

Cuerden Developments Limited

# Cuerden Developments Limited - Cuerden Grange Residential Home

## 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

We carried out an inspection of Cuerden Developments Ltd – Cuerden Grange Residential Home on 26 and 27 February 2015. The first day was unannounced. We last inspected Cuerden Grange Residential Home on 23 May 2013 and found the service was meeting the current

regulations. However, during this inspection we found the provider was required to make improvements to

# Summary of findings

recruitment of new staff and the environment and equipment to reduce the risk of infection. We were assured during the inspection immediate action would be taken to address all issues.

Cuerden Grange Residential Home provides accommodation and personal care for up to 67 older people. Accommodation is provided on two floors in 61 en-suite single bedrooms and 3 double en-suite bedrooms. A passenger lift provides access to both floors. At the time of the inspection there were 56 people accommodated in the home plus an additional two people in hospital.

The service had 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.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding vulnerable adults and we saw concerns had been dealt with appropriately, which helped to keep people safe. However, we noted some aspects of the environment and equipment had the potential to expose people to the risk of infection. For instance we found the kitchen surface on the first floor was crumbling away and six people were sharing hoist slings.

As Cuerden Grange Residential Home is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. At the time of the inspection no one living in the home was subject to a deprivation of liberty safeguard.

We found the arrangements for managing people's medicines were safe. We found records and appropriate processes were in place for the storage, receipt, administration and disposal of medicines.

Staff had completed relevant training for their role and they were well supported by the management team. However, we found the recruitment and selection policies and procedures did not fully reflect the current regulations and a full employment history check had not been completed for a staff member.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained.

Staff understood the needs of people and we saw that care was provided with kindness and compassion. People and their relatives spoke positively about the home and the care they or their relatives received.

Wherever possible, people and / or their families had been involved with the development and review of their care plan. We found the plans were detailed and covered people's needs, any areas of risk and personal preferences. The plans had been reviewed and updated at regular intervals. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home.

Our findings demonstrated two breaches 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. Whilst people told us they felt safe and secure in the home, we found a robust recruitment procedure for new staff had not always been followed. We identified concerns which posed a risk of infection, for instance the kitchen on the first floor was in a poor state of repair and people were sharing hoist slings.

The registered manager had systems in place to manage risks, safeguarding matters and medication and this helped to ensure people's safety. People and their relatives told us it was a safe place to live.

**Requires Improvement**



### Is the service effective?

The service was effective. People were cared for by staff who were well trained and supported to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans.

People were provided with a variety of nutritious food and were offered sensitive support to eat their meals.

People had access to healthcare services and received appropriate healthcare support. The registered manager had good links to healthcare professionals and was actively working with them to promote and improve people's health and well-being.

**Good**



### Is the service caring?

The service was caring. People made positive comments about the caring attitude and patience of staff. During our visit we observed sensitive and friendly interactions.

People said their dignity and privacy was respected. People were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities, which help them provide personalised care.

Information was available to help people with making decisions and choices.

**Good**



### Is the service responsive?

The service was responsive. People were satisfied with the care provided and were given the opportunity to participate in a range of activities which were arranged on a daily basis.

People were involved with planning and reviewing their care and arrangements were in place to find out about people's individual needs, abilities and preferences.

**Good**



# Summary of findings

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

## Is the service well-led?

The service was well led. The home had a registered manager who provided clear leadership and was committed to the continuous improvement of the service for people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

**Good**



# Cuerden Developments Limited - Cuerden Grange 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 26 and 27 February 2015 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience on the first day and one inspector on the second day. 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 the inspection we reviewed the information we held about the service, including notifications. We also received information from Lancashire County Council's Adult Social

Care Procurement Centre and two healthcare professionals. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 16 people who used the service and eight relatives. We spoke with the registered manager and nine members of staff. We also discussed some of our findings with the nominated individual for Cuerden Developments Ltd and a director of the company.

We looked at a sample of records including eight people's care plans and other associated documentation, 20 people's medication records, two recruitment files and staff records, policies and procedures and audits.

