supervision. We spoke with seven members of staff; four members of staff told us they felt unsupported and that their supervision involved general feedback and information from complaints and was not individual. However, three members of staff reported they felt well supported and that the registered manager was approachable.

The staff files we looked at included a 'Counselling Interview Form' which was used to record supervision sessions. We saw the 'Counselling Interview Form' was addressed to the 'staff member/all care staff' and outlined a range of instructions for example, information about the security of the building, medicines administration, bathing/showers, nail care, and key worker responsibilities.

We saw the supervision policy which stated: 'supervision should be a minimum of 6 times per year and should include the following aspects; best practice would be to do a minimum of 2 formal and 4 group, all aspects of practice, philosophy of care in the care centre and personal development'. The manager and operations manager felt this policy was being met and that care staff's personal development was addressed within the staff members 'Individual Learning Plan.'

We asked the manager if she thought the staff were happy working at the home she told us, "I hope everyone is happy working at the home, I give them the opportunity to speak to me." However, she acknowledged there had been some difficult issues with some staff within the home recently which may have impacted on the morale of some care staff.

Staff told us they had each had an individual appraisal in the last 12 months; this was recorded as an individual learning plan, we saw evidence of these in staff files and they contained information on aim/goals, agreed training, timescales and employee and manager's signature.

We saw the provider kept records of each member of staff's attendance at training, so they knew when staff should attend refresher training and this was updated on the training plan. We saw the training plan and some staff were out-of-date for safeguarding and manual handling training. We raised this with the manager and she told us "I haven't had the chance to update the training matrix, definitely, definitely all staff are in date for this training."

Staff told us they had received induction training which included online learning, DVD training and the opportunity to shadow care shifts. The training covered; safeguarding, infection control, moving and handling. One member of staff we talked to was completing a National Vocational Qualification in Care. The operations manager showed us the 'National Vocational Qualifications Statistics' which highlighted that 72.22% staff were qualified/registered at level 2/3.

At the previous inspection concerns were reported about food running out, this was seen to be improved. People living at the service and care staff felt this was no longer an issue. As part of our inspection we observed lunch on two days and one teatime meal. We observed all meal times to be a calm and relaxed experience for people using the service. People sat at tables which were nicely set and there was a lot of chatting with each other and staff.

We received mixed feedback about the quality of the food from people using the service; one person told us, "the food is excellent. I'm not fussy. There is just enough, and we can ask for more" another person said, "The food is quite good. I can't grumble." Another person using the service said, "The meals are going down I think they are getting worse." A visiting relative told us they felt more involvement with people using the service was needed in relation to the food. A member of kitchen staff told us the menu can be quite repetitive.

We saw there was a menu for the week pinned up on noticeboards; there were two options for each of the two courses at lunch. Alternatives were also available to people. We observed care staff knew people's preferences and one member of staff told us, "(person's name), he likes it red hot". We saw a member of the kitchen staff plating food up which enabled people choice on the day. We observed staff wore protective clothing and some people who had more difficulty eating wore clothes protectors.

Throughout the inspection visit we observed people having regular drinks and snacks, in the afternoon people were given home baked cakes. One person who had a reduced appetite due to being unwell was given snacks including yoghurt and cake throughout the day, in addition to the main meal times. It was observed on two occasions throughout the inspection that care staff were sat with this person encouraging them to eat, this was done in an unhurried and caring manner.

Is the service effective?

The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. On looking in detail at one person's Mental Capacity Assessment this was not decision specific and there was limited information as to how the decision was made. However, within the care plan there was reference to the person's mental health and the affect this had on their care needs. 'Due to (person's name) Vascular Dementia (person's name) needs full assistance with all her hygiene needs.'

Care staff had attended training in relation to the Mental Capacity Act, staff talked to us about ensuring they had consent before they carried out care tasks, and we observed this during our inspection for example we saw people were asked whether they would like to wear a clothes protector. Staff demonstrated good knowledge of people living in the home who were unable to give consent and how they would support people to be included in decision making as much as possible. For example choosing what colour top to wear.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

The registered manager demonstrated a good awareness of the DoLS and how to implement this to ensure people

who lived at the home had their rights protected. The registered manager told us one person who used the service was subject to an authorised Deprivation of Liberty Safeguard. We reviewed and we saw all the necessary paperwork was in place. We found the person has been appropriately referred for an Independent Mental Capacity Advocate to support them with decisions around their care and welfare. The role of an IMCA is to provide support to people who lack capacity to make decisions and have no-one else (other than paid staff) to support or represent them.

People who used the service told us they received good support. One person said, "they look after me well", another person told us "they know what they're doing". Staff we spoke with during the inspection had up to date knowledge of the individuals they supported. For example one person who used the service had recently been seen by their GP and prescribed antibiotics, the staff member was able to provide detailed information about the level of support this person needed and during the inspection we observed this staff member and other staff offering additional support with food, snacks and drinks. We found this was in line with the person's care plan.

