Meadows Edge Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 14 July 2016.

Meadows Edge Care Home can provide accommodation, nursing and personal care for 40 older people and people who live with dementia. There were 39 people living in the service at the time of our inspection.

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

At our inspection on 2 July 2015 there were two breaches of legal requirements. We found that medicines were not always safely managed and quality checks had not been robustly completed. After the inspection the registered persons wrote to us to say what actions they intended to take to address the problems in question. They said that all of the necessary improvements would be completed by 29 February 2016. This delayed timescale was due to an administrative error by CQC.
At the present inspection we found that the improvements necessary to meet the two legal requirements had been made. However, we also concluded that further improvements were needed to the way some quality checks were completed. This was necessary to ensure that people received the facilities and services they needed

Parts of the accommodation were not clean and hygienic and people had not always been helped to avoid the risk of accidents. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse and medicines were managed safely. There were enough staff on duty to care for people and background checks had been completed before new staff were appointed.

Some areas of the accommodation were not designed and adapted to meet people's individual needs. Although people had been assisted to eat and drink enough parts of the catering arrangements did not support people to enjoy their meals. Staff had received training and guidance and they knew how to care for people in the right way including helping them to receive any healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 (MCA) and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. The registered manager had taken the necessary steps to ensure that people's legal rights were protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and there was provision for confidential information to be kept private.

People had been consulted about the care they wanted to receive and they had been given all of the practical assistance they needed. People who lived with dementia and who could become distressed received the individual support and reassurance they needed. People were given opportunities to pursue their hobbies and interests and there was a system for resolving complaints.

Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Parts of the accommodation were not clean and hygienic.

People had not always been helped to avoid the risk of accidents

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

Medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the accommodation were not adapted and designed to meet people's individual needs.

Although staff knew how to care for people in the right way, they had not received all of the training and guidance the registered persons considered to be necessary.

Although people were helped to eat and drink enough to stay well some of the dining arrangements did not give people the opportunity to enjoy their meals.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

There was provision for confidential information to be kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who lived with dementia and who could become distressed.

People were supported to purse their hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always identified and quickly resolved shortfalls in the facilities and care people received.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Meadows Edge Care 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 was planned to check whether the registered persons were 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 14 July 2016. The inspection was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is someone who has personal knowledge of using this type of service.

During the inspection we spoke with 10 people who lived in the service and six relatives. We also spoke with four care workers, the activities coordinator, a nurse, the chef, a kitchen assistant, the maintenance manager and the registered manager. We observed care being provided in communal areas and we also examined records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

We found that parts of the accommodation were not clean and hygienic. In the main lounge a number of the double glazed windows had failed, were misted up inside, had finger-prints on them and looked very unsightly. Furthermore, some of the window sills in the room were dusty and had dead flies on them. In this same area one of the guards fitted to a radiator had a large number of ants crawling across it. Speaking about the cleanliness of the accommodation in general most people were satisfied and one of them said, "It's clean enough for me." However people raised concerns with a relative saying, "My family member's bedroom is spotless. But I've sometimes wiped a few mucky lounge tables with a wet wipe, it's not good. When there's been a spill on the floor staff have quickly wiped it up with a damp mop – no bucket or disinfectant. It's terrible." In addition, in various places about the accommodation we found that the painted plaster finish on the walls was damaged, cracked and scuffed and so could not be thoroughly cleaned.

These shortfalls detracted from people's ability to be suitably protected from the risk of acquiring avoidable infections. Although the registered manager said that action would quickly be taken to address the problems they were not able to confirm the dates by which the necessary improvements would be made.

We found that registered persons had not consistently protected people's personal safety. This was because there was a security issue relating to managing access to the accommodation. We raised this matter with the registered manager who said that immediate action would be taken to resolve the problem. They also said that regular checks would be completed to ensure that the problem did not re-occur. We also found that the registered persons had not taken effective action to consistently reduce the risk of people having avoidable accidents. This was because there was a worn seam in the carpet in a busy hallway that was a trip hazard and we saw a person who lived in the service catch their shoe in the seam. We spoke with the registered manager about the matter and they immediately arranged for the maintenance manager to complete a temporary repair. After the inspection, the registered persons showed us evidence to confirm that an order was due to be placed with a contractor to replace all of the carpet in question.

