Care Quality Commission

Castel Froma

The Helen Ley Care Centre

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

This inspection took place on 3 and 6 March 2015. It was an unannounced inspection.

The Helen Ley Care Centre provides respite and full time nursing care to people with neurological conditions. The home has 25 beds, of which eight are available for respite care. At the time of our visit 20 people were living at the home.

There was a registered manager in post. 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.

The home provided a safe environment for people to live. The home and equipment was well maintained and staff knew how to use specialist equipment safely. Staff also

Summary of findings

knew they had responsibilities to keep people safe and told us they would report any concerns about people's safety or poor practice to the manager. People told us they felt safe in the home.

Good practice around the management of medicines was not consistently followed to ensure medicines were stored and handled safely.

Staffing levels kept people safe but staff were not always able to respond immediately if people wanted assistance to get up or go to bed at the same time. The provider had responded to concerns about delays by recruiting an extra member of staff to work in the evening.

Staff received regular training to meet the needs of people effectively. Training was also provided to support staff in meeting the specific needs of people who lived at the home.

A variety of healthcare professionals visited the home on a regular basis to meet people's physical and mental healthcare needs. People had the benefit of in-house therapy services to maintain and improve their health.

Staff responded to people's needs in a caring and kindly manner. There was a relaxed atmosphere in the home and people and their visitors socialised in communal areas. People were supported to make choices and develop skills so they could maintain a level of independence.

A variety of activities were provided and people were encouraged and supported to involve themselves in planning the activities programme. People told us they would have no hesitation to raise concerns and were confident they would be responded to appropriately.

There was a structured management team in place. However, the registered manager found it difficult to complete all their managerial tasks as they also provided some of the clinical care in the home. The provider was actively recruiting senior staff so the registered manager could concentrate on the managerial or clinical aspects of their role.

Staff told us the registered manager was approachable and supportive and they felt confident to make suggestions about how the service could be improved. Both staff and the people who lived in the home were enthusiastic about ensuring the quality of service provided at the home was maintained.

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 mostly safe.

Staff understood what action they needed to take if they had any concerns about people. People told us they felt safe in the home. There were enough staff to keep people safe, but staff could not always respond immediately if people needed support at the same time. Procedures and good practice were not consistently followed to ensure medicines were managed safely in the home.

Requires Improvement

Is the service effective?
The service was effective.

Staff had a good understanding of the needs of people and had the skills to carry out their care and nursing responsibilities effectively. People's dietary and nutritional needs were assessed on an on-going basis to ensure they received food and drink that maintained their health. People received support from a variety of healthcare professionals and therapists to maintain and improve their mental and physical health.

Good

Is the service caring?
The service was caring.

Staff supported people in a friendly, caring and relaxed manner. People were encouraged to make decisions about their day to day care and to maintain their independence. Visitors were welcomed into the home.

Good

Is the service responsive?
The service was responsive.

People were happy with the care they received which was personalised and responsive to their needs. There were a range of activities available to provide mental and physical stimulation. People told us they knew how to raise concerns and felt they would be dealt with appropriately.

Good

Is the service well-led?
The service was well-led.

Staff felt supported by the management team who had a good understanding of the challenges they faced during the working day. The provider was recruiting at senior level to ensure the registered manager could concentrate on the managerial or clinical aspects of their role.

Good

The Helen Ley Care Centre

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.

The inspection took place on 3 and 6 March 2015 and was unannounced. The inspection was undertaken by two inspectors.

Before our visit we asked the provider to complete a Provider Information Return (PIR). 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 reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with eight people who lived at the home and three relatives. We spoke with the registered manager, deputy chief executive officer, seven staff, the activities co-ordinator and a visiting healthcare professional. We observed how people were supported during the day.

We reviewed three people's care plans to see how their support was planned and delivered. We reviewed management records of the checks made to assure people received a quality service.

Requires Improvement

Is the service safe?

Our findings

People who lived at Helen Ley told us staff supported them to take their medicines. Comments included: "I get my medication on time." "I don't have pain medicine specifically prescribed for pain on a regular basis, but I can ask for pain relief whenever I need it." "The nurse gives me my medicines and I feel very safe. The staff are all very good."