We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs, District Nurses, Chiropodists and Opticians. There were separate areas within the care plan for health professionals to record their communication.

Is the service caring?

Our findings

People who used the service said staff were caring. One person said, “Staff are kind and caring.” Another person told us, “The staff are excellent really.”

A visiting health professional told us, “Staff genuinely care about the service users.”

Visitors told us they were welcome to visit at anytime. A relative said, “All staff are very nice and polite and sound nice.”

Throughout the inspection we saw staff approached people with respect and support was offered in a sensitive way. We saw people were relaxed and at ease in the company of staff who cared for them, there appeared to be positive relationships between people who used the service and the care staff.

The relatives of two people living at the service told us that they were not involved in care planning or reviews. One relative whose family member was living with Dementia said, “I’ve not been involved in the care plan at all at any stage. I’ve not been asked.” Another relative said, “I don’t think I’ve ever seen it (the care plan). No-one’s ever said this is what we do with your Mum.” This meant not all relatives were fully involved in the planning of their family members care.

We looked at seven care plans and we found they were easy to follow, with an index and separate sections detailing support needs in different areas of peoples lives these included; communication needs, mobility, preferred sex of carer, personal hygiene and whether the individual wished to hold their room key. Care plans included peoples individual choices and preferences, for example in one

persons care plan we saw, ‘(person’s name) likes to go to bed around 9pm-9.30pm and likes to sleep on 3 pillows’. We saw a detailed end of life care plan containing information relating to the person’s funeral plan.

Throughout the inspection we saw people looked well cared for. People were well groomed and were dressed in clothing personal to them, for example some of the women who used the service wore jewellery. Whilst we were there the hairdresser was present and people were encouraged to have their hair done.

Staff treated people with compassion and dignity. We observed a person being hoisted in the lounge, staff ensured the persons dignity was maintained. The care staff explained what they were doing before they started and offered on going reassurance whilst supporting the person. The care staff maintained a calm and supportive manner during the time they were supporting the person to move from the lounge chair to their wheelchair. They spoke to the person in a kind and gentle manner and offered additional reassurance when the person became anxious. Staff addressed the person by their preferred name throughout.

We observed the lunchtime meal, staff ensured people were offered choices of main meal, drinks and desert. People had the appropriate adapted equipment to meet their needs and to encourage their independence when eating and drinking. For example people had different cups, we saw mugs, glasses, plastic beakers and beakers with spouts. Staff responded well to peoples needs; one person had left a lot of food so staff encouraged them to eat this which they did. One person started coughing and appeared to be choking on some food, staff responded immediately and ensured they were okay, they provided a drink and reassurance. Throughout the rest of lunch all of the care staff continued to check the person was managing to eat and was feeling okay.

Is the service responsive?

Our findings

We found some conflicting information in people's care plans for example on one person's initial assessment it stated the person preferred to spend time in their own room, and in another section of the care plan it said the person should be encouraged to come to the dining room for meals and to participate in group activities. This meant it could be difficult for staff to know how best to support the person. We also saw in one person's care plan information which could be difficult for care staff to implement, for example, 'Ensure that (person's name) is offered a choice of menu suitable for a person who is diabetic,' and 'monitor and report any signs of high/low blood sugars to the senior on duty.' We did not see any information which would advise staff what the signs were of high or low blood sugars. However, we have since been assured by the provider this information is in people's care plans and they have provided examples of documentation which relates to this, this includes information from the NHS website about medical conditions and detail for staff about what action might be required.

People had their needs assessed by the provider prior to moving into Rievaulx House Care Centre. This ensured the home was able to meet the individual's needs of people they were planning to admit. We saw care plans were reviewed regularly and updated as required. A member of staff told us they sit down with people and review their care plan together.

We did see some good information contained in people's care plans. We saw people's weight was regularly monitored and where concerns were highlighted referrals were made to the G.P and dietician. A visiting relative told us their family member had lost weight, this had been responded to by the care home staff and they were put on an enhanced diet. They told us their relative had now regained the lost weight.

We asked people at the home about the activities available and people told us there was not much to do. One person said, "No, it's very boring here." Another person said another said, "I go in the garden when it's warm." A visiting relative told us, "My impression is that there is not much going on, just bits and bobs," and that it would be better if more activities were available for people living at the home.

We looked in the activities file and noted activities included; having your hair and nails done, armchair exercises, reminiscing about the war, listening to music. The activities coordinator told us the arm chair exercises were very popular and we saw people taking part on one of the inspection days.

The manager told us people who lived at the home were offered a range of activities. We saw meeting minutes from the residents meeting in November 2014, it was recorded that people had been encouraged to make choices about the activities available over the festive period. There was a noticeboard in the main reception which had Christmas related activities advertised, these were the activities discussed at the residents meeting. They included a school attending to sing carols and a Christmas party. On the day of our inspection a local primary school choir came and sang Christmas carols. We saw people enjoyed this.

