

LMB Hillcrest Home Limited

# Hillcrest Residential Home

## Inspection report

12 Hill Top Road

Leeds

LS12 3SG

Tel: 0113 263 9002

Website: hillcrestresidential@hotmail.co.uk

Date of inspection visit: 15 and 17 December 2014

Date of publication: 06/03/2015

## 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?

Good



## Overall summary

This was an unannounced inspection carried out on the 15 and 17 December 2014.

Hillcrest Residential Home is situated in the Armley suburb of Leeds. It is a detached, period property which has been adapted to provide accommodation, without nursing, for nineteen older people, some of whom are living with dementia.

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 and associated Regulations about how the service is run.

We found medication practice not did not always protect people against the risks associated with the unsafe use and management of medication. Appropriate arrangements for the recording, and administration of medicines were not always in place. This is a breach of

# Summary of findings

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Staffing levels were not sufficient at all times and there was a risk that people's needs would not be met and their safety compromised. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

People who used the service told us they were very happy living at the service. They said they felt safe and knew how to report concerns if they had any. Staff respected people's choices and treated them with dignity and respect. People told us they enjoyed the food in the home and there was a good variety of choices available.

Staff said they received good support and training to enable them to carry out their role. They spoke positively about the leadership of the manager; saying they were approachable. They said they had confidence in the registered manager if ever they reported any concerns.

We found people who used the service and their relatives were involved in planning their own care and support. We saw care practices were good and staff interacted well with people who used the service. It was clear from these interactions that people who used the service and staff got on very well. Staff demonstrated good knowledge of people's individual needs.

Activity in the home was not always carried out as planned. People who used the service did not at times have enough stimulation and occupation.

Staff were trained in the principles of the Mental Capacity Act 2005, however, the provider had not yet made any application for authorisation of the Deprivation of Liberty Safeguards (DoLS) for people identified at risk of having their liberty deprived.

# 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

Medicines were not always managed safely for people and records had not been completed correctly.

Staffing levels were not always sufficient to keep people safe.

People who used the service told us they felt safe and knew how to report concerns about their safety if they had any.

Recruitment practices were safe and thorough. Policies and procedures were in place to make sure any unsafe practice was identified and people who used the service were protected.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Steps had been taken to review the needs of people who used the service to make sure no-one had their liberty restricted unlawfully. However, no action had yet been taken to ensure this and protect people's rights.

Staff told us they received good training and support which helped them carry out their role properly. However, we noted some training needed to be updated for some staff.

Health, care and support needs were assessed and met by regular contact with health professionals.

**Requires Improvement**



### Is the service caring?

The service was caring.

People had detailed, individualised care plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

**Good**



### Is the service responsive?

The service was not consistently responsive.

Daily reports did not fully describe the care and support provided for people who used the service.

The activity programme in place was not always delivered as planned and it was unclear if what was available met the needs of all people who used the service.

**Requires Improvement**



# Summary of findings

There were good systems in place to ensure complaints and concerns were fully investigated. People who used the service and their relatives were aware of how to report concerns.

## Is the service well-led?

The service was well-led

People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities.

There were systems in place to assess and monitor the quality of the service. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Good



# Hillcrest Residential Home

## 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 checked 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 15 and 17 December 2014 and was unannounced.

At the time of the visit there were 17 people living at the home, 10 of whom were living with dementia. During the visit we spoke and spent time with eight people who used the service, six relatives of people who used the service, two visiting health professionals, seven members of staff and the registered manager. We spent some time observing care in the communal areas to help us understand the experience of people living at the home. We looked at areas of the home which included people's bedrooms, communal bathrooms, kitchen, dining room and lounge

areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's care plans and four people's medication records.

The inspection was carried out by one lead adult social care inspector and an expert-by-experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. The provider had completed a provider information return. This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. We also contacted commissioners of the service and Healthwatch Leeds to obtain their views about the care provided in the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People who used the service and their relatives said there were enough staff to meet their or their family member's needs. One relative said, "As far as I know there's always enough staff around. For example there's always a cup of tea for dad and me within five minutes of arriving." A person who used the service said they felt on the whole there were enough staff but commented there were only two staff available at weekends. Another relative said, "The staff work so hard and are so busy."

On the day of our inspection, staff were visible in the communal areas most of the time and responded to people's requests for any assistance. We also saw that a person nursed in bed received regular care interventions. On the days of our visits the manager and deputy manager stayed on duty beyond their contracted hours to assist with the inspection and were also involved in providing care interventions, especially for this person.

