

Mr & Mrs D Teece

Meadow Lodge

Inspection report

21-23 Meadow Road
Beeston
Nottingham
Nottinghamshire
NG9 1JP
Tel: 0115 922 8406

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Meadow Lodge provides accommodation and personal care for up to 25 older people. 23 people were living at the home at the time of the inspection. This was an unannounced inspection, carried out over two days on 10 and 11 February 2015.

We last inspected Meadow Lodge on 22 October 2013. At that time it was not meeting two essential standards. We asked the provider to take action to make improvements in the areas of the requirements relating to workers and assessing and monitoring the quality of service provision. We received an action plan dated 27 November 2013 in

which the provider told us about the actions they would take to meet the relevant legal requirements. During this inspection we found they had taken some action. However, we found that some improvements were still required and the provider was not meeting the essential standard in relation to assessing and monitoring the quality of the service provided.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 living in the home told us they felt safe. Staff had a good understanding of what constituted abuse and told us they would report concerns.

Staff provided support in a safe way. Risk assessments were completed regarding people's care. However, some information in care records was unclear regarding the risks and managing these.

There were enough staff to meet people's needs. Staff recruitment and selection processes were in place. However, these were not robust as some staff had started work before the outcomes of all relevant checks were known.

People received their medicines in a safe way.

Staff received induction, supervision and training and knew about people's needs.

People were asked for their consent. Staff offered choices to people and respected people's decisions.

People received enough to eat and drink. However, appropriate arrangements were not always in place to monitor people's weight.

Referrals were made to health care professionals for additional support when needed.

Staff were caring and kind and treated people with dignity and respect. Staff provided support in a person-centred way. However, some care records did not contain enough information about people's needs and preferences.

Staff supported people to take part in activities that reflected people's interests.

People felt that the registered manager was approachable. Staff felt comfortable raising concerns to the registered manager.

The provider had not notified the Care Quality Commission of all incidents that they were required to do so by law. There were some systems in place to monitor the safety and quality of the service provided and to address risks. However, improvements were required to improve the effectiveness of these. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of 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 this 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.

Staff recruitment and selection processes were not robust.

Staff provided support in a safe way. Risk assessments were in place, but these were not always clear about the risks and the measures to reduce these.

Staff had a good understanding of what constituted abuse and told us they would report concerns.

There were enough staff at the time of our inspection to meet the needs of people.

Medicines were managed in a safe way.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People were positive about the food and were supported to meet their nutritional needs. However, appropriate arrangements were not always in place to monitor people's weight.

Staff received induction, supervision and training.

Referrals were made to healthcare professionals for additional support when needed.

Requires Improvement



Is the service caring?

The service was caring.

Staff were kind and caring and responded appropriately when people were distressed.

Staff asked people about their preferences and respected their choices.

Staff respected people's privacy and dignity and promoted their independence.

Good



Is the service responsive?

The service was not consistently responsive.

Staff knew people well. We saw they provided person-centred care. However, some care records did not include enough information about people.

People were supported to pursue their interests. Social activities were taking place.

The provider investigated complaints.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led.

The systems in place to monitor the safety and quality of the service were not always effective.

The provider had not notified the CQC about all notifiable incidents.

Staff felt listened to and felt comfortable to raise concerns. The registered manager was approachable.

Requires Improvement



Meadow Lodge

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 was unannounced and started on 10 February 2015. We returned the following day by arrangement to gather further information. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with seven people who lived in the home and one relative. We spoke with the registered manager, five care staff, an administrator and a housekeeper. We also spoke with two visiting professionals.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to obtain their views about the care provided in the home.

We used the Short Observational Framework for Inspection (SOFI) during part of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support being delivered in communal areas at other times. We looked at relevant sections of the care records for nine people, as well as a range of records relating to the running of the service including staff training records and audits.

Is the service safe?

Our findings

When we inspected Meadow Lodge in October 2013 we found that effective recruitment and selection processes were not in place. Staff we spoke with during this inspection told us that they had no concerns about the processes and told us appropriate checks had been completed before they started. One staff member said, “It has improved” regarding the recruitment checks. The registered manager told us appropriate checks were completed.

We looked at the files for four staff who had started work since our previous inspection. We saw checks had been completed. We saw the outcomes of most checks had been obtained before staff started work. However, we saw for two staff that the dates on the letters sent to referees were the same dates as staff members’ start dates. We saw that reference requests had been sent out before the start dates for two other staff, but we were unable to tell whether the references had been returned before staff started work. Records showed that Disclosure and Barring Service checks were completed. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including older people and children. However, we saw for one staff member that their certificate recording they had no criminal convictions was dated after their start date. This showed that staff had sometimes started before the provider had received the outcomes of checks and people were not fully protected from the risk of unsuitable staff.

A person living in the home said, “They’re [staff are] very careful.” We observed staff supporting people in a safe way, for example, when supporting them to move. Staff told us risk assessments were in place and appropriate equipment was used to minimise the risk. For example, one staff member told us that a person at risk of developing pressure ulcers had a pressure relieving cushion and mattress and their position was changed regularly to protect their skin.

We saw risk assessments about individual people. However, some care records were unclear about the risks and the measures to reduce these. We saw that a person was supported to transfer from an armchair to a wheelchair with the support of two staff. One record stated that the person was at low risk of pressure damage to their skin and

required the support of one staff member to change their position, but other records stated that the person’s mobility had deteriorated and they required two staff to support them. A risk assessment recorded that they walked with a zimmer frame, but included another undated entry stating they were using a wheelchair. This showed us staff might not always have access to clear written guidance about risks and how to manage these, which could impact on the care people received.

The registered manager told us that the home was involved in a falls programme and we saw some records of external falls professionals being involved in people’s care. However, some records regarding managing the risks of falls were unclear. For example, we saw that an assessment stated that a person was at risk but we did not see guidance for staff about how to reduce the risk. We saw that a risk assessment for another person included a question about whether there were any environmental risks in the home. This had been answered ‘No’. However, this person’s room was at the top of a steep slope which they had to walk down with their zimmer frame. A staff member told us the person was always accompanied by a member of staff so was not at risk of falling. However, the risk assessment did not show that the steepness of the slope had been appropriately considered.

We saw that the home had a business continuity plan that provided details of actions to take in an emergency such as a fire or flood.

We received mixed feedback from people living in the home about whether there were enough staff. One person said they felt there were, “Not enough staff, but a reasonable response if I need help.” Another person said, “Staff are overworked” but also said that if they needed assistance they just had to, “Stop [staff] and ask and they’ll put it right.” A relative told us they felt there were enough staff to meet their family members’ needs. We observed how staff supported people at different times during our visits and saw there were enough staff to keep people safe. We saw, for example, that staff reacted quickly to help people when they needed assistance.

We spoke with three staff about staffing levels. They all told us they felt there were enough staff to meet people’s needs. Dependency forms were in people’s care plans that were used to help assess appropriate staffing levels. However, we saw on one form that a person’s dependency level was recorded as low. Other documents indicated that a higher

Is the service safe?

level of support was needed and we saw the person receiving assistance from two staff. This showed us there was a risk the dependency score was not providing an accurate guide. The registered manager told us they regularly reviewed the staffing levels and they felt enough staff were provided. They told us about the agreed staffing levels. We saw this was not reflected on some days on the care staff rota information we saw. However, the registered manager told us additional staff had worked.

People living in the home told us they felt safe. One person said, "I feel safe, it's fine." Another person said they felt, "Very safe" and would feel comfortable talking with staff if they had concerns. A relative also told us they felt their family members were safe and they would speak to staff if they had concerns.

Staff told us they felt people were safe. They told us they had received safeguarding training and they had a good understanding of what constituted abuse. Staff told us they would report concerns and referrals would be made to the local authority safeguarding team when appropriate. We saw in records of staff meetings that safeguarding was regularly discussed. The home had its own safeguarding policy, but some information was in need of updating. The home also had a copy of the local multi-agency safeguarding procedures. This showed us staff had access to information about how to make safeguarding referrals.

A person living in the home and staff told us they felt the building was safe. One staff member said it was, "Safe" and "Nice." Staff also told us they felt there was enough equipment and equipment was safe. They told us equipment was monitored and serviced. We saw evidence of some checks being completed such as room risk assessments and an electrical check. This showed us the provider undertook checks regarding the safety of the building and equipment.

A relative told us their family members received their medicines on time. We observed medicines being given to five people at tea time and saw this was done safely. Staff waited with people until they had taken their medicines. A staff member told us that only senior carers administered medicines and these were trained and received competency assessments. Staff told us that other care staff who applied creams also had training. We saw that medicines were kept securely. We checked the medication administration record (MAR) charts for five people and saw they had been completed appropriately. MAR charts are used to record when people have or have not taken their medicines. Staff told us they would take appropriate action if an error occurred. We also saw a notice which had instructions for staff to follow in the event of a medicines error. This showed us that medicines were managed in a safe way.

Is the service effective?

Our findings

When we inspected the home in October 2013 we found concerns with the system for weighing people. Staff told us during this inspection that people were weighed regularly. However, one staff member told us some people were not weighed because they could not stand or refused to be weighed. Another staff member told us new scales had been obtained and body mass index (BMI) checks were completed for some people.

Records showed that some people's weight was checked regularly. However, we saw gaps on the records regarding some other people. For example, we saw that the last recorded weight for one person was in February 2014 and the last recorded BMI measurement was in June 2014. We saw that the last recorded weight measurement for another person was in August 2014. This showed us there was a risk staff were not always appropriately monitoring people's weight and staff would be unaware if people had lost weight and if action was required. We also saw that some care plans did not provide appropriate guidance for staff about the frequency of weighing and the measures that should be taken, for example, if staff experienced difficulties in obtaining people's weight. This showed us the guidance was sometimes incomplete and there was a risk that staff would be unclear about the appropriate support.

People living in the home were positive about the food. They told us they got enough to eat and choices were available. One person said, "The food is excellent really." Another person said, "Food is very good, excellent." A relative told us their family members received enough to eat and drink and said, "I think it's [food is] very good."

We observed lunchtime in the dining room. We saw that people were provided with choices and enough to eat and drink and received appropriate support. We saw a person experiencing difficulties in eating their soup, which was in a bowl. We saw a staff member approach them after a short time and the soup was transferred from a bowl to a cup to assist the person to eat it more easily. The person required encouragement and one to one support at times and this was provided. However we saw that their eating and drinking care plan did not contain enough information about the type and level of need. This showed us staff did

not have appropriate detailed written guidance. We also observed teatime in the dining room and saw people received enough to eat and drink and choices were offered. One person said after their meal, "I enjoyed that."

Staff told us food and fluid charts were kept when appropriate to monitor what people ate and drank. A staff member told us other agencies would be contacted, for example, if a person was losing weight. We saw some records about the involvement of relevant external professionals such as dieticians.

A person living in the home told us they received good care and said, "They're [staff are] well trained." Another person said, "Good staff." Another person said, "They're [staff are] very good." However, one person told us they felt some staff were better than others. A relative told us they felt staff knew what they were doing and were sufficiently skilled and experienced to support their family members. We observed staff providing appropriate support to people.

Staff told us they had received an induction when they started. One staff member told us this had involved shadowing staff as well as receiving training on key subjects such as moving and handling, safeguarding and health and safety. We saw in a staff file that the staff member had completed an induction.

Staff told us they had received training on many subjects. A staff member told us they could ask for more training if needed. The registered manager told us training was provided regularly that included some face to face training and DVDs and worksheets. We looked at three staff files and saw evidence of training on different subjects. Records of staff meetings showed that training courses were discussed and staff had regular opportunities to develop their skills. Staff told us they felt supported and received supervision and appraisals. We saw in the records of a senior staff meeting that supervisions were up-to-date. This showed us staff received support to provide people with effective care.

A person living in the home told us staff asked them what they liked and respected their choices.

