

# Methodist Homes The Paddock

## Inspection report

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### 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?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 1 August 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service was last inspected on 17 February 2016 and overall was rated Good.

The Paddock provides personal care support and practical assistance to older people who live in self-contained flats owned by Methodist Homes. Most of the people who use the service are independent and require little or no support from the service. This type of support is called "Well Being."

The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of our inspection four people living at The Paddock received personal care support.

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

People told us they felt safe at the service. The provider identified risks to people and staff knew how to provide safe care. Staff knew safeguarding and whistleblowing procedures. Staff were knowledgeable in types, signs of abuse and knew how to report poor care, neglect and abuse. However, the management did not always follow appropriate safeguarding procedures. We have made a recommendation in relation to safeguarding procedures. The provider employed sufficient and suitable staff to meet people's needs safely. People were appropriately supported with their medication needs. The service was clean and staff were trained in infection control procedures. Accident and incident records were maintained but the provider did not always document lessons learnt.

People's needs were assessed, staff knew people's abilities and people told us their needs were met. Staff received regular training and supervision that enabled them to meet people's needs effectively. People's nutrition and hydration needs were met. Staff supported people to access healthcare services when this was requested. People told us staff offered them choices and asked their permission before helping them.

People told us staff were caring and friendly. Staff were trained in equality and diversity and treated people with dignity and respect. People's religious and cultural needs were recorded in their care plans and met by staff. The provider encouraged LGBT people to use the service.

People's care plans were comprehensive and their care files had life story books that gave information on people's likes and dislikes. Staff knew how people liked to be supported. People and their relatives were involved in their care planning and review meetings. People and relatives were encouraged to make

complaints. However, the management did not always follow the provider's complaints policy whilst addressing people's complaints.

The provider had monitoring and auditing systems in place to check the safety and quality of the service. However, they were not always effective in identifying gaps and errors. People, relatives and staff told us the management was approachable and had seen improvement since the new registered manager. People's, relatives' and staff's feedback was sought and considered to improve the service.

We found the registered provider was not meeting legal requirements and there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations. These were in relation to acting on complaints and good governance.

Full information about CQC's regulatory response to any concerns found during inspections is added to the back of the full version of the reports after any representations and appeals have been concluded.

## 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.

The management did not always follow appropriate safeguarding procedures.

Staff knew how to identify and report abuse and poor care. People's risk assessments gave information on risks to them and how to mitigate those risks. Sufficient and suitable staff were recruited to meet people's needs safely.

People were happy with medicines management support. Staff were trained in infection control procedures and the service's cleanliness. Accident and incident records were maintained however lessons learnt were not always recorded.

### Is the service effective?

**Good** 

The service was effective.

People's needs were assessed and they told us their individual needs were met. Staff received appropriate induction and regular supervision to do their job effectively.

People were happy with nutrition and hydration support. Staff supported people to access ongoing healthcare services when this was requested.

People liked living in their flats. Staff offered people choices and encouraged them to make decisions.

### Is the service caring?

**Good** 

The service was caring.

People told us they were supported by caring staff who treated them with dignity and respected their privacy. The service provided continuity of care. People were involved in the care planning process.

People's cultural and religious needs were recorded and met by staff. Staff were trained in equality and diversity and treated

people equally.

### Is the service responsive?

The service was not consistently responsive.

People's complaints were not always addressed as per the provider's policy.

People told us the service was flexible with their care times. There was a range of activities that people could get involved in. People's care plans gave information on how they liked to be supported and were regularly reviewed.

The provider discussed with people their end of life care wishes. These were recorded in their care plans. Staff were trained in end of life care.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

The internal audits did not always identify gaps in records of care delivery. The management did not always follow provider's procedures in addressing issues.

People, relatives and staff told us the service was well-managed and the new registered manager had made good improvements. Staff felt supported and enjoyed working with the service.

The provider asked people, relatives and staff for their feedback. The management worked with other professionals in improving people's experiences.

**Requires Improvement** ●

# The Paddock

## 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 1 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service to some people living in their own homes at The Paddock. We needed to be sure that they would be in.

The inspection was undertaken by one inspector.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority where the service is based for their feedback.