Staff said they managed with the staffing levels they had. Comments made included; "We always get through" and "We work well as a team to make sure people's needs are met." Staff told us they came in early to make sure handovers could take place. The registered manager confirmed this was common practice and relied on staff's goodwill. Relatives of people who used the service said staff went the 'extra mile' to care for people. One said, "My dad gets up early for a shave. His carer comes in early; way before her shift starts; shaves him and helps get him dressed and his hair combed ready for the day." Another relative said, "The staff here give it a hundred and ten per cent. His birthday is on (date of birthday) and the carers came in early to help with the cake and things. Its not just a job for the staff it's a vocation."

We were told that the usual staffing arrangements in the home were three staff from 8am- 12-30pm (this included the registered manager or deputy manager who had administrative responsibilities) Monday- Friday and two staff 12-30pm- 8am. And at weekends there were two staff on duty throughout the day and night. In addition to this there was a cook each day, a cleaner Monday- Friday and six hours of activity co-ordinator provision per week. We discussed staffing with the registered manager who told us they staffed the home according to the dependency levels of people who used the service and any other needs that had to be provided for such as hospital appointments. We

saw in the last month additional staffing had been provided on three occasions for this. We also saw during our visit that additional staffing was provided to meet the increased needs of a person who used the service.

However, we were told that a person who needed two staff for moving and handling needs had to receive their care interventions at staff handover time when three staff were available and could therefore supervise the rest of the home while this care was being provided. We asked staff how they provided such care outside of these times. One said, "That would be the worst case scenario" and went on to explain that a 'baby monitor' would be used to enable the staff to know what was happening in the communal areas of the home. Another staff member said they would make sure the communal areas were safe in that all doors such as the kitchen and front door were locked and then provide the care needed as quickly as possible to be able to return to supervise the other areas.

We saw at lunchtime that staff were not able to supervise all dining areas of the home and on one occasion the dining areas was left unsupervised for ten minutes. During this time we saw a person who used the service began to cough while they were eating. Staff did hear this and came to investigate and offer assistance and ensure the person's food was cut up small enough. On another occasion a person tried to leave the home and staff had to intervene and take a walk outside the home with them. This meant there was one member of staff left to supervise the people in the home. We were told there were six people assessed of being at high risk of falls.

At teatime when there were two staff on duty, one of the staff had to work in the kitchen preparing the tea, which meant there was again only one staff member available to supervise the home and provide any care interventions at this time. People who used the service had bedrooms on three floors of the home. This layout meant there was a risk when there were only two staff on duty that people may not be properly supervised and responded to.

We saw that for the majority of the time there were only two staff on duty. We saw staff worked very hard to meet needs and supervise people's safety. However, we concluded there were not at all times, enough staff to ensure people's needs were met safely and that people were properly supervised to ensure their safety. This was a

## Is the service safe?

breach of Regulation 22 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

We looked at medication records for four people who lived at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and the medication trolley was stored securely when not in use. We found there were adequate stocks of each person's medicines available and systems in place to ensure people did not run out of medication.

Medicines records were generally accurate and showed the majority of medicines had been given correctly. However, for one person we saw a pain relief medication had not been given as prescribed. The registered manager explained why this had occurred and agreed to ensure the records accurately showed this. Arrangements were also made for the GP to update the administration instructions.

All of the three people whose records we looked at were prescribed PRN (as and when necessary medications). The instructions on the Medication Administration Record (MAR) were not specific, often stating 'one' or 'two' tablets were to be given. There was no guidance for staff on the circumstances of when one or two would be given. The registered manager said they would ensure PRN medication guidelines were introduced to make sure people got the medication they needed. One person was prescribed eye drops. The MAR chart did not state how many drops were to be administered or to which eye. Another person was prescribed a topical cream. The MAR chart stated this was for dry skin but did not state which part of the body the cream was to be applied to.

Two staff's records we looked at showed they had not had medication training in the last eight or nine years or a check of their current competency. There was no system in place to ensure medication competency checks were not carried out for other staff in the home. (NICE guidance advises annual review of skills, knowledge and competency). We looked at the Provider's policy for medication management and did not see that competency checks were included.

There was no evidence of a regular system of audit of medication. The registered manager said an audit of records took place each week but was not documented, therefore we could not see if any of our concerns had been picked up by these audits.

We found that appropriate arrangements were not fully in place in relation to the recording and administration of medicines. This is a breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe at the home and were confident to report any concerns about their safety if they had them. One person's relative said, "We know he's safe here; it takes the worry off me." Another relative said, "The staff here are very vigilant and would report it if something wasn't right."