# Is the service safe?

## Our findings

We looked at two new staff members' files to assess how the provider managed staff recruitment. Whilst appropriate documentation and checks were in place for one member of staff, we found the other member of staff had not provided a full history of past employment with a satisfactory explanation of gaps. This is important so appropriate background checks can be carried out. We further noted the recruitment and selection policies and procedures did not reflect the current regulations. The shortfalls we found with the recruitment of new staff breached Regulation 21 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had obtained written references and a Disclosure and Barring Service (DBS) check before people commenced work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. New staff completed a six month probationary period during which their work performance was reviewed at regular intervals. We saw the employment review records during the inspection.

We conducted a tour of the premises on the first day of our inspection and noted the kitchen on the first floor was in a poor state of repair. The counter tops were badly stained and the surface was crumbling away. We observed staff were using the kitchen to prepare and serve food. This meant there was the potential risk of food being contaminated by particles from the counter top. We further noted that people were sharing slings. The slings were used by people requiring assistance to move using the hoist. This practice presented a risk of cross contamination. We also found cistern lids were missing from two toilets, one of which was a bathroom used by people living in the home. On the evening of the first day we observed staff trying different batteries on the hoists as these were no longer charging properly. This meant people had to wait to be assisted to move. We held a meeting with the provider on the second day to discuss our findings. Whilst immediate action was taken to address all these matters of concern, we would expect such issues to be identified and addressed without our intervention. The shortfalls we

found breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the first day we checked the water temperature on five hand wash basins on the first floor and found the water was very hot. We discussed this with the registered manager who arranged for all water outlets to be tested with a new thermometer. We were given a report of the findings on our arrival on the second day. The water was then tested again by two different members of staff during the day and found to be within the expected range. The provider confirmed all water outlets used by people living in the home were fitted with thermostatic mixing valves to limit the temperature.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. We observed call bells were answered promptly and we saw people's needs were being met.

We looked at how the service managed people's medicines. All people spoken with told us they received their medicines when they needed them. Staff designated to administer medication had completed a safe handling of medicines course. We saw records of the staff training. Staff had access to a set of policies and procedures which were available for reference in the medication room. The registered manager also told us they had an electronic copy of the NICE (National Institute for Health and Care Excellence) guidance on managing medicines in care homes.

The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the

## Is the service safe?

medication records were well presented and organised. With the exception of two omissions on the medication administration records, all records seen were complete and up to date.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

All people spoken with told us they felt safe and secure in the home. One person said, "I must say I feel safe and secure here. Since moving in here, I have been very well cared for so now I feel safe and happy". Similarly all relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received regular safeguarding training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff also had access to internal policies and procedures and information published by the local authority. Where safeguarding concerns had been raised, the registered manager had notified the commission and taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

We saw from the minutes of senior staff and care staff team meetings that safeguarding vulnerable adults had been

discussed. The registered manager had developed a record of safeguarding concern. This record was designed to act as a prompt to staff in order to guide them through the safeguarding process. The record also included an adult at risk protection plan. This helped to ensure appropriate safety measures were in place. We saw completed adult protection plans during the inspection and noted they also included feedback to the victim to ensure they were happy with the response and any action taken.

We looked at how the service managed risk. We found individual and environmental risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Other areas of risk included fire safety and the use of equipment. There was documentary evidence of control measures being in place and any shortfalls had been identified and addressed. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

Following an accident or incident, a form was completed and the registered manager kept an overall log. We noted an analysis had been undertaken of all the accidents and incidents and an action plan had been developed to minimise the risk of reoccurrence. The registered manager explained the home was part of a Skin Tear Pilot with the support of a Tissue Viability Nurse. A skin tear screening tool had been developed and staff had been taught how to manage the treatment of skin tears. This initiative had resulted in a marked decrease in the number of people experiencing skin tears in the home.



# Is the service effective?

## Our findings

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. All staff had undergone an induction programme when they started work in the home and received regular mandatory training. Training defined as mandatory by the provider included moving and handling, health and safety, fire safety, infection control and safeguarding vulnerable adults. In addition, care staff undertook specialist training on caring for people with a dementia, stroke awareness and nutrition. The training was delivered in a mixture of different ways including face to face, online and work booklets. The booklets were sent to an external company for accreditation. The registered manager had effective systems in place to ensure staff completed their training in a timely manner. All staff spoken with told us the training was useful and beneficial to their role. One member of staff told us, "I love it here. They give me so many opportunities. The training is really good."