During the inspection, we spoke to three people and a relative and observed interactions between people and the staff who were supporting them. At the time of this inspection, the registered manager was on annual leave and the service was supported by a registered manager from the provider's other service. We spoke with the covering registered manager and three care staff. We looked at two people's care plans and three staff personnel files including recruitment, training and supervision records, and staff rotas. We reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service. We also looked at records related to the management of the service including audits and quality assurance.

Following our inspection visit, we spoke to two relatives and the registered manager for The Paddock. We reviewed documents provided to us after the inspection. Some of these included policies and procedures, reviewed self-medication risk assessment, two people's care plans and risk assessments and two people's

life stories.

# Is the service safe?

## Our findings

People told us they felt safe at the service. Relatives said their family members were safely supported by staff. Their comments included, "[Person who used the service] is very safe" and "[Person who used the service] is safe."

However, the provider did not always follow appropriate procedures to safeguard people against abuse. For example, on 26 February 2018, one person raised concerns and complained about a staff member's aggressive, abusive and bullying behaviour. The service followed their safeguarding procedures and on 1 March 2018 the management decided that the staff member would not support the person until the investigation was completed. In the meantime, the person was to be supported by other staff on duty. However, the management based on their observations of friendly communication between the staff member and the person made the decision that it was appropriate for the staff member that the person had complained about to support the person. There were no records of the management's observations and of the discussions with the person whether they were happy to be supported by the staff member. On 13 March 2018, the person complained of being challenged by the same staff member about the complaint they had made against them which left the person distressed. This meant the management did not follow their safeguarding procedures appropriately and put the person at risk by allowing the staff member to support the person before the investigation was concluded.

At the inspection, the management told us that the allegations were substantiated and the staff member was no longer employed by the provider. The person told us they felt unsafe living at the service after making the complaint. They commented, "I had a nasty experience with a carer [staff member]. I complained and now [staff member] has gone, they have dismissed [staff member]. I now feel safe."

We recommend that the provider seeks guidance and advice from a reputable source, in relation to safeguarding procedures.

Staff were trained in safeguarding and could describe types and signs of abuse. They told us if they noticed any signs of abuse or poor care they would report it to the management. Staff knew the role of external agencies in investigating abuse. A staff member commented, "We should ensure [people who used the service] are protected from harm, abuse and neglect. Inform the [registered] manager and document the concerns. The [registered] manager would carry out investigation, report it the local safeguarding authority, [and] family." Staff were aware of whistleblowing procedures and told us they would whistle blow if people's lives were at risk. One staff member said, "I will call our area manager, social services, GP and CQC if the concerns relates to residents' [people who used the service] safety, I will definitely blow the whistle." This showed staff were aware of their responsibilities in identifying and reporting abuse.

Risks associated with people's health, care and mobility needs were identified and assessed. The provider had risk assessments for areas such as environment, moving and handling, medication and self-medication, nutrition and hydration, and falls. People's risk assessments gave staff information on how to mitigate risks to people. For example, one person was at risk of falls due to reduced mobility. Their falls risk assessment



stated the person was unsteady on their feet and used mobility aids to mobilise safely. However, the person occasionally lifted the zimmer frame when using it which was a safety hazard. There were instructions for staff to ensure the person was supervised when walking using the zimmer frame and to remind the person to keep the zimmer frame on the floor to avoid accident.

People's care files also had risk assessments and guidelines related to their specific health conditions and care needs such as missing person information, glaucoma, and osteoporosis. Staff knew risks to people and how to provide safe care. They told us the risk assessments were easy to follow and copies of them were kept in people's flats. A staff member told us, "[Person who used the service] is at risk of falls. I make sure her flat is clutter free. For [person who used the service] who is at hard of hearing, at night time I make sure the device underneath their pillow is in place as it alerts [person who used the service] when the fire alarm goes off." During the inspection we visited four people's flats after seeking their consent and found copies of relevant risk assessments in their flats. This showed staff were provided with sufficient information on how to meet people's needs safely.

People told us there were sufficient staff present to meet their needs. Staff told us there were enough staff on shifts and rotas were easy to follow. A staff member said, "There are quite a bit of staff here. Rotas are done in time, [the registered manager] asks me in advance time for any shift changes. No agency staffing [used] since I have been working here." Staff rotas showed there were sufficient staffing. The registered manager told us they did not use agency staff and used their relief staff to meet staff emergencies and absences. People's care plans included care visit times but as staff were present at the service throughout the day people were supported outside those care visit times.