We checked how medicines were managed in the home. The ordering process for obtaining medicines ensured they were available for people when they needed them. However, we found processes and good practice were not consistently followed to ensure medicines were managed safely. For example, handwritten amendments to Medicine Administration Records (MARs) should be signed by the person making them and then countersigned by a second member of staff to confirm they are accurate. In some instances, handwritten amendments had not been countersigned to confirm their accuracy. We looked at the records for people who were having medicine through skin patches applied to their bodies. There are specific requirements in the administration of patches such as the same site should be avoided for a certain period of time. Records were not maintained of where patches had been applied to ensure they were being used safely.

Arrangements were not consistently followed to record the date of opening of medicines that have a shortened expiry date once opened. It was therefore not possible to determine whether these medicines were within the manufacturer's recommended shelf life. There was a risk of medicines being used past their expiry date and no longer being effective.

We found gaps in some people's MAR charts where there was no staff signature to record the administration of a medicine or a reason documented to explain why the medicine had not been given. Amounts of medicines held in stock had not consistently been transferred onto the MAR. We were therefore unable to check some medicines so we could be assured people had been given their medicines as prescribed.

Where people were prescribed medicines to be administered "when necessary" or "as prescribed" there was information available to enable staff to make a decision as to when to give the medicine.

Medicines were stored securely but no checks were made to ensure they were kept within the recommended temperature ranges for safe medicine storage. Failing to keep medicines at the correct temperature can reduce the effectiveness of the medicine. Some medicines that required to be kept at a lower temperature were not stored in the designated medication fridge.

We checked the procedure for managing controlled drugs (CDs). CDs are medicines that require extra checks and special storage arrangements. On checking the CD cabinet we found a number of unlabelled tablets in a small pot. We checked the records for the receipt, stock balance and disposal of CDs and were unable to identify the tablets. The nurse consulted a pharmacist and was able to confirm the tablets were not in fact controlled drugs and arranged for them to be disposed of. Staff were not always following safe procedures when handling, managing and disposing of medicines.

We found that the provider had not protected people against the risks associated with the unsafe management of medicines. This was in breach of Regulation 13 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.

All the people we spoke with said they felt safe at Helen Ley and knew who to speak with if they did not feel safe. People said, "Safe as houses" and "I generally feel safe, it's wonderful."

Staff had a good understanding of abuse and how to keep people safe. Staff had completed training in safeguarding adults and knew what action they would take if they had any concerns about people. For example, one staff member told us, "I would report it to the sister in charge or my line manager or [registered manager] if she was here." Another member of staff told us, "We are always looking for marks on people. We will pick them up and go and see the nurse." Staff also told us they would not hesitate to report any poor practice by other staff such as poor moving and handling techniques. The registered manager understood their responsibility to report any safeguarding concerns to the local authority safeguarding team and to us.

People and staff told us there were enough staff to keep people safe. However, people sometimes had to wait for support because staff were busy assisting other people.

Requires Improvement

Is the service safe?

Comments from people included: “I love it here. They are always short of staff but if I want to get up for an appointment or church they make sure I’m up and ready. I might have to wait an hour or two to go to bed. They are under pressure here, I feel a bit rushed.” “The only issue I have with care staff levels is on the night shifts. There is only two carers on shift for 24 people, which not only is a struggle for the carers to meet everyone's needs, but it means the residents/respite guests who choose to stay up past 10pm, do not get to bed until 1am/2am on occasions. The carers try their level best to assist us in a timely manner.” “I wouldn’t say [person] has never been looked after because of a staff shortage.”

Staff we spoke with confirmed they found it difficult to always respond immediately if people required support at the same time. One staff member said, “The staffing has been reduced and it’s true that some people are kept waiting. It does happen that people have to wait for personal care, especially in the mornings, for over an hour.” Another member of staff told us, “We try and get people up before 8am and then we start breakfasts. We try to rotate who is waiting the longest but there’s always someone waiting. We try to get people to bed but there’s a queue of people waiting to go to bed later. It’s not so much a staffing issue, it’s the volume of people’s care needs that has increased.” Another explained, “We meet all their needs but sometimes you are having to rush through the process more than you would want to. You have to prioritise.”