Induction training covered the Skills for Care common induction standards. These are recognised standards new staff need to meet to enable them to care for people in a safe and appropriate way. The induction training was carried out over a period of 12 weeks; we saw completed induction records during the inspection. New staff shadowed experienced staff to enable them to learn and develop their role. The length of time spent shadowing was flexible depending on the experience and confidence of the new staff. One member of staff told us, "I asked for a bit more shadowing during my induction and they accommodated that."

Staff spoken with told us they were provided with regular supervision and they were supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had annual appraisal of their work performance and were invited to attend regular meetings. Staff told us they could add agenda items to the meetings and discuss any issues relating to people's care and the operation of the home. Staff confirmed handovers meetings were held during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff spoken with told us they had received training on the MCA 2005, but found the concepts difficult to understand. The registered manager explained the MCA was discussed at staff meetings and senior staff had completed an online course provided by SCIE (Social Care Institute for Excellence) to enhance their knowledge and understanding. We also noted there were policies and procedures available on the MCA 2005 and DoLS for staff reference.

People's capacity to make decisions for themselves was considered as part of their assessment of needs carried out before they moved into the home and there was information for staff about these issues in the cognition section of each person's care plan. At the time of the inspection, there were no people living in the home subject to a DoLS. However, the registered manager told us she had made applications to the local authority in the past and was familiar with the documentation and process.

We looked at how people were supported with eating and drinking. The majority of people spoken with told us they liked the food provided. We observed the arrangements over lunch time on both floors. We noted staff were attentive and responsive to people's needs and people were given sensitive assistance to eat their food. People were offered two choices and an alternative option. The menu was displayed on a board outside each dining area. The meal served looked appetising and well presented.

We saw the advice from a speech and language therapist about what foods were appropriate for people when they needed a soft diet and there were clear instructions for staff on how to use thickening powder in drinks. We also noted staff had maintained food and fluid charts when people had been assessed as having a nutritional risk and these had been totalled twice during the day to ensure people



## Is the service effective?

were receiving sufficient food and fluid. The registered manager explained a “Happy Hour” was held daily where people assessed at risk from malnutrition and dehydration were offered fortified milk shots to provide extra calories, vitamins and minerals. Before the inspection, we received information from a healthcare professional who confirmed the registered manager and the staff team had volunteered to be involved in a new project known as the “Hydration toolkit” and had “Contributed to this development with enthusiasm.” The toolkit was designed to minimise the risk and potential harm that dehydration can cause and offer solutions to improving the provision of water.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People’s healthcare needs were considered within the care planning process. We noted

assessments had been completed on physical and mental health. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We received feedback from a healthcare professional before the inspection who told us, “Cuerden Grange Rest Home is now what I would term 'The Gold Standard' and what I measure the care and expectations of other homes in the area against in terms of proactive health care.”

We noted from looking at people’s care files a “My important information” sheet had been devised which provided information about medical conditions and a description of needs. The sheet was provided to hospitals on admission to effectively communicate people’s needs and wishes.

# Is the service caring?

## Our findings

People spoken with indicated they were treated with kindness and compassion and all expressed satisfaction with the service. One person told us, "Since I have come out of hospital, they (the staff) have pulled out all the stops. They have been marvellous" and another person commented, "The staff have been fantastic. Very caring." Similarly relatives were happy with the care their family members were receiving one relative told us, "The staff are very good. I have no grumbles at all." The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

Staff spoken with understood their role in providing people with effective, caring and compassionate care and support. There was a 'keyworker' system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

People said their privacy and dignity were respected. We saw people being assisted considerately; they were politely reassured by staff. We observed people spending time in the privacy of their own rooms and in different areas of the home. People's rights to privacy and dignity were discussed during staff meetings to help ensure the staff had a sound understanding of these issues. However, we noted a section of the first floor lounge doubled as an office area for staff and observed on one occasion staff had left a person's care plan unattended on the desk. This meant there was the potential for any visitors to the home accessing confidential information. We discussed this situation with the provider and registered manager who assured us staff would be reminded about the importance of confidentiality. They also told us they would review the environment to see if any improvements could be made.

We observed staff knocking on doors and waiting to enter during the inspection. We also noted there were policies and procedures for staff about the operation of the service. This helped to make sure staff understood how they should

respect people's privacy and dignity. According to information in the provider information return the registered manager and staff had signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven "I will" statements and associated tasks to help staff provide good care. The registered manager explained the statements had been incorporated into the home's induction booklet.

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice. People were also involved in the care planning process. This meant people were able to a direct input into the delivery of their care.

We observed staff encouraged people to maintain and build their independence skills, for instance in supporting people to walk. The registered manager was also able to provide clear examples of how people were supported to remain as independent as possible. For example one person had a communication card which they used when outside the home. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

There was information about advocacy services available in the entrance hall. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People were given appropriate information about their care and support. Before people moved into the home they were provided with a brochure, which presented an overview of the services and facilities available in the home. The registered manager had also made a visual presentation of a bedroom and bathroom, which could be shown to people on a computer tablet.

## Is the service caring?

A service user guide was available in all bedrooms. The guide provided detailed information about the home and the services provided. It also included a residents' charter of rights. This meant people had access to the documentation for reference purposes.

# Is the service responsive?

## Our findings

People told us they were happy with the care and support they received from staff. One person said “I have no qualms about anything here as the staff respond when needed” and another person commented, “The care is great and the staff are great. I feel the staff are very responsive to my needs, so I am really satisfied with everything.” People also confirmed the daily routines were flexible and they could choose when to go to bed and get up in the morning. One person told us, “I think it is wonderful. You are allowed to do what you want to do. I’m quite happy.” Relatives also expressed satisfaction with the service, for instance one relative told us, “It is all very good. I can’t fault it, my (family member’s name) loves it here.”

We looked to see if people received personalised care. In the provider information return (PIR) the registered manager sent us they told us everyone had person centred support plans. Person-centred care is based on the goals of the individual being supported, as opposed to the goals defined by others involved in their care. The registered manager explained she had held person centred workshops for the senior care staff where they had explored person centred approaches to care plan writing. We saw documentary evidence of the workshops during the inspection.

We looked at eight people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs and included information about how people wished to be supported. We noted details about past life experiences and significant achievements had been added to the culture section of the plan. People had been involved in devising their care plan and we noted one person’s plan was written in their own words. This helped to ensure staff were aware of people’s needs and individual preferences.

We saw documentary evidence to indicate the care plans had been reviewed and updated on a monthly basis with people using the service and / or their relatives. The registered manager had systems in place to ensure the staff could respond to people’s changing needs. For example staff told us there was a handover meeting at the start and end of each shift, as well as an additional meeting in the middle of the day. During the meeting staff discussed people’s well-being and any concerns they had.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person’s needs. The registered manager confirmed people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person’s needs could be met within the home.

From looking at people’s personal files, we found some people had a booklet entitled “My Choice, My Preferences”. This was known as an advanced care plan and provided information on people’s spiritual and emotional needs in relation to end of life care. The booklet was completed by the person, their family and keyworker. Following the inspection the registered manager told us she was adapting this document so it could be used by all people using the service. The registered manager had completed Six Steps training and the service had been recognised by the local hospice as an end of life care champion.

A healthcare professional contacted before the inspection told us the registered manager and staff were responsive to people’s needs. They commented, “In terms of identifying any concerns regarding a resident’s health the staff will observe even slight changes and will phone promptly after completing the resident’s observations and articulate a clear time line on when a resident became unwell.”