A relative also told us staff respected their family members' choices and asked for their family members' consent. We saw staff offering choices to people and respecting their decisions, for example, choices about social activities. Staff told us they asked for people's permission and respected their decisions.

Is the service effective?

Staff told us they had received training on the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. However, one staff member was unable to explain the MCA to us. This showed us they did not have appropriate knowledge. We saw that the MCA had been discussed in staff meetings and most care staff had received training. A policy was in place. Care records we saw included some mental capacity assessments and best interests' decisions relating to people's care.

The registered manager understood their responsibility in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us that nobody living in the home was subject to a DoLS authorisation at the time of our inspection and they had sought advice from the appropriate local authority DoLS team when they were

unsure whether a referral was required for a person. This showed us they were aware of the process and the relevant DoLS team. A DoLS policy was in place. However, this had not yet been updated to include information about case law that could impact on when DoLS referrals were required. Some staff told us they had completed DoLS training. However, one member of staff was unable to explain it to us. We saw that DoLS had been discussed in staff meetings. This showed us staff had opportunities to consider how DoLS impacted on how people were supported.

A person living in the home told us they could see the doctor when they needed to. They said, "It's done the same day." A relative also told us their family members could see a doctor when they needed to. A visiting health professional told us staff brought issues to their attention and followed any advice they gave. Staff and the registered manager told us different external professionals were involved such as GPs, district nurses and physiotherapists. We saw information about this in care and staff meeting records. This showed us healthcare professionals were involved in people's care.

Is the service caring?

Our findings

People living in the home told us they felt staff were caring. A person said, “They go out of their way to be friendly” and, “They’re very careful and very caring.” Another person said, “The staff are very nice” and, “They [staff] do everything they can to make people feel at home.” A relative told us staff were kind and caring to their family members. They said, “I have no worries about anyone not being professional and caring towards them.”

Staff spoke with kindness about people. One staff member told us they felt care staff were, “Very caring people” and, “Here for the right reasons.”

We observed the care being provided in communal areas at different times during our inspection. We saw that the atmosphere was relaxed and homely and people were comfortable with staff. We saw positive interactions between people living in the home and staff. For example, we saw people living in the home and staff playing musical instruments together and people were smiling and enjoying themselves.

We observed staff treat people with kindness and compassion. We saw one person walking through the lounges looking distressed. One of the care staff responded quickly and calmly helped the person to walk to another lounge, speaking warmly to them in a way that relieved their distress. We saw staff reassure another person who was anxious. This showed us staff showed concern for people’s wellbeing and took action when people were distressed.

We observed that staff responded appropriately when people were experiencing discomfort. For example, we observed staff approach a person when they were coughing to check if they were all right and wanted a drink. We observed a staff member ask another person if they were warm enough and if they wanted a cardigan. The staff member went straight away to get the cardigan in response to the person’s wishes.

A person living in the home told us staff asked them about what they liked and respected their choices. Some people told us that they had opportunities to choose their getting up and going to bed times. However, one person told us they felt this was limited and said, “Too much regimentation.” The person did not provide further information regarding this.

Staff told us how they involved people in decisions about their care. A staff member told us how they provided information in different ways to help people understand and to make decisions. We saw them using picture cards to obtain a person’s preferences. We saw that staff explained what they were doing as they supported people. They encouraged people to express their views and to be actively involved in day to day decisions. For example, we observed a staff member check with a person who was sitting alone during a mealtime whether they preferred to be on a different table or where they were sitting and they respected the person’s decision. We saw staff showing a person a picture of different food items and checking their preferences. We heard a staff member explaining different choices to another person about the food options. They did not rush the person and gave them plenty of time to express their wishes. This showed us staff listened to people and acted upon their views.

A person living in the home told us they were treated with dignity and respect. A relative also said staff treated their family members with dignity and respect. A visiting professional told us they had always witnessed people being treated with respect when they visited.

Staff we spoke with had a good understanding of how they should support people in relation to their dignity. We observed staff respecting people’s dignity. For example, we saw they assisted a person appropriately who required support with their personal care. We saw some information about respecting dignity in care records. We saw in some records that information was recorded about whether people had preferences regarding male or female carers. Staff also had a good understanding of how to support people in relation to their privacy.

We saw that staff provided encouragement to people. Staff also told us how they promoted people’s independence, for example, by checking whether people would like to wash themselves or would prefer staff assistance and by supporting people to walk with support.

A relative told us they could visit whenever they wished to. A staff member also told us restrictions were not in place regarding visits by relatives.

Is the service responsive?

Our findings

Staff we spoke with had a good understanding of people's needs and likes and dislikes. They told us care plans were in place that were reviewed monthly. They also told us care records included information about people's life histories. We saw care plans on many different subjects that contained information about people's needs and preferences. We also saw information about people's life histories. However, we found that some care records required additional information such as some records about personal care.

We saw, for instance, that a care plan for one person provided information about how they liked to be supported when having a shower. However, a staff member told us the person received regular strip washes and would not go into the shower. An updated care plan had not been produced about the person's needs and preferences and no chart was in place to record strip washes. We saw gaps on some charts for recording when people had had a bath or shower. We saw that the last entry on the chart for one person was in November 2014. We looked at the daily records kept for several weeks before our inspection for this person and saw no specific written comments about the person having a wash. This meant we could not tell whether they had always received care that met their needs and respected their preferences.

We saw that regular strip washes were recorded for another person. Their care plan did not state whether this was their preference or whether they would prefer baths or showers. However, we saw that another person did have a care plan about strip washes and staff had recorded that the person must still be offered a shower every week so that they could choose. This showed us that staff had guidance about this particular person that included information about giving choices.

A staff member told us and we saw in records of a staff meeting that work was planned to reformat care plans, for example, to make them clearer about the support needed at different times of the day. This showed us that some work was planned to make improvements regarding the records.

People living in the home told us they received good care. A relative said, "I'm certainly happy with the care." A visiting

professional told us they had always witnessed people being well cared for. We observed staff providing care in a person-centred way. We saw that staff responded quickly when people needed support.

People living in the home told us staff asked them about what they liked and respected their choices. A relative told us staff talked to their family members about what was important to them. Staff told us they asked people about their preferences and involved relatives when appropriate. We observed staff asking people for their views such as what they wanted to eat and what activities they wished to do. This showed us people were asked for their views and staff responded to them.

We saw that people were supported to take part in activities that reflected their interests. A person living in the home said, "I find plenty to do." Another person said, "The exercise man is here once a week." Some people told us that staff would sit and talk with them.

A relative told us they felt enough activities took place. They also told us how a staff member supported their family member to take part in an activity that their family member enjoyed. A staff member told us how they spoke with a person about their hobbies and previous job. This showed us the staff member knew the person well and supported them to be involved in activities that reflected their interests. Staff told us they felt enough activities took place and different activities occurred every day.

We observed many different types of activities taking place during our visits. We saw, for example, people taking part in a quiz and they were individually asked if they wanted to participate. We saw staff organising a ball throwing game and a visitor was delivering gentle exercises. We saw people enjoying playing musical instruments. We also saw staff members sitting and chatting with individual people. The home had a rabbit. One person said, "I love it, I love to see it." We also saw people looking at and talking to budgerigars that were in the home. This showed us people had opportunities to take part in a range of activities.

Records demonstrated that activities were discussed in staff meetings. A staff member told us how they were planning a film night. This showed us staff regularly considered how they could support people to meet their social needs. The registered manager told us they had

Is the service responsive?

advertised for an activities coordinator to support staff regarding the delivery of activities. They also told us and records confirmed that a person living in the home regularly received Holy Communion from a visitor.

A person told us they would feel comfortable talking to staff if they had any concerns. A relative said they knew how to raise a concern or complaint and would feel comfortable doing so, but said, "I've never needed to." They also told us

they felt staff listened to them and their family members. The registered manager told us information was on display about how to make a complaint. Staff also told us they had read the complaints policy and would inform the registered manager about any complaints. We saw a complaints folder that contained records of complaints and actions taken. This showed us people knew how to raise concerns and these were responded to.