We asked people if staff responded quickly if they used their call bell. One person told us, “Pretty quickly – they are not too bad. Longest I would wait is 15 minutes max.” Another person said, “When you ring you know you have to wait but it’s not an unreasonable wait.” One person explained, “If there’s an emergency you press the bell three times and they come running, but if you press once it takes a long time.” During our visit, one person’s alarm went off. We observed four staff responded within seconds. We were not aware of call bells ringing for any extended periods of time.

We discussed staffing levels with the manager. They told us there were two nurses on duty in the morning with six care staff. This reduced to one nurse and four care staff in the afternoon and one nurse and two care staff at night. During the day, care staff were supported by an activities co-ordinator, a lounge assistant (whose role was to provide constant supervision and support in the lounge area), and a rehabilitation assistant. The manager told us they were aware there were pressures on staff at various points during the day. As a result they had reviewed staffing levels and were introducing a “twilight shift” to provide extra support during the evening to assist people to bed. This role had not been introduced every night as they were still recruiting to the position. The manager also explained they were looking at the timing of shifts in the morning to provide extra support when people required assistance with their personal care.

The manager told us and staff confirmed that if a need was identified, an extra member of staff was put on the rota. They gave an example of a person on respite care who required careful monitoring at night. A staff member told us, “There is flexibility to a point. It depends on who is here and the dynamics of their needs.”

During the day of our inspection we saw that there was a staff presence in communal areas to support people. People being cared for in their rooms looked comfortable and well cared for.

There were processes for assessing, identifying and managing individual risks to people, such as skin breakdown, choking and moving and transferring. Where potential risks had been identified with people’s care, we saw the correct equipment was available to reduce the risks such as pressure relieving equipment and mobility aids to safely transfer people. There was pictorial information in people’s care plans so staff could be sure how individual specialist equipment was to be used safely.

There were a system of checks and audits to ensure the environment and equipment was kept in good order to maintain people’s safety. Some people required hoists and other equipment to help them move about the home. We looked at some of them and saw they had been recently serviced and maintained. All the moving equipment we saw looked in good working order. A service repair log at the home listed all the repairs and concerns about the building and any equipment in it. We saw repairs had been acted on in a timely manner.

The provider had taken measures to minimise the potential impact of unexpected events. Emergency procedures information was located throughout the building and fire safety equipment was regularly tested. People did not have individual personal emergency evacuation plans which

Requires Improvement

Is the service safe?

detailed the support they would need in an emergency. However, staff we spoke with understood what to do in the event of a fire and were able to explain the evacuation procedure to us.

Good

Is the service effective?

Our findings

People we spoke with were happy with the support they received from staff. One person told us, "Most of the carers are highly knowledgeable and have good skills to support me." A relative explained, "Spinal patients need specialist care. They caught on pretty quickly here."

The PIR told us the steps the provider was taking to ensure staff had the skills to meet the complex needs of people at the home. "We have doubled our investment in training and are in the process of implementing an improvement action plan."

Training records showed that staff had completed basic training in areas considered essential to meet people's needs effectively. There was also a programme of training relevant to people's specific needs such as Huntington's Disease, challenging behaviour, continence and communication skills. Staff told us they received enough training to deliver effective care to the people living in the home and found the training offered beneficial to their practice. One staff member said, "You think you know all there is to know but then they go and put something else in and you realise there could be a better way of doing something." One staff member told us there had been delays in organising some training they had requested, but confirmed the training was now in place.

The manager explained when they first started taking people with spinal injuries, senior staff had attended a specialist spinal unit and then cascaded their learning to other staff in the home.

We observed staff support people during our visit. We saw staff had a good understanding of the needs of each person and had the knowledge and skills to carry out their care and nursing responsibilities effectively.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA ensures the rights of those people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required to make sure people get the care and treatment they need when there is no less restrictive way of achieving this.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act if a person was not able to make a decision. For complex decisions that involved a lot of information to consider, the manager had arranged best interest meetings. We saw a best interest meeting had been held for one person for a health decision. The meeting included the person, their relative, a healthcare professional and a member of staff because they all represented separate aspects of the person's health and wellbeing. The person had been supported to take a decision taking into account the risks involved. One visiting healthcare professional told us, "There's a lot of capacity work, people can take risks."