Staff showed they had a good understanding of protecting vulnerable adults. They said they had received training to enable this. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They also told us they were aware of the whistle blowing policy and felt confident to raise any concerns with the registered manager knowing that they would be taken seriously.

Appropriate recruitment checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people. We looked at the recruitment process for three members of staff and saw this was properly managed.

We spoke with staff about the training they had received to allow them to deal with emergencies. We were told first aid training was covered within the induction programme and updates given when due. Training records confirmed this. Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence.

Our inspection of the building showed it was generally a safe environment with the exception of some carpets and furnishings. There were wrinkles in the dining room carpet and some other carpets had begun to split at the joins. The registered manager provided evidence to show that a carpet supplier had visited the home and replacement or repair of the carpets was due for completion. There was also evidence that worn bathroom and toilet floor coverings were also to be replaced.

## Is the service safe?

There were no malodours in the home. However, we did note some furnishings had stains on them and in some bedrooms it was evident that carpets had not been cleaned properly. The registered manager made arrangements to immediately rectify this.



# Is the service effective?

## Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met.

People who used the service told us they received good support. One said, "If I use my call bell the staff come quickly." People's relatives also spoke highly of the support their family member received. One relative said, "They answer dad's call bell in seconds. Very rarely does he have an accident. He hardly ever gets to be incontinent here."

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager informed us they had identified a person who used the service as potentially being deprived of their liberty in light of new guidance currently available. They confirmed they had the contact details of the local DoLS team. They had not however, sought any guidance from them as yet. The registered manager agreed they needed to do this as a matter of urgency to ensure they were not depriving people of their liberty without the authorisation to do so.

We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted people to make choices and decisions to enhance their capacity. Two staff said it was important to make sure everything was done to ensure information could be understood such as making sure people could hear properly and presenting information in a way people could understand such as using pictures or speaking slowly and clearly. Staff we spoke with confirmed they had received training on the MCA.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in

this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, the use of a movement sensor to prevent falls.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, opticians and dentists. However, we noted that a person's daily notes recorded some health concerns that staff had observed and it was not clear what action was taken. The registered manager said action was taken but had not been properly documented. We saw this person was seen by a doctor later that day.

People who used the service or their relatives spoke highly of the health support they received and said staff were prompt in seeking medical assistance for them. One person said, "I get treated by my GP here. The staff notify him and he comes to see me." A relative told us, "Because of dad's condition the staff manage his medication. They liaise with the doctors and if dad needs to see a doctor the staff usually manage to get him seen within 24 hours or if we ask in the afternoon then the doctor can be here next morning. The same is true with getting his eyes and feet looked at too."

We spoke with two visiting health professionals during our inspection. Both were positive regarding their involvement with the service. One said, "The staff organise my visits well. When I turn up the patients are all ready and waiting for me. The staff are really helpful."

People who used the service were complimentary about the food and menus in the home. Comments we received included; "The food here is home cooked. There's plenty of it and plenty of variety. Its good quality and residents have a choice of two main meals" and "The food's ok." We saw staff made good efforts to make sure people who used the service were well hydrated. There were glasses of cold drinks close to most people sitting in the lounges and also in their bedrooms. We saw the tea trolley was brought round regularly and every time a visitor came to see their relative the staff gave them both a hot drink and a biscuit.

We observed the lunch time meal in the home. The atmosphere was relaxed and quiet as the residents, sitting

## Is the service effective?

mostly in small groups appeared to enjoy their lunches and chat to each other. People were offered choices and alternatives were provided when they did not want what was on the menu.

Staff told us they received good training and were kept up to date. They said they received a good induction which had prepared them well for their role. Some staff spoke with pride regarding national vocational qualifications they had achieved and others said they were looking forward to undertaking this type of training.

Records showed that most staff's mandatory training such as first aid, moving and handling, safeguarding vulnerable adults and fire training was up to date. Some staff required up to date food hygiene training. The registered manager was aware of this and had plans in place to rectify this. There was no update training in place for infection prevention and control. We were told this was covered at induction which meant it had been a number of years since some staff had received this training. The registered manager agreed to look into this. They also agreed they needed to update themselves and the staff team in medication awareness to ensure they were following best practice and to introduce competency checks.

The majority of staff had completed training in dementia awareness and could describe how this had made a difference to the service they provided. One staff member said, "We need to always offer reassurance and try to find out what is worrying someone if they are anxious." Another said, "It's all about being clear in communication and giving people time." Some staff had completed specialist training such as diabetes and end of life care to enable them to meet people's needs in these circumstances.