The provider maintained three staff personnel files giving information on pre-employment, post-employment and training and development. Records showed appropriate recruitment assessments and checks including interviews, references and criminal records were carried out to ensure people were supported by staff who were safe.

People were happy with the medicines support. Each person's care file had a medication profile, their health and medical history and medication assessment that gave information on the list of medicines and the level support they required. We looked at people's medicines administration record (MAR) charts and were mostly appropriately completed. The management carried out checks and audits to ensure people's medicines needs were met safely. However, we found records related to the actions taken following medication errors were not always kept along with the medication errors form. Following the inspection, the registered manager sent us forms detailing actions that were taken to address medication errors. They told us that they had created a separate folder for medication errors and action taken for easy access.

Staff were trained in infection control and all communal bathrooms and toilets had hand wash and antibacterial facilities. The service was clean and without malodour. People told us they were happy with the cleanliness and told us domestic staff were very good. A person said, "You can request domestic help. As per my request, [staff] cleans my flat every other week."

The provider maintained accident and incident records, and a falls diary for people experiencing falls. The records showed actions that were taken at the time of incidents to minimise the risk. The registered manager told us the lessons learnt to minimise future occurrences were discussed and shared in staff meetings. Staff we spoke to confirmed this. However, these were not recorded as part of accident and incident records form. The registered manager told us they would liaise with the area manager to review the accident and incident form to ensure lessons learnt were recorded.

# Is the service effective?

## Our findings

People and relatives told us staff knew met their needs and were well trained. One person said, "Yes, I think so staff are well trained. They [staff] keep going on training days." A relative commented, "[Staff member] is excellent. Oh definitely, yes my [person who used the service] needs are met."

People's needs were assessed at the time of referral. The provider carried out needs assessment and involved people, their relatives where required to identify their needs, abilities and how they liked to be supported. This information was used to develop people's care plans that enabled staff to achieve effective healthcare outcomes for people. People's assessments stated their personal care, communication, mobility, medication, nutrition and hydration needs. For example, one person's communication needs assessment stated they could express their needs, wishes and feelings, and wore a hearing aid in their right ear. It further stated staff to talk to the person facing them and to speak clearly.

People told us they were happy with the food and had lunch in the dining room but made their own breakfast and dinner. A person said, "I cook for myself." Another person said the lunch was delicious and liked making their own breakfast and dinner. Staff knew people's foods likes and dislikes and these were recorded in their care plans. A staff member commented, "I show [person who used the service] a packet of cereals and a loaf of bread to enable her to make a choice." Another staff member said, "[Person who used the service] likes to eat omelettes and salad, prefers beans but peas not so much, for breakfast likes fresh fruits, cereals, toast with marmalade and cup of tea." This showed people's nutrition and hydration needs were met. During the inspection, at lunch time, we saw people were offered options and meals were served as per their choices. We heard people saying that they enjoyed the meal.

All new staff received detailed induction training and had to successfully complete the induction workbook before they started supporting people. Records confirmed this. Training records showed staff received training in areas required to meet people's individual needs effectively. Trainings were in areas such as moving and handling, health and safety, food safety, fire safety, medicines competency assessment, nutrition and hydration, and dementia. Staff told us training was good. One staff member said, "Training is good, we do a lot of training. Some training have to do every year, some online and some in person such as health and safety." Training matrix showed staff were provided with regular refresher training.

Staff supervision records showed staff received regular support and supervision. The topics discussed at supervision sessions were things that had gone well and not so well, well-being, training needs and performance objectives. Staff's performance objectives were reviewed annually and goals were set for the following year. Appraisal records confirmed this. Staff told us they found supervision sessions helpful. They said the team worked well together and the communication had improved amongst staff that enabled them to deliver effective care and support.

Most people living at the service were independent and supported by their family in accessing healthcare services. The provider had processes in place to support people access healthcare services when they were requested. People's care plans had records of healthcare professionals' visits such as district nurses, and

physiotherapist.

People told us they liked their flats and the communal areas in the service. A person said, "I love it here. I like my flat. It is my home." During the inspection, we saw people accessed their flats, dining area and living room with ease and comfort.

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's care plans gave information on whether they had capacity to make decisions regarding their care and treatment and there were signed consent forms in people's care files. Where people had assigned representatives to make decisions regarding their finances, and health and welfare, the copies of their authorisations were checked and kept in people's files. Staff received training in MCA, and records seen confirmed this.