Not all staff had received training in the Mental Capacity Act, so staff understanding of the legislation varied. However, staff understood people had the right to make their own choices and consent to the care provided. Training in both the MCA and DoLS by a clinical psychologist had been arranged to ensure staff had a consistent understanding in this area.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. No one was deprived of their liberty or was under a DoLS at the time of our inspection.

People we spoke with told us they liked the food and chose what they wanted to eat. People made their own decisions about their meals and were supported by staff according to their needs and abilities. One person told us, "The food is absolutely fine. We are asked what we want for lunch at breakfast time." Another person told us, "The food is exquisite. It's beautiful. The chef does the cakes."

At lunch time people were offered cold drinks with their meal and hot drinks after their meal. Some people were given their meals on plates with raised edges to help them eat independently. People were shown a choice of puddings on a trolley that they could pick from. People we spoke with told us they had a positive meal experience.

People's dietary and nutritional needs were assessed on an on-going basis by healthcare professionals who visited the home every week to ensure people's nutritional plans met any short or longer term changes in their health. One relative told us their family member had lost weight following a hospital admission and explained, "They weighed him and the dietician came. I didn't have to ask. It was there." Kitchen staff had a meeting once a month with

Good

Is the service effective?

the healthcare professionals and care staff to discuss people's individual nutritional needs. One healthcare professional told us, "Generally my recommendations [for nutrition] are followed through. I write on the care plan and the white board and we have regular kitchen meetings. I also offer training to the staff to help them understand."

People who lived at Helen Ley had complex physical and neurological needs that required constant monitoring and input from a range of healthcare professionals. The GP visited the home once a week and was available outside those times to provide support to staff. People also received support from a variety of other healthcare professionals including opticians, chiropodists and psychologists. The provider's own team of physiotherapists and occupational therapists worked with people on a daily basis to maintain and improve people's health. Healthcare professionals worked as a team to ensure people received care that met all their medical, nursing and therapy needs. We spoke with a member of staff who supported the healthcare professionals and therapists who visited the home. They explained, "I am the eyes and ears of people who are not here, so I liaise with the psychologist, occupational therapist, SALT and psychology. If they have something they particularly want me to do with a resident I will do that and feedback the information." A visiting healthcare professional told us, "All the healthcare professionals work well together, we communicate well."

Good

Is the service caring?

Our findings

People told us staff were kind and caring and treated them with respect and compassion. Comments included: "I think the staff are very caring and generally it's above average." "It's a great place, everyone is so lovely and caring. They do as much for you as they can." "They [staff] always seem happy. They are smiley and greet you." Our observations confirmed what people told us and staff we spoke with were clear that a caring attitude was an essential part of their role.

During the day we saw staff supported people in a friendly and relaxed manner. One person told us, "The staff are brilliant here, they are so nice and friendly." Staff knew people well and listened and responded to them. There was a warm atmosphere in the home with conversations between people and between people and staff. Staff coming on duty made time to greet people and took opportunities to engage with them as they carried out their care tasks around the home. A person confirmed this was usual and said, "The staff are delightful, they really care." Staff explained to people what they were doing, and where necessary provided people with timescales for responding to their requests. One person told us, "On the whole, the staff care here is amazing. Most will see to your every need, despite low staff levels, and find time to chat to you and make you feel valued as an individual."

Throughout our inspection staff involved people in making decisions about their day to day care. One person told us, "We have choices from food, to aspects of care, to leisure activities."

Where people had limited communication, staff and the therapy team had developed ways of supporting people to communicate their choices. One healthcare professional explained, "People are treated as individuals here, they have different communication needs." For example, to meet the needs of one person, staff had made up a photo book. The person told staff what choice they wanted by their facial expression when they looked at a photo in the book. A member of staff explained, "[Person] will look at the picture they want and smile at what they really want." The person used the communication tool to make every day choices such as whether they wanted to watch television, listen to the radio or sit in silence.

A lot of work staff did with people, was around encouraging the development of skills to promote independence. A member of staff gave an example of one person who had been supported and encouraged to eat independently. They explained, "I gave them the spoon and they just carried on. I asked what they would do if they got tired and they said I would ask for help from you."