An activities co-ordinator was employed in September 2014 and worked 30 hours a week, however a member of staff told us sometimes the activities co-ordinator had to assist people with their care needs. We saw an activities noticeboard which had some copies of wartime ration books, and newspaper articles. The manager told us the activities coordinator would be spending time with people on an individual basis to ensure they had an opportunity to discuss activities which were linked to their individual interests and choices. Following the inspection the manager provided copies of the activities completed throughout December 2014, these included people spending one to one time with the activities coordinator and were individual.

People we spoke with had not made any complaints but felt they would be able to if they needed to. We saw the complaints file, the manager had investigated complaints and we could see lessons had been learnt, these had then been shared at staff meetings. We spoke with a relative who told us they saw the manager regularly to make suggestions rather than complaints. They felt these were not responded to and told us, "She [registered manager] writes it down but nothing happens... never gets through to everybody".

Is the service well-led?

Our findings

There was a registered manager in post, and a deputy manager supported by a team of care staff. The manager told us some of her key priorities at present were, “Development of her ‘Senior Team’ and ‘staff’.” The manager was able to tell us about some specific challenges within the service and we were confident these were being addressed.

One of the demands for the service at the present time was supporting the needs of some people living at the service who now needed nursing care. The manager told us she had been liaising with the appropriate professionals to ensure people were moved in a safe and timely way.

We saw a copies of the ‘Statement of Purpose’, ‘Philosophy of Care’, ‘Service User Guide’ and ‘Promise to You’, which explained the provider’s vision and values, how the home was managed, what people could expect, the provider’s policies and practices and how complaints could be managed. A member of staff talked to us about the values of the home and told us, “It should be a nice place, comfortable for the people, they enjoy living here and can make their own choices.”

The manager told us that she monitored the quality of the service by “A daily walk around, feedback cards, suggestion box, quality assurance questionnaire, monthly audit and residents’ questionnaire”. We saw evidence of the annual customer questionnaire issued centrally by the provider, together with annual resident questionnaire issued by the home. We looked at the results of the last questionnaire completed in August 2014 and found that 68% were satisfied with the service, 87% were satisfied with the food, 100% were satisfied with the cleanliness and 64% were satisfied with the activities.

The views of people who used the service and their relatives had also been sought through ‘Resident and Relative meetings’ every 6 months, and we saw minutes from the previous meeting addressing concerns regarding food and table linen. During our inspection we saw evidence of changes that had been made as a result of people’s feedback and requests, for example people asked for table linen and different cups.

We saw the Whistleblowing and Safeguarding policies and staff demonstrated a good awareness of these. When asked about how comfortable staff felt in questioning practice

and raising concerns, a member of staff told us “I feel totally comfortable, I wouldn’t turn a blind eye, I would tell (registered manager) or ring (operations manager), I am aware of the whistleblowing policy and know to report to the safeguarding team and the Care Quality Commission”. Staff we spoke with were able to outline the process.

We saw policies and procedures were in place which included the following: principles of care, care planning/ risk assessments, nutrition, speech and language therapy, moving and handling, pressure relief, safe handling of medicines, Lloyds training, food hygiene, dementia, catheter care, visual awareness, care of dying, diabetes, infection control, safeguarding adults, equality/diversity, Mental Capacity Act, Deprivation of Liberty Safeguards, first aid, senior carer, NVQ level 2, NVQ level 3). In addition, we saw a range of ‘company policies and procedures’ encompassing health and safety, confidentiality, quality assurance, bullying/harassment, whistle blowing and data protection. These helped to ensure staff worked to consistent protocols and helped them to provide a consistent level of care and support.

A member of staff told us that staff meetings took place every 4-5 months, and said, “We could do with meetings more often.” We saw copies of staff meeting minutes from July and November 2014 and saw a variety of areas were discussed, for example: nutrition and hydration, food and fluid charts, nail care, whistle blowing policy, staffing levels/ staff absences, customer survey and the staff communication booklet, staff recruitment, and an update on people requiring a move to nursing home care.

The staff meeting documentation showed that these meetings were forums for communicating key information to staff and showed evidence that practice was challenged and the provider was seeking to improve the care for people. The team meeting record was signed and dated by all staff who attended the meeting, this meant staff were aware of issues and accountable for making improvements.

There was a monthly audit which took place to monitor whether the service was providing high quality care. The manager told us the operations manager conducted this and we saw the November ‘Monthly Compliance Visit’ report which audited a variety of areas for example, a review of falls and any actions required and a critical analysis of staffing levels.

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	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 management of Medicine, which corresponds to Regulation 12 (f) and (g) of the HSCA 2008 (Regulated Activities) Regulations 2014.</p> <p>People who use services were not protected against risks associated with the unsafe use and management and storage of medicines.</p>