However, we found that staff had taken effective action to reduce other possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Another example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. In addition, we noted that risk of scald and burns was reduced by hot water being temperature controlled and by radiators being guarded. We also noted that windows had safety latches to reduce the risk of people falling and that there was an evacuation procedure for staff to follow if people needed to quickly leave the building in an emergency.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved a person agreeing to have a special mat placed on the floor beside their bed. The mat discreetly sounded an alarm at night when the person got out of bed so

that staff knew to offer them assistance. This arrangement helped to reduce the risk of the person falling and injuring themselves.

People said and showed us that they felt safe living in the service. One of them said, "I've lived here a while now and I get on okay with most of the staff. They're kind enough." We observed another person who lived dementia and who had special communication needs patting the arm of a member of staff who was standing next to them and smiling to show their approval. Relatives said they were confident that their family members were safe in the service. One of them said, "I'm in the service regularly and I'm happy that my family member is in safe hands. The accommodation is run down for sure but there's a caring atmosphere in the place and that's why we chose it."

Records showed that staff had completed training in how to keep people safe from harm and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns which remained unresolved.

We saw that there were robust arrangements to protect people from the risk of financial mistreatment. This included records showing that people and their relatives were being correctly invoiced for the care and facilities they had agreed to receive.

At our inspection of 2 July 2015 we found that medicines were not safely managed. This was because records did not always demonstrate that people had been correctly given all of the medicines that had been prescribed. In addition, staff had not been given all the guidance they needed to consistently dispense medicines that could be given on a discretionary basis as and when necessary. A further shortfall had involved lack of suitable arrangements to ensure that medicines administered by patches placed on people's skin were correctly applied. This was necessary to reduce the risk of people developing sore skin.

At the present inspection we found the problems had been addressed and that the registered persons were now meeting legal requirements. This was because there were reliable arrangements for ordering, administering and disposing of medicines. Speaking about this a relative remarked, "My family member's blood pressure is checked regularly and we've no other issues with medication." We saw that staff made sure there was a sufficient supply of medicines. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. In addition, we noted that revised arrangements had been made to ensure that patches used to administer medicines were placed on different areas of people's skin so they were less likely to cause irritation. Records showed that during the week preceding our inspection visit each person had correctly received all of the medicines that had been prescribed for them. The registered manager told us that in the 12 months preceding our inspection there had been one occasion when a medicine had been given to the wrong person. This had occurred the day before our inspection visit. Records showed the medical advice had immediately been obtained and that the person concerned had not suffered any harm as a result of the mistake. The registered manager said that the member of staff concerned would not dispense any further medicines until they had received additional training and shown that they were competent to recommence this part of their duties.

People who lived in the service said that there were enough staff on duty to meet their needs. One of them commented, "I am quite well looked after here and don't have any complaints on that score." Another person remarked, "It's all good and nothing scary." A person who lived with dementia and who had special

communication needs beckoned to us and then pointed to a passing member of staff and gave a 'thumbs-up' sign. Relatives generally spoke positively about this matter with one of them remarking, "I think that on most days there are enough staff to care for people but it's not generous and they certainly have to work flat out and I'm sure that they must get exhausted."

Although one person said, "I think staff levels may be lower than that needed", most people considered there to be enough staff on duty. Documents showed that the registered manager had regularly reviewed the care each person needed and calculated how many staff were needed. Each shift was led by a qualified nurse who was assisted by a number of care workers. We saw that there were enough staff on duty at the time of our inspection because people promptly received all of the care and company they needed. Examples of this included people who were sitting in the main lounge being promptly assisted to go to the bathroom. In addition, we saw that staff responded quickly when people who were resting in their bedrooms used the call bell to ask for assistance. We noted that records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Requires Improvement

Is the service effective?