We asked people if staff treated them with privacy and dignity. One person responded, "99% of the time I am treated with dignity and respect, apart from some staff who forget to knock my door and wait before entering." During the day we saw little gestures that ensured people felt they were respected. For example, at lunch time tables were laid with clothes, napkins and condiments. During the meal staff wore fabric tabards and offered people the same style of tabard as a clothes protector. Staff gave people time to express their wishes and respected the decisions people made.

Visitors were able to visit at any time and told us they felt welcome. We saw visitors were able to make themselves drinks and felt comfortable to sit in communal areas chatting and socialising with the person they were visiting and others who lived in the home. Staff understood the importance of supporting people to maintain relationships with people who were important to them.

Good

Is the service responsive?

Our findings

People we spoke with were happy with the care they received at Helen Ley. One person told us, "I think I struck gold. It ticks nearly all the boxes. If I have to be anywhere this is ideal. There is nowhere I can't access."

People received personalised care that was responsive to their needs. People told us that on the whole they were supported by staff who knew their needs and preferences. One person told us, "Although this is not always possible, I do feel much happier and more relaxed when I have carers assist me in the morning with my routine who know me and my needs inside out."

We looked at three people's care plans. Care plans and assessments provided staff with information about how they should provide care and support in a way people preferred. Staff told us and we saw by looking at a "weekly summary sheet" that any changes in people's health or social care needs had been identified and acted on. The sheet briefly summarised each person's needs in relation to nutrition, mobility, personal hygiene and any specific care needs. Staff told us it was helpful in making sure people received the correct care and support at all times as the sheet was refreshed every week. However, these changes had not always been documented in the person's care plan.

Some people expressed concern that they were not involved in formal reviews of their care. One person told us, "Rarely, is my care plan discussed formally, which I would like, especially when changes to the plan need to be made. I have never seen, or been offered by staff to look at my care plan." The manager told us they were introducing annual formal reviews of all care plans that would involve the person, their family and all the healthcare professionals involved in their care. However, daily records demonstrated people and their families were involved in day to day decisions about their support needs. For example, in one person's records there was evidence of engagement with the family in finding solutions to enable the person to visit the family home and go on family outings.

People told us staff were responsive to changes in people's health. One person told us, "They keep an eye on you and catch those things pretty quickly. They can see when things are going wrong." A relative confirmed, "The nurses are quite on the ball here."

The PIR told us how the service was responsive to people's social needs. "Activities that are appropriate and stimulating are provided to all our residents. We encourage residents to play an active part in putting their programme together. We respond to individual requests from people." One person confirmed, "The leisure organiser ensures we are all involved with ideas for the leisure programme and trips. We are involved in craft sessions, weekly quizzes, and two trips a week are offered."

Activities were provided to offer physical, mental and sensory stimulation. There were also opportunities to go shopping, attend local concerts and go out for coffee.

We spoke with the activities co-ordinator who was enthusiastic about empowering people who lived at the home to take responsibility for some of the social aspects of their care. For example, people helped with the "shop" that was open weekly, helped produce the home's newsletter and participated in the theatre group. People had access to a number of computers to support their interests and maintain contact with friends and family. One person told us they were being supported by staff to learn a new language.

Volunteers and students were encouraged to provide support for social events. We were told of a drama group which held reminiscence sessions with people and then turned the reminiscences into a story and performed it. We were told, "People became animated because they could see their story performed." There was also involvement with community events such as a local Christmas tree festival and plans to engage with a local carnival.

People we spoke with told us they would speak with the registered manager or the deputy chief executive officer if they had any concerns, and felt their concerns would be acted upon. One relative told us, "If I have any concerns I know exactly where to go. I can go to [manager] or [deputy chief executive officer]." They went on to say, "They have been very responsive if I have had any issues." Another relative told us, "I'm pleased [person] is here, we've had our grumbles, they've been dealt with although not very quickly sometimes. We've always grumbled about lack of communication." One person told us they had complained a few times and said, "Overall though, I am satisfied that any complaints I have lodged, have been dealt with exceptionally well."