People told us staff asked their consent before supporting them and offered them choices. During the inspection we saw staff gave people choices and asked their permission before helping them. For example, at lunch time a staff member asked a person if they needed help with cutting up their food into small pieces, another person was asked whether they wanted to rest in their bedroom or their living room and people were supported as per their choices. Staff demonstrated good understanding of MCA. Staff comments included, "I always ask their [people who used the service] consent. I do not force them to do anything" and "By asking [people who used the service] how would they liked to be supported." This showed staff asked their permission before providing care and understood people's right to make decisions.

## Is the service caring?

### Our findings

People and the relatives told us staff were caring and helpful. One person said, "They [staff] are very nice, good and very helpful." Another person commented, "I love it [living here]. Staff are mostly caring." Relatives' comments included, "Care is very good. [Staff member] is very very good with my [person who used the service]. [Staff member] is very patient and goes above and beyond" and "Staff are fine there. [Staff member] is lovely. They do what is pretty hard job."

During the inspection, we observed positive and meaningful interactions between people and staff. We saw staff were patient and sensitive towards people's requests and needs. Staff spoke about people in a caring way. One staff member told us they supported people with compassion. They said, "Quite interesting [working here]. Residents [people who used the service] are quite friendly, conversations with residents are very good." People told us they were generally supported by the same staff team. Staff rotas showed people were mostly supported by the same group of staff. This enabled staff to develop trust and form positive working relationships with people. People were asked whether they wanted to be supported by male or female staff. Their gender preference of care was recorded in their care plans. Staff rotas confirmed people were supported by staff as per their gender preference of care.

The provider had introduced well-being sessions where staff called people to provide emotional support to people. This included asking people how they were, whether they required additional support and encouraged them to participate in daily activities scheduled at the service. A staff member commented, "I make phone calls in the morning to check how residents are. We support people throughout the day, it is a companionship thing, we have a chat to find out when [people who used the service] need support."

The management engaged with people and their relatives where requested in developing people's care plans that detailed how they would like to be supported. People told us they had been part of the care planning meeting and were asked their views on the care and support they required. People's care plans recorded their religious, spiritual and cultural beliefs and needs. Staff knew people's religious and cultural needs. Staff comments included, "Some residents get up here early to read [religious book] who are [religion]" and "We have a [religious service] here for [people who followed a religion]."

People told us staff treated them with dignity and respect. One person said, "Yes, I think so. [Staff] treat [me] with dignity and respect my privacy." A relative told us, "I only have praises for this place. Yes, staff treat my [relative] with dignity and respect." Staff were trained in equality and diversity and dignity in care. They gave examples of how they provided dignified care. A staff member commented, "I knock on their door and wait for an answer, I will greet people as per their preferences, respect people's privacy, give them choices and respect their choices."

The provider encouraged lesbian, gay, bisexual, transgender (LGBT) people to use their service. They displayed information on activities, groups, and clubs in the local area for LGBT on the service's display board for people's easy access. However, they did not ask people their sexuality at the time of referral. The registered manager told us they would speak to the provider to include this in the assessment and support

care plan form.

## Is the service responsive?

### Our findings

The provider's complaints policy was in date and stated procedures that were to be followed once a complaint was made. The management told us they encouraged people and their relatives to raise concerns and make complaints. People we spoke to told us they would speak to the registered manager if they were not happy about something and felt they were listened to. A relative told us their complaints were addressed promptly. They said, "Following raising concerns with the management, [the registered manager] called me back straightaway."

However, not all people and relatives felt the complaints were dealt with in a timely manner. A person told us they had made a complaint about a staff member who was verbally abusive and aggressive towards them. The complaint was made on 26 February 2018 and was not resolved till August 2018. This person and their relative told us they had not been informed by the provider of the reasons for the delay in resolving the complaint. The relative said, "The process was not open and transparent. We felt deserted." The relative told us they were not provided with the copies of the provider's complaints policy and notification form as per the provider's policy, and did not know how to proceed with the complaint.