Staff said they received regular one to one supervision and annual appraisal. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. The registered manager did not have any formal records of their supervision and support. They confirmed they had regular meetings with the provider but these were not documented. They said they felt well supported by the provider and had plenty of opportunity to discuss their role and training needs. The registered manager said they would discuss this with the provider to make sure their meetings were documented in the future.

# Is the service caring?

## Our findings

People who used the service spoke highly of their experience. They said they enjoyed living at the home. One person said, "It's a real home from home, like one big family here, I love it." Another person said, "I'd say this home is kind, caring, respects the wishes of families, is cheerful and helpful." Relatives we spoke with said they found the staff caring, kind and thoughtful. One told us; "They always treat dad with dignity and respect. If he goes to visit the toilet or the bathroom they always put his zimmer frame outside the door to let everyone else know he's in there and to give him privacy."

Visiting health professionals were complimentary of the service. Their comments included: "This home has got a nice, warm feel. I've got no concerns" and "This home has got a family atmosphere. Its residents are well looked after. The staff pay good attention to detail. They're diligent. I'd say the care here is marvellous. The staff go above and beyond with the care they offer."

People looked well cared for, clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard for their individuality. Staff were friendly, patient, kind and enthusiastic in their interactions with people who used the service. People who used the service enjoyed the relaxed, friendly communication from staff.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. One staff member said, "It's important to always ask people before care is provided and make sure people are kept covered and doors and curtains are closed." Staff were trained in privacy, dignity and respect during their induction. The registered manager said they worked alongside staff to ensure this was always put in to practice. One staff member had been appointed Dignity

Champion in the home and had undertaken training to enable them to do this. The registered manager said the Dignity Champion would be expected to demonstrate good practice and challenge any bad practice with regards to respecting people's dignity at all times. We saw information on dignity and respect had been put on display in the home and were told people who used the service had been involved in identifying what good practice looked like.

People who used the service and their relatives said they had been involved in developing and reviewing their care plans. Comments we received included: "Oh yes, we know what a care plan is. We helped them shape it and we review it regularly with the staff too, about every six months" and "We know about my relatives care plan. We contributed to it and reviewed it six weeks ago."

Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff were aware of people's individual needs and any risks associated with these. They told us how they made sure individual needs were responded to. For example, what worked well when people were upset or anxious. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with personal care.

The registered manager told us that no one who lived in the home currently had an advocate. They were however, aware of how to assist people to use this service and spoke of how they had done so in the past.

We saw people's end of life wishes had been considered sensitively. The manager had sought active involvement and support from the families of people who used the service so that people's wishes could be identified and plans discussed.

# Is the service responsive?

## Our findings

We looked at three people's care plans. We saw these gave detailed information about the person's likes, dislikes and background. The assessments and care plans we looked at were individualised; giving a clear picture of the person and how they wished to be cared for. This showed the provider had considered how each person could be supported as an individual.

Overall, daily records showed people's needs were being appropriately met. However, the entries were at times repetitive and did not fully describe people's support; for example any activity they had been involved in. People who used the service were often described as 'fine'. This did not fully or accurately describe their mood or how they had spent their day. The registered manager agreed to review this with the staff team.

People who used the service said they had individual choice at the home and their choices were respected. One person told us they could get up and go to bed whenever they wished, could choose where to spend their time and what to be involved in at the home.

The registered manager told us there was an activities co-ordinator, available for six hours per week in the home. We were told there was a four week rota of activities which included 'paper mornings', 'Connect 4', 'free and easy, you choose', 'walks in the garden', 'movie day' 'name that tune' and 'reminiscence'. In addition to this a musician visited the home every two months and a fitness class took place every six weeks. Staff told us people occasionally went out in the local community to shops or cafes with staff. A relative said, their family member occasionally went out to a local pub with the staff. A person who used the service said they sometimes went out clothes shopping with their keyworker.

The activity co-ordinator had not received any training to assist them in the development of this role. They said, "I have just picked it up as I go along." The registered manager told us, "The residents dictate to us what activities happen." We did not see any particular activities targeted at individuals, for example, reminiscence work to assist people with memory problems. Records we looked at showed that the majority of the time activity comprised of 'paper morning' where a staff member read out parts of the newspaper to a group of people who used the service.

During our inspection, the fitness class took place. We observed this and saw that people who had been asleep or disengaged from their surroundings were fully engaged in this activity and were laughing and chatting and having fun. We also observed a game of carpet skittles and saw the activity co-ordinator was positive, enthusiastic and encouraging with people who used the service. This activity was cut short as the fitness class organiser arrived. There appeared to be some confusion in that the activity co-ordinator did not know this class was expected. On the second day of our inspection, we saw individual activity such as nail painting took place. We also saw staff sitting having a cup of tea and a chat on a one to one basis with a person who used the service.