Good

Is the service responsive?

There was information in the entrance hall telling people how they could raise a complaint if they were not happy about something. Records showed that complaints received had been investigated and fully responded to in writing. Actions had been taken to improve the level of service provision as a result of complaints. For example, an extra member of staff was being recruited to work at night following complaints about having to wait to go to bed.

Good

Is the service well-led?

Our findings

Staff and people we spoke with were enthusiastic to ensure the service provided at Helen Ley was of the highest quality. One staff member said, "You have got to try your best all the time to get it right. You can't get complacent." One person who lived at the home told us, "I am passionate about the success of Helen Ley." We asked a relative what they thought of the service provided at the home. They responded, "Anything you mention is addressed. That's what I like about it here." Another person told us," We have monthly residents meetings where most issues are sorted. These meetings can be very productive, and provide a way forward for things such as the leisure programme to be tailored to meet guests/residents needs." One member of staff told us, "I don't think I have ever seen a better place than Helen Ley."

Two years ago the provider for the service changed. Since then, there had been changes to the service provided and the management team which had been challenging for both staff and people. One person told us, "You have got a new team. We have seen it improve in the year. It has improved."

The registered manager at the time of our inspection had previously been the clinical manager in the home. The registered manager worked two days a week as a nurse on the rota and carried out their managerial responsibilities on the other days. Staff and people spoke highly about the registered manager. Comments included: "A lovely lady. Always willing to listen." "Yes she is wonderful. She is very approachable, accommodating and supportive."

Staff we spoke with told us they felt supported within their roles, but accepted that things were still not settled. One staff member told us, "We are not settled yet. There are still areas that management are still getting to grips with. Job roles are still changing so it is still unsettled as to how it is going to end." To support staff the provider had established a "Staff Consultative Committee". Each department nominated a staff member to attend the six monthly meetings who then reported back to the other staff. We looked at the minutes of the last meeting in January 2015. We saw the representatives were provided with an opportunity to ask questions and responses were open and detailed. The provider had also introduced a system of staff briefings during which staff were informed of any changes or developments in the service provision.

Staff told us they received supervision and had recently had an annual appraisal to discuss their own practice and professional development. One staff member told us, "There is always somebody you can go and talk to." The registered manager told us that formal supervisions had not occurred as frequently as they should have done due to pressures on their managerial time. They explained, "When you are working on the floor you can't do anything else." However, they told us that regularly working on the shift provided them with an opportunity to understand the challenges faced by staff. It also enabled them to observe staff practice and identify any areas where staff required further training or support. One staff member told us they had some concerns about some aspects of their work. The registered manager acknowledged this member of staff's concerns and told us a mentor had been identified to provide them with further support in their role.

During conversations the registered manager was open about the challenges of combining their dual roles. They told us that lack of time impacted on some of their day to day managerial responsibilities such as reviewing care plans to ensure they were up to date. We discussed this with the deputy chief executive officer (CEO). They assured us the provider was recruiting at senior level to ensure staff could concentrate on the managerial or clinical aspects of their role. A suitable candidate had been appointed but had then withdrawn their application. In the meantime the deputy CEO visited the home to provide managerial support. One person told us the deputy CEO "has actioned every single complaint/comment/suggestion I have made since her appointment".

Staff confirmed that they felt able to make suggestions about how the service could be improved. One member of staff told us how they had made suggestions about changing the medication system used within the home. They told us, "It was my idea because it would be consistent and safer practice. The manager supported me and she went to the Board." They went on to explain that they were working with the local pharmacy to put a proposal to the Board for extra funding as they would need new medication trollies to accommodate the new system.

Arrangements were in place to assess and monitor the quality of service provided. For example, accidents and

Good

Is the service well-led?

incidents were recorded, together with any action taken at the time. These were then analysed to reflect on whether the action was appropriate and/or whether further action was required to reduce the risk of further events.

A system had been recently introduced to capture people's views about the service provided. These had not been analysed at the time of our visit, but responses we looked at were mostly positive about the level of care provided.

Members of the provider Board of Trustees also completed regular inspections of the service which identified areas where improvements needed to be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People who used the service were not protected against the risks associated with the unsafe management of medicines.**