The complaints records did not always give accurate information regarding the complaint and the actions that were taken to address the complaint in a timely manner. For example, the registered manager complaint report stated incorrect complaint date and there were no records to confirm the outcome of complaint investigation meeting dated 1 March 2018. The same relative made a second complaint against the same alleged staff member dated 13 March 2018. However, the action plan dated 13 March 2018 did not state what actions the registered manager had taken in response to the second complaint. The relative confirmed they were not sent any written correspondence that gave information on the outcome of the investigation and or the status of their complaint. This meant the provider had not kept the complainants informed on the status of their complaint and the investigation.

Despite the complaint being resolved following the provider's investigation, neither the person nor the relative had been provided with a written response stating the outcome of the investigation as per the provider's complaints policy. The relative said, "We have not been given any feedback on the complaints investigation and not received formal correspondence in relation to complaint's feedback." During the inspection, we reviewed the complaints folder and found there were no copies of written correspondence to the person or to the relative in relation to the complaint. We asked the registered manager about this and they told us the head office had the copies of the written responses. Following the inspection, the provider and the relative sent us a copy of the written response dated 13 August 2018. The letter included apologies and the outcome of the provider's internal investigation. However, we found the letter did not give information on how the person could escalate their complaint if they were not satisfied with the outcome. This showed the provider had not always followed their complaints policy to receive, record, investigate and respond to people and their relatives' complaints.

The above issues were a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us staff knew their likes and dislikes. They told us the service was responsive and flexible with care times. At the inspection, we saw people being supported by staff outside their scheduled care times. The registered manager told us the care times were adaptable and were changed daily to meet people's personalised needs.

People's care plans gave information on how they liked to be supported and were regularly reviewed. The care plans gave information on people's background, their medical history, dietary needs, likes and dislikes, daily routines, communication, social activities and future goals. People's care plans also detailed their care needs including personal care, medication, nutrition and hydration, and mobility. Staff told us they found people's care plans useful. The provider also developed life stories for people that captured information about people's life before they moved to the service. People's life story books gave information on areas such as childhood, professional life, significant people and places, hobbies and interests, likes and dislikes. However, we found out of four people that were supported with personal care, only two people had life story books and one person's background section in their care plan was left blank. We spoke to the registered manager about this and they told us the person did not want to discuss their background. However, this was not recorded in their care plan. The registered manager told us moving forward they would record where people did not wish to discuss their background. The registered manager told us they were in the process of developing life stories for the other two people.

The provider had processes to review people's care needs to ensure they received care responsive to their needs. The registered manager and the senior care staff member reviewed people's care plans every month and conducted six-monthly care reviews with the people and where requested with their relatives. The registered manager maintained records of the care reviews. Records confirmed this. People and their relatives confirmed they were invited for care review. Relatives told us they were invited for care reviews and whenever they visited the service they were welcomed by staff. There were no time restrictions on relatives' visits. A relative said, "I come here every day and staff are welcoming and friendly."

People living at the service were mostly independent and accessed community as per their wishes and convenience. The provider organised a range of activities including animal therapy, art and craft, indoor games, jigsaw puzzles, and coffee mornings. People we spoke to told us they enjoyed taking part in the activities and their choice whether to join the activities or not was respected by staff. The provider had organised various holidays including Christmas and Easter, and arranged day out trips. The registered manager had also promoted community engagement, for example the local tennis club had hosted a tea party for people who used the service. The registered manager was in the process of recruiting volunteers to facilitate activities. The service had one volunteer who facilitated history sessions.

The provider had processes in place to assess, record and review the support people wanted to ensure they received a comfortable and dignified death. Staff discussed with people and their relatives where required their end of life care wishes including funeral plans and these were recorded in their care plans. Staff also made a note in people's care plans where they had chosen not to discuss their end of life care wishes. Where people had signed a 'Do Not Attempt Cardiopulmonary Resuscitate' a copy of this was maintained in their care plans and their flats. Staff were trained in 'end of life – loss and grief' and were aware of people's end of life care wishes and knew how to appropriately support them with their preferences.

## Is the service well-led?

### Our findings

People told us they liked living at the service and the management was approachable. One person said, "[Registered manager] is very good. Oh yes, easy to talk to, very approachable." Relatives told us their family members were happy living at the service and the management was helpful. Their comments included, "[Person who used the service] is very happy there [the service] and we are very happy [person who used the service] being there" and "The new manager is very good, she listens, can talk to her and is hands on."