People who used the service said they were satisfied with activity on offer at the home. One person said they got involved in what they wanted to but said they preferred to entertain themselves. They spoke about recent craft activities in preparation for Christmas and how they had enjoyed them. Other people told us they preferred their own company or watching television in their own room. One person told us, "There's nothing much to do here" but said they were watching the film that was on the television.

The registered manager agreed to review the activity on offer in the home to make sure it was suitable to people's needs.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The people we were able to communicate with told us they had no complaints about the service but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. Most said that they would speak to the registered manager or deputy manager. We saw the complaints procedure was on display in the main entrance. No-one we spoke with had any concerns.

No complaints had been received by the provider since they took ownership of the service. The registered manager described the ways any complaints would be dealt with and how they would ensure they used this as an opportunity for learning within the home.

# Is the service well-led?

## Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. People who used the service, relatives and visiting health professionals all spoke highly of the management team and how the home was well run. Comments we received included:

“The manager has an excellent manner; she’s a good person at the top of a good home”

“The manager is lovely, friendly and kind”

“The manager is lovely. We have chats in her office.”

People told us they would recommend the home to others. One person said, “We could highly recommend the home. Its homely, the personality of the staff is super, there’s little staff turnover here. It’s a small community. It’s a family home. It’s very clean. There are no smells. It’s a lovely atmosphere. They make visitors welcome; visitors are known and part of the family.”

People who used the service and their relatives were asked for their views about the care and support the service offered. The provider sent out annual questionnaires for people who used the service, their relatives and visiting health professionals. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in November 2014. They showed a high degree of satisfaction with the service. When asked about activity in the home, two people had said this was ‘fair’ and one person had said it was ‘poor’. In response to this the registered manager had arranged a meeting to discuss activity and the recent introduction of the activity co-ordinator. The registered manager agreed they needed to keep activity provision under review in light of our comments and observations.

We saw there were twice yearly ‘relatives’ and ‘residents’ meetings and monthly meetings for people who used the service. People were encouraged to contribute and discuss matters. We saw feedback from the annual surveys were discussed and people were given the opportunity to express their views and make suggestions. Other topics included food choices and menus. One person who used the service said, “We have resident meetings once a month. These are led by {Name of deputy manager}. We complained about the tea three times. They also kept

repeating the same basic food with minor variations like scrambled eggs one day and eggs and bacon the next.” We asked if anything changed in response to the concerns raised. The person chose not to answer. However, we did not receive any complaints about the food in the home.

We asked people who used the service and their relatives if they would like to change anything in the home. One person said, “There’s no cause to change anything.” Another said, “There’s nothing I can think of that needs improving.”

We were told that the provider visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits. We saw a development plan for the home had been put in place following these visits, to address areas of the home that required updating or refurbishing. It had been noted that some décor and furnishings in the home were ‘tired and worn’ and in need of replacement. Some actions from the plan had been completed and others were monitored at each visit by the provider. A person who used the service said, “There’s a new owner and she’s doing some extra things like improving the bedrooms. Mines looking lovely and nice.” They added that the new owner had replaced the old net curtains in the lounge with vertical blinds and this had improved the look of the home. .

There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. We saw that regular audits, or checks of medicines, were done to assess the way medicines were managed; however these had not always identified concerns; we discussed how the current audit system could be further improved and made more effective. Monthly health and safety checks, which included checks on equipment, the premises and cleanliness, were also carried out. Any issues identified were documented and reported to maintenance for repair. There was a clear system in place to make sure any actions identified were completed in a timely way. We agreed with the registered manager that the premises checklist would benefit from more detail to show exactly what had been checked.

The registered manager and deputy manager both confirmed they worked alongside staff to demonstrate good practice and observe staff to ensure their practice was of a high standard. The registered manager said staff

## Is the service well-led?

were encouraged to put forward their opinions and suggestions to improve the service. We looked at records of staff meetings and saw these were used as an opportunity to discuss matters affecting people who used the service and for any other important information to be shared. This included feedback following any accidents or incidents.

Staff said they found staff meetings useful and informative. They also said they knew when and how to report any

issues or concerns and they were confident management would provide any necessary advice or support if required. Staff said they felt the home was well managed and the management team were approachable. One said, “[Name of manager] is easy to talk to, gives praise when you do a good job and is encouraging to us all.” Another said, “Great manager, works very hard, encourages good team work and is all for the residents, they come first.”



This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity.