

Adiemus Care Limited

Fleetwood Lodge

Inspection report

Fleetwood Lodge
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of Fleetwood Lodge on 26 and 27 October 2015.

Fleetwood Lodge is a care home providing accommodation and personal care for up to 51 older people. Most people using the service were living with dementia. When we visited there were 39 people using the service. The service is a converted residential dwelling with accommodation over two floors. People live in single or shared rooms.

Since our last inspection of the service in June 2014 the service had changed registration with the Care Quality Commission (CQC). It had ceased to provide nursing care in November 2014 and changed its name from The Briary to Fleetwood Lodge.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is required by a condition of its registration to have a registered manager.

We found concerns in relation to the effective implementation of quality monitoring systems when we previously inspected the service in June 2014. During this inspection we checked whether the provider had taken action to address these concerns. The provider and staff were motivated to improve the service however, we found the required improvements had not sufficiently been made to meet the requirements of the regulation in relation to assessing and monitoring the quality of the service provided.

The provider and registered manager undertook regular audits to monitor the quality of care provided to people. Although these had resulted in some improvements to the service being made not all audits had consistently identified where improvements were needed. Action taken to address identified shortfalls was not always sufficiently robust to ensure improvements would be made and sustained. The service had continuously been in breach of the regulation relating to assessing and monitoring the quality of the service provided since January 2014.

There were enough staff to meet the needs of the people that lived here. People were positive about the staffing levels and said they received support quickly when they needed it. However, the required pre-employment information relating to staff employed at the service had not always been obtained to support the registered manager to make safe recruitment decisions.

People received their prescribed medicines safely and had access to healthcare services when they needed them. People liked the food and told us their preferences were catered for. People received the support they needed to eat and drink enough.

Staff had a good knowledge of their responsibilities for keeping people safe from abuse. Staff sought people's consent before they provided their care and support. Where people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Staff received training and supervision to support them to meet the individual needs of people effectively.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to know what support people required. The provider had worked closely with dementia specialists and had made several changes over the past year to the service environment to better meet the needs of people living with dementia. The dementia friendly environment supported people to orientate themselves in the home and maintain their independence.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were committed to enhancing people's lives and provided people with positive care experiences.

People knew how to make a complaint. People told us the manager and staff would do their best to put things right if they ever needed to complain.

We found one continued and one new breach 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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People had been safeguarded from the risk of abuse.

Risks to people had been identified and measures put in place to manage risks safely.

There was sufficient staff to meet people's needs. However, the required pre-employment checks relating to staff employed at the service had not always been completed.

People's medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

The rights of people who need support to make decisions were protected under the MCA. People's mental capacity assessments and decisions made in people's best interest were recorded in people's care plans for staff to refer to.

Staff received a range of training and supervision which made them confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed effectively. Health professionals were contacted promptly when people became unwell.

People were supported to maintain a balanced diet and received the support they needed during meal times.

Good



Is the service caring?

The service was caring.

People and their relatives gave positive comments about staff and how caring they were when supporting people. We observed staff offer support that was kind and compassionate.

People received care from staff who knew their history, likes, needs, communication skills and preferences.

Relatives felt, and observations showed, people's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care plans detailed how people wished to receive the support they needed. People were encouraged to maintain their hobbies and interests.

Good



Summary of findings

The environment had been adapted to support people living with dementia to remain independent.

A complaints policy was in place and action had been taken to address people's concerns.

Is the service well-led?

The service was not always well led.

The provider had not established quality assurance systems which effectively and consistently drove and sustained improvement to the service

The service worked closely with community professionals to ensure care provided reflected current good practice guidelines.

People spoke positively about the registered manager and staff told us they felt supported in their roles.

Requires improvement



Fleetwood 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.

This inspection took place on 26 and 27 October 2015 and was unannounced. The inspection team consisted of two adult social care 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 care service. The expert by experience had experience in older people's care services.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We requested a Provider Information Return (PIR) and this was completed by the provider before our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We talked to 14 people using the service, one relative and ten staff including the registered manager, deputy manager, four care workers, the maintenance person, the cook, the operational manager and the activities co-ordinator. We also spoke with two community nurses from the memory clinic who visited the service on the day of our inspection. Before our visit we spoke with the specialist community nurse for care homes as well as a social worker who had worked with the service.

We reviewed care records and risk assessments for four people using the service. We also reviewed training records for all staff and personnel files for four staff, medicine administration (MAR) records and other records relevant to the management of the service such as health and safety checks and quality audits.

Is the service safe?

Our findings

We looked at the arrangements in place to ensure staff were recruited safely and people were protected from unsuitable staff. Some recruitment checks, such as proof of applicants' identity, investigation of any criminal record, and declaration of fitness to work, had been satisfactorily investigated and documented. However, two of the five recruitment files we reviewed did not show evidence of full employment history. There were gaps in employment history which meant periods of possible employment may be unaccounted for. We found the provider's application form in use did not prompt applicants to provide a full employment history and a written explanation for gaps. An applicant's employment history could provide information that might make them unsuitable to work with people who use care and support services however, the provider had not gathered this information to support them to make safe recruitment decisions.

We found that the provider had not protected people by ensuring that the pre-employment information required in relation to each person employed was available. This is in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Fleetwood Lodge. People's comments included "I feel safe here", "I'm not frightened" and "Staff would come if we needed them". Staff had received training to understand the local safeguarding procedure. They told us how they would recognise and respond to allegations or incidents of abuse. Staff understood the process for reporting concerns and escalating them to external agencies if needed. The manager liaised with the local authority's safeguarding team if they had concerns about a person's safety or if they wanted any advice on how to keep people safe. Staff were confident that action would be taken to keep people safe if they raised any safeguarding concerns. One staff member told us "One of the senior care staff is always here and they will take immediate action if we tell them we have any concerns about a person's safety".

Risks to people's health and welfare had been assessed and plans put in place to instruct staff how to keep people safe. People had plans in place for example, to support their mobility, emotional and behavioural needs and to protect their skin from damage. People were supported to take everyday risks such as walking freely around the

home. People at risk of falls had been identified and we observed people being supported to walk safely. Staff could describe to us people's risks of falling and were aware of how to support people to minimise these risks. The manager monitored all falls in the service monthly through the accident reporting procedure. Action had been taken to support people who fell frequently through monthly discussions with the specialist community nurse for care homes. For example, ensuring people always wore appropriate footwear and asking the GP to review people's medicines to assess if they were affecting their mobility. People had also been referred to the specialist falls clinic as appropriate to further reduce their risk of injury from falls.

Staff knew how to respond to safety incidents. For example, records showed when people fell staff had alerted the emergency services and the GP as required. Staff had observed people for up to 48 hours after a fall to check if they had sustained any injuries. Staff received information at each shift change to inform them who had fallen and what observations and action were required on the next shift to ensure these incidents were managed appropriately over time.

We observed sufficient numbers of staff with the necessary skills were deployed to support people. People and relatives told us there were enough staff and there was always someone around to support them and chat to. People's comments included "There are enough of them", "There is enough staff as far as I am concerned" and "There are nice staff and enough of them". We observed staff were available to support people whenever they needed or requested assistance. The registered manager kept the staffing numbers under review and told us the provider had deployed additional care staff when required. For example, an additional staff member worked once a month to support with the receipt of the monthly medication. Staff felt there were sufficient staff to keep people safe and respond to their needs promptly. The registered manager had identified some people's needs had changed and they required a bit more support during the late afternoon. She had recently requested an additional staff member to be deployed in the late afternoon and was awaiting the provider's decision.

People who were aware they needed to take medicines every day told us staff supported them with this. One person said "They are always on the ball with my pills" and a relative commented "Mum's medicine is well managed

Is the service safe?

and if the staff are concerned about her, they ring me". Medicines were safely stored in a locked cupboard. Arrangements were in place to receive and dispose of medicines safely. Staff had received medicine administration training and had their competency assessed before they were allowed to support people with their medicines. We observed staff supporting people to take their medicines safely in accordance with their prescription and documenting when people had taken their medicines. Staff knew what action to take and to contact the GP if a person refused or missed their medicines.

Systems were in place to routinely check the environment and the building to ensure a safe environment was

provided. This included ensuring equipment and furniture were in working order. If any repairs were required, then this was organised and tended to. The service had not had a maintenance person for some months and all the maintenance checks had not been completed as required by the provider. A new maintenance person had started working at the service on 12 October 2015 and they showed us how they were working with the registered manager to complete the outstanding actions from the July 2015 health and safety and fire assessments. Gas safety, electrical safety and water safety checks and maintenance were undertaken by suitably qualified contractors to make sure the premises were safe.

Is the service effective?

Our findings

We found the service had a process to support staff to improve and develop their skills which included training, one-to-one supervisions, annual appraisals and group meetings. We spoke with staff who confirmed they had received regular supervisions. The registered manager was working to complete all staff's annual appraisals. We looked at the provider's training matrix and saw evidence that most staff had received all the provider's required training to support them to meet the needs of people living in the service. Monthly quality monitoring reports showed the registered manager was working to improve the training completed and outstanding training had been booked. The registered manager and assistant manager observed care practice daily, which was then discussed in staff supervisions and team meetings.

Staff told us the registered manager and assistant manager were approachable and available to provide support and guidance. Staff said that they were able to talk through issues about their role or about the people they supported with their supervisors. Staff told us they found their supervision and group sessions helpful and gave them an opportunity to discuss their role and how they could progress to further improve their individual performance. Staff gave us several examples of how their supervision had improved their personal practice and how team meetings had improved practice of the service as a whole. For example, in relation to falls management and support for people who became distressed.

We saw examples of staff adhering to the best practice principles they would have been shown in training. For example, we observed a staff member undertaking medicines uninterrupted. It is good practice for a staff member responsible for undertaking medicines to be undisturbed whilst they administer medicines so as to reduce the risk of errors. Staff we spoke to were clear on their roles and had experience to support the needs of older people living at the home. For example some staff had undertaken training in nutrition and falls prevention.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed information about people's capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people's ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, best interests meetings had been held with their relatives and/or the relevant health and social care professionals involved in their lives. Staff we spoke with demonstrated an understanding and awareness of people's capacity to consent and to make decisions about their care and support.

Applications had been made to deprive twenty eight people of their liberty and subsequently eight had been authorised by the appropriate body. The registered manager was awaiting the outcome of the other twenty applications. Where restrictions were placed on people's liberty the provider had ensured this was done appropriately in accordance with the law and people's rights under the MCA had been upheld.

People told us they enjoyed the food and there was always enough. People's comments included "The meals are very nice", "We get enough to eat and it is nice food" and "I enjoy the meals, they are nice and there is enough to eat". People were supported to remain hydrated. Drinks were offered throughout the day and jugs of water were refilled so that people always had fresh water available.

We observed the lunch time meal and food was fresh, homemade and wholesome. Portions varied according to

Is the service effective?

people's preferences. People had varying levels of independence in meeting their own nutrition and hydration needs. These needs were described in their support plans. People were being supported to eat a healthy and balanced diet. The cook was familiar with people's likes and dislikes and those who were at risk of weight loss and needed additional calories. Staff ensured mealtimes were calm and pleasurable experiences for people. No one was rushed during their meal and staff checked if people wanted any more to eat or drink before clearing the table. When needed staff encouraged people who were restless to return to the table and try to eat a bit more. People were reassured they would be told when their visitors arrived. The service used colourful specially adapted crockery. Staff told us this supported people living with dementia to identify their food and some people found it easier to eat independently when using the crockery.

Staff weighed people monthly and identified people at risk of weight loss. Significant weight loss was discussed with the specialist community nurse on a monthly basis. This was to identify whether people required additional support

or specialist input to maintain a healthy weight. The registered manager told us two people in the home were at risk of malnutrition. Staff knew how to support them and told us they were given regular calorific snacks and smaller portions to support them to eat more often.

There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. This included support from people's social workers, occupational therapy visits as well as mental health input. People saw the local GP when needed and a list was faxed to the local GP every Monday to highlight people that required medical input. One person told us "Health wise I'm looked after and my blood pressure is managed, there is a nice GP". People also saw the optician, chiropodist and a dental service when needed. People living with dementia had routine support from the memory clinic. On the day of our inspection two community nurses from the memory clinic were visiting the service to review people's medication and dementia care plans. They told us staff followed their guidelines and knew how to support people living with dementia to manage their anxiety and behaviour.

Is the service caring?

Our findings

People told us that they liked the staff at Fleetwood Lodge. People's comments included, "I am very lucky to be here", "Staff are nice and friendly", "I have no complaints" and "The staff are very pleasant". Relatives were also complementary about staff's caring approach. One relative told us "Staff never raise their voices or talk sharply".

Interactions between people and staff were good humoured and caring. Throughout the inspection, staff showed care and understanding of people's needs. People appeared relaxed, happy and responded positively to staff when asked what they wanted to do or eat. Staff gave people time to respond to their questions and showed people the choices available to them to support their decision making.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. For example, people were encouraged to manage their personal grooming and appearance. They were involved in decisions about the décor of the communal areas and could partake in household chores if they wished to. One person told us "My room is always clean and the bed is always made" and another person said 'I help keep my room clean". We saw that people had chosen the decoration for their bedrooms and were surrounded by objects that they held dear.

We observed laughter and banter between people and staff. The language heard and recorded in care records was appropriate and respectful. Staff used touch to support people to understand instructions, we saw this was done appropriately and people seemed comfortable and reassured through physical contact with staff. Contact was unrushed, with smiles and kindly gestures, such as when asking where people would like to sit or when people appeared not to understand what was asked of them.

When people became upset we observed staff promptly noticed their distress and offered reassurance and comfort. For example, some people could not remember when their visitors were due and staff reassured them calmly and patiently reminded them of the time. We saw this reassured people. Staff understood what could potentially upset people and took action to prevent these situations from occurring thereby supporting people to have a good day. For example, ensuring people sat on their favourite chair, had someone to chat with or gave people information throughout the day so they did not become anxious if they could not remember what was going to happen.

Staff chatted with people about everyday things and significant people in their lives. They were able to demonstrate they knew what was important to each person. We observed a positive caring relationship had developed between people and staff. Staff told us they respected people's wishes on how they spent their time and the activities they liked to be involved in.

Family and friends were encouraged to visit whenever they wanted and staff supported people, who wanted to have regular and frequent contact with relatives. Comments included "My family is welcomed", "My visitors come any time" and "I come to see mum a lot and I am always made welcome and offered a cup of tea".

Staff explained to us that an important part of their job was to treat people with dignity and respect. Our observations confirmed that staff respected people's privacy and dignity. Staff used people's preferred names and spoke with them in a kind and patient manner. We observed new staff being introduced to people when the need arose. If people required support with personal care tasks this was done discreetly, behind closed doors to ensure their dignity was maintained. Staff worked with relatives to explore ways to discreetly mark people's clothes and belongings. This helped staff to support people to manage their possessions when they could not identify them and became distressed.

Is the service responsive?

Our findings

The provider had worked closely with dementia specialists and had made several changes over the past year to the service environment to better meet the needs of people living with dementia. The dementia friendly environment supported people to orientate themselves in the home and maintain their independence. Improvements included painting people's bedroom doors with a vibrant colour to make it easier for them to recognise their own rooms. Toilets seats were coloured to make the identification of bathrooms easier and reduce people's anxiety relating to continence. The corridor handrails had been brightly painted to provide a contrast to the walls so people could see them better and use them to improve mobility and prevent falls. Additional signage had been placed throughout the service. The layout of the service had also been changed and two distinct communities had been created to enable people to find their way around the service independently.

Each person's needs had been assessed and were used to devise a personalised care plan which reflected people's needs and preferences. This included an assessment of the person before they were admitted to the service so a decision could be made about whether the person's needs could be met. The registered manager understood the skills of the staff team and the needs of the people already living in the service. She could give us examples of how she took this into account when making decisions about whether the service could meet the needs of new people.

Relatives told us they were kept informed if people became unwell or their needs changed. A social worker we spoke with was complimentary about the comprehensive information the service provided to a relative. This enabled the relative to meet the person's changed needs when they went home.

Personal information was available for each person, which included details of the person's background and preferences, such as sleeping routines so staff knew how to plan and deliver care. There were care plans for personal care which were well recorded and included specific details of how staff should support people. These incorporated tasks which people could do for themselves regarding their personal care and what staff needed to help people with.

Staff could explain how they used the information in people's care plans about their life and employment history to initiate conversation and were familiar with the care instructions in people's care plans.

Care plans included information on how staff were to support people to meet their emotional needs. Care plans were in place for people whose behaviour might put themselves or others at risk so staff would know how people preferred to be supported when they became anxious. Staff explained how they identified people becoming upset and told us speaking calmly and reassuring people were the most effective ways to support people through difficult times. We observed staff during lunch time supporting people with humour, distraction and reassurance when they became anxious till they were at ease and could enjoy their meal.

Structured activities were available for people every day and they were able to choose whether they wished to join in or not. Events were held throughout the year and relatives were encouraged to take part in celebrations and events at the service. People said they were generally satisfied with the activities. One person told us they particularly liked the singing and another told us outings had been organised in the summer which she very much enjoyed. One relative told us how much her mother enjoyed sitting in the garden during the summer; she said "they wear sun hats and eat choc ices and lollies". Two people told us they enjoyed reading and that books were passed around. People told us they did not have to take part in the activities on offer if they chose not to.

The provider kept the activities provided in the service under review. The new activity co-ordinator told us they were looking at developing further opportunities for people living with dementia to be supported to have a good day and remain engaged. She told us "It is not just about entertainment and leisure opportunities we are working at supporting staff to see any task like a meal and shower times as an opportunity to involve people and enhance their lives".

People and their relatives were given the opportunity to provide feedback about the service and be involved in planning people's care. They received a monthly newsletter informing them of any changes in the home and a copy of the next month's activity plan so relatives had information to ask people about their day. Monthly resident and relative meeting took place. On the one day of our

Is the service responsive?

inspection we attended the October meeting. This informed people and relatives of any staff changes and was an opportunity to raise concerns or provide feedback about the quality of the service. We saw the service had taken action when relatives had raised concerns about clothing getting misplaced. Systems were put in place to better identify people's clothes and a lost property basket was in use.

The provider had a complaints policy and people and their relatives received a copy when they moved into the service. Relatives and people told us they felt confident to speak

with the manager or staff if they had any concerns. People told us they did not have any concerns, staff knew them and their preferences well and they received the care and support they required. Comments included "I've no complaints here although I've been here a long time" and "I think they'd have to look hard to find someone with a complaint". The provider had received two complaints following our last inspection and was able to describe the action taken to resolve these. They were also taking action with the input of appropriate professionals to address the concerns raised by one person.

Is the service well-led?

Our findings

Our inspection of 30 June 2014 found the provider had taken action following our inspection to implement quality monitoring systems. However, further improvements were needed as the systems were not yet part of the routine way of working in the home and did not consistently drive improvement.

At this inspection we found sufficient improvements had not been made. There were systems and structures in place to monitor and improve the quality of service people received, however these systems were not always operated effectively. Where audits had taken place they were not consistently effective in identifying shortfalls. For example, the provider's quality monitoring assessment of the service in June 2015 and September 2015 were not effective in identifying the service failed to submit the outcome of DOLS applications to CQC as required by law. Following our inspection the registered manager informed us retrospectively on 28 October 2015 of the outcome of eight DOLS authorisations. This meant we could not check that the appropriate action had been taken at the time the DoLS authorisation was made.

When shortfalls had been identified, actions taken were not always sufficiently robust to ensure improvements would be made or sustained. For example, monitoring of medicine records had led to changes in the medicine management system that made it safer. However, the registered manager did not operate the medicine monitoring system effectively. She did not sign off the daily medicine checks as required to ensure action could be taken, if standards were to fall, without delay to reduce risks from medicines errors to people using the service. The provider's quality monitoring assessment in June 2015 had identify shortfalls in care records and weekly care plan checks had been agreed to monitor the quality of people's records. Though the registered manager told us they had completed weekly care plan checks these had not been recorded to ensure the registered manager could identify, and act on shortfalls and monitor whether improvements had been made and sustained.

Systems in place to support the registered manager to monitor the quality of the service and compliance with regulation were not always kept up to date. For example, the staff training spreadsheet used to monitor staff training was not up to date. Therefore the registered manager did

not have accurate information available to judge what action was required to ensure staff met the provider's training requirements and any risks to people's safety were reduced whilst staff completed the required training. The registered manager had not always followed up and recorded actions required following an external health and safety audit in June 2015 to ensure herself environmental risks to people's safety had been mitigated.

The provider had not established and operated effective systems or processes to ensure compliance with the requirements of the regulations. This was an ongoing breach in relation to assessing and monitoring the quality of the service which is a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which corresponds with a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

Staff told us the registered manager and deputy manager was 'very supportive' and 'very helpful' and they felt able to raise concerns. One staff member told us "I can always talk to the managers. The deputy is always around and she is very hands on". Staff were aware of different external organisations they could contact to raise concerns if they had any. For example, they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The registered manager and staff were motivated to improve the service. The staff were helpful, open and receptive when minor areas for improvement were identified during the inspection. Senior staff addressed issues immediately or noted the issue to put into action later. This promoted a culture of learning and improvement in the service.

During the inspection the manager and deputy manager had a visible presence around the service. They talked with people and relatives and gave advice and guidance to staff to ensure people were happy and received a good standard of care. As part of the manager's drive to improve practice

Is the service well-led?

they worked closely with community health specialists to improve standards of care. For example, this joint working had resulted in improvements in the way falls were managed and the development of a dementia friendly environment. The specialist community nurse for care homes confirmed that the service was improving their understanding of managing people's falls and weight loss in accordance with national good practice guidelines.

Staff told us the service had caring values and that they treated people with kindness, consideration and compassion. We observed these values in action during our inspection and found staff were motivated, patient and caring.

People and relatives told us they appreciated the registered manager's "open door policy" and felt encouraged to give their feedback about the service. One relative told us "The manager is always about, she has recently bought all these lovely new tables and chairs". Staff worked well together and told us they were motivated to "make people's lives better" and "make sure they have a good day". The registered manager had supported staff to develop their skills in understanding and involving people in their care. Throughout our inspection we saw many examples of people being supported to make choices, being comforted and having a laugh with staff. The registered manager told us "The service is moving in the right direction I feel it has become better and people are happier here".

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not protected people by ensuring that the information required in relation to Schedule 3 for all persons employed was available. Regulation 19 (3) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not established and operated effective systems or processes to ensure compliance with the requirements of the regulations.</p> <p>Regulation 17 (1) (2)(a)(e) (f)</p>

The enforcement action we took:

We issued a Warning Notice and told the provider and registered manager to make the required improvements by 30 March 2016.