Our findings

We found that parts of the accommodation were not adapted and designed to suitably meet people's individual needs. Although a number of people living in the service had special needs for support due to living with dementia little had been done to promote positive outcomes for them. Shortfalls included different areas of the accommodation not being clearly marked by the use of colour, texture or other means to assist people to find their way around. In addition, most bedroom doors were not distinguished from each other by using colours and pictures to help people identify which room was theirs. Indeed, some bedroom doors did not have a number on them. We also noted that the walled garden area did not fully meet people's needs. There was a change of floor level at the door leading to the garden and we saw a person having to be assisted to walk over it without tripping. Once in the garden area the ground was uneven because it was covered with loose bark chippings. In addition to these problems, the garden area was disfigured by weeds and a plastic box that was blowing about in the wind.

The registered manager told us that plans were in place to address each of these problems. However, they were not in a position to give us a definite timescale within which the improvements in question would be made.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked and records showed that these weights had been analysed using a nationally recognised model. This arrangement helped to ensure that staff could quickly identify any significant changes that needed to be brought to the attention of a healthcare professional. We saw that staff were tactfully checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. Records showed that as a result of this two people had been referred to their doctors who had prescribed a high calorie food supplement to help them to maintain a healthy body weight. In addition, staff were assisting some people who had been advised by a healthcare professional to have their meals blended and their drinks thickened. This was necessary because they were experiencing difficulties when swallowing and were at risk of choking.

However, some aspects of the catering arrangements did not always support people to enjoy their meals. This increased the risk that people would not eat enough to promote their good health. We were present when people were taking their lunch and we noted that the meal time was not a pleasant dining experience. In the main dining room most people had to wait for 20 minutes sitting at their dining tables before meals started to be served. After this, people received their meals at different times and so had to eat on their own while other people at the same table were still waiting to be served. A person remarked to us, "I sometimes wait for other people to be served but then my own meal gets cold and it's not that warm when it arrives in the first place." Other people voiced reservations about the quality of the meal they received at tea time. They said that there were too many occasions when only sandwiches were available. They also observed that when hot dishes were provided they were sometimes unusual and unappetising combinations of food. Expressing this view a person said, "I get fed up with the same old sandwiches day after day. When there is a hot alternative it's often an odd combination. For example, the other day we have tinned spaghetti and

waffles. Well I ask you. It's just not nice and so I just eat my own biscuits."

We spoke with the registered manager about our concerns. They said and documents confirmed that the catering arrangements were about to be changed by introducing the greater use of precooked meals. They said that the new arrangements were intended to enable meals to be served more quickly and for people to be given more choice especially at tea time.

People said and showed us that they were well supported in the service. Most of them were confident that staff knew what they were doing, were reliable and had their best interests at heart. Expressing this view one of them said, "They seem to know what they're doing but some are better than others." Most relatives also spoke about their confidence in staff with one of them saying, "It's important not to be put off by the state of the accommodation. I do think that the staff know what there are doing and there's always a qualified nurse on duty if there's something complicated to deal with." However, other relatives voiced reservations with one of them remarking, "I'm not sure if they've been 100% trained. There are some really good ones, some not so good. Some of the staff are very dismissive."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that most of the care workers had obtained or were studying for a nationally recognised qualification in the provision of care in residential settings.

Records showed that new staff were provided with brief introductory training before working without direct supervision. However, new care workers had not benefited from being supported to complete the Care Certificate. This is a nationally recognised training programme that is designed to ensure that new staff have all of the knowledge and skills they need to care for people in the right way. Although the registered manager recognised this shortfall needed to be addressed, a date had not been fixed to introduce use of the development .