People spoken with indicated they were satisfied with the range of activities at the service. They told us of the various events taking place which included bingo, chair based exercise, nail care, darts competitions, dancing, clothes parties and a Gentleman’s club. Trips were arranged in the local area for tea dances and meals out. People also explained how they were supported to follow their own chosen hobbies and interests, such as reading, knitting and activities within the community. On the first day of our visit we spoke with the activity coordinator, who explained the processes in place to provide meaningful activities for people living in the home. From our discussion we found all activities were comprehensively planned ahead. Records were maintained of those people who attended each activity along with any comments. This meant the activity coordinator could consider their views on future occasions. The catering staff were supportive of activities and provided appropriate food for themed events such as Valentine’s day and St Patrick’s day.

## Is the service responsive?

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure for people to follow. The procedure

was included in the service user guide and included the relevant timescales for the process. We looked at the complaints record and noted the registered manager had received 11 complaints in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainants. We noted action plans had been devised following the investigation and outcome in order to minimise the risk of reoccurrence. This meant people could be confident in raising concerns and having these acknowledged and addressed.

# Is the service well-led?

## Our findings

All people, relatives and staff spoken with told us the home ran smoothly and was well organised. One person told us, "I have been here about 12 months and have really enjoyed it. It is all so good and everyone is so welcoming to both residents and visitors." A relative also commented, "I come here once a week to see (person's name) and I am highly delighted with what I have seen and in how well they are caring for her. All things that really matter are done very well, the staff, the care, the food and the management."

The service was led by a registered manager who had managed the home since April 2012. The registered manager told us she was dedicated to continuously improving the service. Throughout all our discussions it was evident the registered manager had a detailed knowledge of people's current needs and circumstances and was committed to the principles of person centred care. Person centred care places the people at the centre of their care and services are tailored to their interests, abilities, history and personality. The registered manager was also part of the wider management team within Cuerden Developments Limited. She met regularly with other managers to discuss and implement policy changes and share best practice in specific areas of work. She was also a member of local network of registered managers. The registered manager described her key challenges for the service as the development of a dementia friendly environment, the development of a newsletter and more sensory activities. She had a detailed action plan which set out her objectives for the year ahead and provided us with information before the inspection on planned developments for the service.

The provider visited the service at least once a week to discuss the operation of the home. However, there were a lack of formal communication systems in place to record the visits and any future actions. We discussed this with the provider who assured us written records would be implemented with immediate effect. This was particularly important given the shortfalls we found in the environment.

The staff members we spoke with said communication with the management team was good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care

at any time. One member of staff told us, "I just go in and speak to the manager and things get sorted." All staff spoken with told us they were part of a strong team, who supported each other.

Staff received regular supervision with their line manager and told us any feedback on their work performance was constructive and useful. Staff were designated to work in a particular area so they knew who they were caring for during the day. This approach meant staff were aware of what was expected of them and they were clear on their responsibilities for the day. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty.

Staff were also invited to attend regular meetings. This enabled the staff to discuss the operation of the home and the care of people using the service. We could see from minutes of the meetings, the registered manager also used the meetings to discuss current practice issues and reflect on any learning from incidents, accidents or complaints.

People and their relatives were given the opportunity to complete a satisfaction questionnaire every three months. This enabled the registered manager to monitor people's satisfaction with the service provided. The questionnaires were last distributed in February 2015. We looked at the returned questionnaires and noted all respondents had indicated they were satisfied with the service. We noted action plans had been devised and implemented following previous surveys. People and their relatives were also invited to meetings every three months and could add items to the agenda. We looked at the minutes from a recent meeting and noted people had discussed activities and food. The chef had also attended the meeting so they could answer any queries and discuss new ideas for the menu.

The registered manager and management team used various ways to monitor the quality of the service. This included audits of the medication systems, care plans, staff training and staff supervisions as well as checks on the environment, such as the fire systems and water temperatures. These were to ensure different aspects of the service were meeting the required standards. We noted the shortfalls we found in the environment which posed a risk of infection had been picked up on audits. We saw action plans had been drawn up to address any identified shortfalls.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not operated an effective recruitment procedure to ensure all information specified in Schedule 3 of the Regulations was available in respect of all staff employed in the home. (Regulation 19 (1) (2) (3)).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured people were fully protected from the risk of infection by means of the maintenance of appropriate standards of cleanliness and hygiene in relation to the premises and equipment. (Regulation 12 (2) (h)).</p>