Is the service well-led?

Our findings

A person living in the home said, “It’s run very efficiently. It’s done with the purpose of making people feel at home” and, “It’s like one big happy family.” A relative told us they were happy with the care their family members received and told us they felt involved in the home.

When we inspected the home in October 2013 we found that the provider did not have an effective system in place to assess and monitor the quality of the service provided. We received an action plan from the provider in which they told us they would take action to address these concerns.

We found during this inspection that some action had been taken to make some improvements, but the quality assurance processes in place were still not working effectively to identify and address some risks.

When we visited the home in October 2013 we found concerns regarding the system for weighing people. We found during this inspection that there were gaps on some charts used for monitoring people’s weight and some care records did not provide appropriate guidance. We also saw that some other care records did not contain up-to-date detailed information about people’s needs and preferences. We saw gaps on some people’s charts regarding when they had been supported with their personal care. We saw that the registered manager signed care plan review summary forms each month that were kept in the care records for individual people. However, they had not identified and addressed the issues that we had found. This showed us that the system they were using to check the care records and to monitor whether people were receiving appropriate support was not effective. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found during this inspection that the outcomes of some staff recruitment checks were not in place before staff started working at the home. This showed us that the provider had not appropriately monitored the recruitment process to ensure people were fully protected from the risk of unsuitable staff being employed. This was in breach of

regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw some information in the care records about a fall that had resulted in a serious injury to a person, which we had not been informed about. This showed us that the provider had not notified the Care Quality Commission of all events that they were required to do so by law. The registered manager told us after the inspection that they had not been aware that they had been required to send us notifications about serious injuries or notifications about safeguarding incidents. This showed us that they had not understood all of the Care Quality Commission registration requirements. We did not see other examples during the inspection of serious injuries that we should have been notified about.

We saw that some auditing work had been regularly completed to monitor the quality of the service. For example, a staff member told us they checked the medication administration record charts each month and action would be taken if they identified any gaps. We saw that some checks on the premises had been completed such as portable appliance tests and checks on the cleanliness of the home.

We saw that the atmosphere in the home was relaxed. A relative said, “Most of the time it’s [the atmosphere] very happy.” The registered manager was visible and accessible during the inspection and told us they were, “Dedicated to the home and residents.” The registered manager is one of the providers and told us they were in the home five or six days each week. A person living in the home said they would, “Talk to the manager or deputy” if they had a problem. We saw some people stopping by the open office door to speak to the registered manager as they went past to go to the dining room. A relative told us the registered manager was approachable. They felt they could talk to the registered manager and the registered manager listened to them. This showed that the registered manager encouraged open communication with them.

Staff we spoke with were very positive about the home. They told us they felt the home was well-led and they felt comfortable raising concerns to the registered manager. One staff member said the home had a “Homely feel” and, “It’s just lovely here.” Another staff member said, “I feel we’re a very nice home.” Another said the registered

Is the service well-led?

manager was, “Lovely.” This showed us there was a positive culture in the home. Staff told us staff meetings took place and we saw records of these. This showed us staff discussed the service regularly and had opportunities to provide their views.

The registered manager told us that meetings for people living in the home took place. We saw some records of these and saw people had provided feedback on subjects such as social events and food and drink. The registered manager told us they had been considering producing questionnaires to seek additional feedback from people living in the home about the service. They also told us they had gathered feedback from relatives using questionnaires and a relative said they had completed questionnaires.

This showed us there were systems in place for people to provide their views on the service to help drive improvements within the home. We saw that the registered manager kept information about complaints but also information about positive comments received.

The registered manager told us how they had been part of an initiative that had enabled them to develop links with other care home managers. They also told us how a staff member was doing leadership training. We saw that the service had completed the Gold Standard diploma for managing people’s care at the end of life. This showed us how the home had been involved in some activities to drive improvements within the service.

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 | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have an effective system in place to regularly assess and monitor the quality of the service provided and to identify, assess and manage risks relating to the health, safety and welfare of service users.</p> |