The registered manager said that it was necessary for staff to undertake refresher training in a number of core subjects to ensure that they were competent to care for people in the right way. Although records showed some staff had not completed all of the training that was intended for them, we found that they had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example included staff knowing how to help people keep their skin healthy.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. Also, during our inspection we heard a nurse telephoning a local doctors' surgery because staff had just reported to them that a person was feeling unwell. A relative remarked about this saying, "I like how the staff don't hang around and make sure that people see the doctor when necessary."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained

information to them and sought their informed consent. An example of this involved a person who was due to return home after arrangements had been made for them to receive help from care workers based in the community. We noted that staff in the service had agreed with the person that they would only provide the less frequent care that the person would receive when at home. This was being done to assist the person prepare for the changes that going home would entail.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's care manager to support them. This was necessary because it appeared that another person living in the service was unduly restricting the person's ability to enjoy participating in social activities.

People can only be deprived of their liberty in order 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 found that the registered manager had obtained or applied for the correct number of DoLS authorisations. By doing this the registered manager had ensured that only lawful restrictions would be used that respected people's rights.

Good

Is the service caring?

Our findings

People were generally positive about the quality of care that was provided. One of them said, "I like the staff well enough. I don't have any problem with them and I'm glad they're around". Another person said, "Most are fine. Some are very nice and can't do enough for you." A person who lived with dementia and who had special communication needs was seen standing with a member of staff looking out of the window. They both used hand movements to follow the shape of the branches of a nearby tree that was blowing in the wind. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "Although I don't like this place because it's run down I have found the staff to be hardworking and kind. The staff are the service's greatest asset for sure."

During our inspection we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about the local area and how it had changed over the years. We saw the person concerned smiling, laughing and enjoying commenting on the unsuccessful arrangements that had been used to relieve traffic congestion on nearby busy roads.

We observed another occasion when a member of staff was helping someone sitting in the lounge who wanted to find their spectacles which they mislaid. The member of staff was called away to help a colleague who was about to use a hoist when assisting a person to get up from their armchair in order to go to the bathroom. We noted that before the member of staff left the person who was still looking for the lost spectacles they explained why they were leaving and assured the person that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person concerned and assist them to find what they had been looking for. Later on we spoke with the person concerned and they said, "The staff are genuinely kind even if they are so busy that they have to rush."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of going on holidays with their children. We noted that the person was pleased to recall the experiences in question and laughed with the member of staff as they both recalled amusing events that had occurred when they were on holiday.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. Most people had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We noted that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture.

In addition, we saw that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We noted that staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. Also, we observed that when staff provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "It's absolutely up to me where I speak with my family member. If I wanted to go to their bedroom and talk in private that would be fine with the staff."

We saw that electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. However, we noted that some of the paper records that described the care people received were sometimes left out by staff on a desk they used that was located in public area. Although we did not see anyone but staff looking at these records the arrangement increased the risk that confidential information would not always be kept private. The registered manager told us that this problem would be immediately addressed by her reminding staff that all such records needed to be stored securely in the lockable cupboards that had been provided for this purpose.

Good

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. Examples of this included people being supported by staff to use aides that promoted their continence. Another example was the way in which staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person remarked about this and said, "I like knowing the staff are there at night and if I'm unwell there's a nurse on duty too."

We noted that staff were able to effectively support people who could become distressed. We saw an example of this when a person became distressed and staff followed the guidance described in the person's care plan and were able to reassure them. They noticed that the person who was walking in the main hallway area was becoming upset because they wanted to go outside into the walled garden but were not sure how to open the door. A member of staff noticed this and quietly explained to the person that it was a windy day and that it would be wise to put on some warmer clothing before going out. Soon after this we saw the person wearing an extra cardigan and being assisted by the member of staff to enjoy sitting in the garden. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator and records showed that people were being supported to take part in a range of social activities. These included things such as arts and crafts, quizzes and gentle exercises. During our inspection visit we saw a number of people enjoying a game of bingo in the main lounge. We also saw the activities coordinator giving other people individual attention so that they could enjoy doing things such as having their nails polished. Records showed that the activities coordinators recognised the importance of spending time with people who were cared for in bed. We noted that they had offered them a number of social opportunities including gently reading for them and playing relaxing music. Speaking about this a relative said, "The activity coordinator is good. When my family member was in bed for several weeks they came up and see him."