The provider had systems and processes in place to assess, monitor and evaluate the safety and quality of the service. There were records of regular internal audits in place but found they did not always identify gaps that were picked up during this inspection. For example, two people's care files did not have life story books. One person's care plan did not give information on their background and it did not state whether they had chosen not to discuss their background history. One person's self-medication risk assessment was not fully completed. Medication errors and audits did not always keep information on what actions had been taken to address the errors such as staff supervision records. Accident and incident forms did not always record lessons learnt and actions taken to minimise future occurrences.

The registered manager did not always keep records of the follow up action points discussed in the care reviews. For example, a person's care plan review meeting dated 25 August 2017 stated the person to be referred to memory clinic, however this person's care file had no records on any discussions with their relatives regarding this matter, whether it had been actioned and what was the outcome. The registered manager told us moving forward they would ensure the follow up actions are recorded in people's care files. Similarly, there were no records of discussion with this person's relatives regarding their referral to falls clinic and actions related to that.

The management did not follow the appropriate safeguarding procedures and did not notify the Commission of the second safeguarding incident without delay. People's complaints records were not always accurate and kept up-to-date. For example, at the complaints investigation meeting the management had taken a statement from the person who used the service in relation to the complaint. However, when they asked for a copy of their statement the management told them it was confidential and the person was not provided with a copy of their statement. The same person and their relative had not been provided with a written complaint resolution response. Following the inspection, the provider sent us a copy of the written response.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People, relatives and staff told us they had seen improvements since the new registered manager started working at the service. One person commented, "I noticed such good improvements since [registered manager] started working here." A relative said, "Oh definitely, seen changes since the new [registered] manager. She is really trying to make a difference." Staff we spoke to told us the communication within staff team had improved. A staff member commented, "Yes, we do work well as a team, for sure, it is perfect



because of the new [registered] manager."

Staff told us they felt supported and the service was well managed. Their comments included, "I have been working here for eight years, it has been up and down, but now it is good. Definitely, yes [well managed]. [Registered manager] is very good, supportive, we work together, would not wish for a better manager, can talk to her easily" and "[Registered manager] is supportive to me. if I have any concerns I speak to her, yes feel listened to. At the moment, yes well managed." Staff told us team meetings were regular, helpful and were asked for their opinions and views. Staff meetings minutes showed meetings took place every three months. Topics discussed at the meetings were safeguarding concerns, staff rotas, training, complaints policy, care plans, new admissions, staff well-being, confidentiality and code of conduct. This showed processes were in place to promote openness and inclusion that enabled staff to achieve good outcomes for people.

People were asked for their views and opinions via bi-monthly residents' meeting. Records confirmed this. One person said, "Yes, I attend residents meeting every two months. They are helpful, gives us a chance to air concerns. When I moved in here the lounge was hardly ever used. I suggested getting jigsaw puzzles and now has people are using the room and is more welcoming." The registered manager confirmed that the person had suggested jigsaw puzzles and they were very popular. During the inspection we saw people used jigsaw puzzles and board games to interact with each other. Residents' meeting minutes showed topics discussed were wellbeing, staffing, new admissions, outings, activities, wellbeing worker duties such as making calls to surgery, assisting with writing letters.

The management encouraged people, their relatives and staff to give their feedback via annual surveys. Residents and relatives' last survey results showed that 93% people felt safe and were happy living at the service but only 20% were satisfied with how the complaints were addressed. The registered manager told us that action points following last survey were discussed in the residents' meeting and they were happy with the suggestions and stated their dissatisfaction was mainly related to the previous manager. Staff survey results showed they were happy working with the provider and an area of improvement was communication. Staff told us since the last survey the communication had improved.

The registered manager worked with provider's other services and healthcare professionals in improving people's experiences. For example, people who used the service occasionally accessed activities at the other service located close by. The service had been chosen to take part in the short video on benefits of animal therapy and people had consented to be part of the video. The registered manager regularly attended provider's managers meeting. They told us the meetings were useful as gave them opportunities to learn best practices from each other and how to improve the quality of care. The registered manager told us since they started working at the service their biggest achievement had been the improvement in people, relatives and staff's trust and the positive working atmosphere.

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
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered persons failed to ensure people's complaints in relation to the regulated activity were appropriately received, handled, recorded, investigated and responded.</p> <p>Regulation 16 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others in the carrying on of the regulated activity; accurately and completely maintain records in respect of each service user.</p> <p>Regulation 17(1) (2) (b) (c)</p>