People told us that they had enough social activities to enjoy with one of them saying, "There's usually something to do most days and I get bored as such." A person who lived with dementia and who had special communication needs showed us that they were enjoying listening to music. They smiled, pointed to a music centre that was playing a compact disk and then sung along to some of the lyrics they knew from a song that was popular when they were younger.

We noted that there were arrangements to support people to express their individuality. The registered manager said that people would be assisted to meet their spiritual needs by attending a regular religious ceremony if they wanted to do so. We also noted that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Although no one living in the service at the time of our inspection had asked to have special meals, the registered manager said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

Most people and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative commented about this saying, "There's quite a relaxed and friendly atmosphere in the service. The manager is pretty much always around and she's helpful." However, other relatives did not think that some of the issues they raised were always quickly resolved. One of them said, "We've mentioned all sorts like the fire exit in the conservatory often being blocked by the hoist. And the overflowing big bins outside need looking at. It just looks so awful, like no-one cares."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had not received any formal complaints in the 12 months preceding our inspection.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 2 July 2015 we found that the registered persons were not completing suitably robust quality checks. This had resulted in shortfalls in the service not being identified and quickly addressed. We noted that checks had not always been undertaken of how well standards of hygiene were being maintained and how safely medicines were being managed. In addition, we found that quality checks had not consistently ensure that staff correctly used equipment such as hoists when assisting people who had reduced mobility. Furthermore, we noted that the registered persons had not always told us about significant events that had occurred in the service. It is a legal requirement that the registered persons notify us about these instances so that we can be sure that people are safe and being assisted in the right way.

At the present inspection we found most of these problems had been addressed and that the registered persons were now meeting legal requirements. This was because they were operating more robust arrangements that helped to ensure that people safely received all of the care they needed. Records showed that the registered manager had regularly checked to see that suitable standards of hygiene were being maintained in various parts of the service. These included the kitchen and the laundry and we found both areas to be organised, neat and clean. However, other areas of the accommodation had not been checked so thoroughly and this had led to parts of the dining room not being hygienic.

Records also showed that since our last inspection the registered manager had strengthened the quality checks that they completed of the management of medicines and of the condition of equipment including hoists, the passenger lift and the fire safety system. We noted that as a result of the checks all of these facilities had been regularly serviced by contractors and remained in good working order. In addition, we noted that the registered persons had made suitable arrangements to notify us about significant events that had occurred in the service.

However, other quality checks completed by the registered persons had not always effectively identified and quickly resolved issues. Examples of this were the security issue we noted earlier in our report, oversights in some of the training provided for staff and problems with the accommodation. Shortfalls in identifying and resolving problems indicated that further improvements were needed in the way quality checks were completed and improvements made.

People who lived in the service said that they were asked for their views about their home as part of everyday life. We saw a number of examples of this one of them being a member of staff asking a person how they thought the walled garden should be rearranged to make it into a more attractive area. In addition, we noted that people and their relatives had been invited to complete quality questionnaires to suggest any improvements they would like to see introduced. We noted examples of the registered persons making improvements as a result of people's suggestions such as the revised catering arrangements we have described earlier in our report. Records showed that there were regular relatives' meetings. At these meetings relatives and people who used the service were invited to join the registered manager and senior staff for afternoon tea and to discuss how well the service was being run. Most relatives appreciated being invited to these meetings with one them saying, "Although there's a lot to do here because it's so tatty, I do

think that the manager is keen to get things done. If you make a suggestion I think she's willing enough to listen."

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They knew in detail about the care each person was receiving and they also knew which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff. A relative remarked on this saying, "I've noticed that when I ask the manager something about my family member's care they know all about it. I mean they know every last detail which is reassuring and quite an achievement given the number of people living here."

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care they needed. In addition to there always being a nurse on duty, there was always a senior colleague on call during out of office hours if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

We noted that the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager supporting a member of staff to join a national scheme that is designed to promote positive outcomes for people who live with dementia. We saw that this commitment was reflected in the way that people who lived with dementia were supported to relate to staff and to enjoy social activities.