

# Shire Care (Nursing and Residential Homes) Limited







## The Meadows Care Home

### Inspection report

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Date of inspection visit: 23 & 24 October 2014  
Date of publication: 27/02/2015

### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Good	

### Overall summary

We undertook this unannounced inspection on the 23 and 24 October 2014. The last inspection was completed on 7 July 2013 and the service was meeting the regulations we assessed.

The Meadows can support up to 36 older people who may have a dementia related condition. The service is an old detached building which has been extended over the years. Local facilities and amenities are within walking distance. At the time of our inspection visit there were 34

people living at the service. The majority of accommodation is on the ground floor, there are six bedrooms on the first floor, and some rooms have en-suite facilities.

The home has a registered manager. 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.'

# Summary of findings

Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's health and care needs were assessed. Detailed and personalised care plans had been put in place to support the majority of people's needs. However, the standard of some recording was inconsistent and we found some people's needs had not been fully planned. This meant there was a risk they may not receive all the support they needed and in the way they preferred. You can see what action we told the registered provider to take at the back of the full version of the report.

People who used the service and their relatives told us the service was a safe place to live. Staff understood the various types of abuse that could occur and knew who to report any concerns to. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

The registered provider had robust recruitment processes in place which protected people from unsuitable or unsafe staff. Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in a way that was safe and protected people.

During our inspection we saw there were enough staff to ensure people's needs were met in a timely manner. The registered manager had recently increased the numbers of staff on duty in the mornings following feedback from people who used the service, relatives and staff. People told us there were enough staff to give them the support they needed.

The registered manager and care staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, which meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People spoke highly about the quality of the food and the choices available. Their nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

Staff involved people who used the service in choices about their daily living and treated them with compassion, kindness, and respect. Everyone looked well-presented and well-cared for. People had access to a range of activities both within the service and the local community.

Staff had a good understanding of the ethos of the service and told us they enjoyed their work.

The registered manager monitored the quality of the service on a day to day basis, provided leadership and ensured that people who used the service were able to make suggestions and raise concerns. The provision of new updated and in depth policies, procedures and a quality monitoring programme will better assist the registered manager to effectively monitor the quality of the service and drive a culture of continuous improvement.

# 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 safe.

There were sufficient staff to meet people's assessed needs. Recruitment checks were carried out to ensure only appropriate staff worked with vulnerable people.

Staff understood their responsibilities for protecting people from abuse and knew how to respond to any concerns appropriately.

Medicines were stored and handled safely by staff who had been trained to carry out this role.

Good



### Is the service effective?

The service was effective.

People were able to make independent decisions and systems were in place to ensure people who lacked capacity were protected under the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People received a varied, well-balanced diet. The people we spoke with said they were very happy with the meals provided. Specialist dietary needs had been assessed and catered for. People had access to a range of health and social care professionals.

People who lived in the home and their relatives told us they felt the staff had the skills they needed and knew them well. Staff received appropriate, up-to-date training and support.

Good



### Is the service caring?

The service was caring.

People who used the service were supported by staff who had built caring relationships with them. We saw staff interacted with people in a positive way, respecting their preferences and decisions.

People's privacy, dignity and independence was promoted and respected by staff.

People were encouraged to express their views about the care they received and felt they were listened to.

Good



### Is the service responsive?

The service was mostly responsive. People's health and care needs were assessed and plans of care were in place. However, these had not always been updated when their care needs changed.

Requires Improvement



# Summary of findings

People knew about the complaints policy and were certain any issues would be dealt with by the registered manager or staff.

People were supported to participate in a range of social activities within the service and the local community which promoted their social inclusion.

## Is the service well-led?

The service was well led.

The service had a stable management team in place who had adopted a management style that was open and receptive. People told us the registered manager did a good job, was approachable and provided a well-run home for them to live in.

Staff told us they felt they received a good level of support and direction from the registered manager. Staff were happy working for the service and were listened to.

The service had systems in place to regularly monitor, and when needed take action to continuously improve the quality and safety of the service.

**Good**



# The Meadows 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 checked whether the registered 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 23 and 24 October 2014 and was unannounced. The inspection was led by an adult social care inspector who was accompanied by 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 of the care needs of older people.

At our last inspection of this service in July 2013 the service met the regulations inspected.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this

information within the required timescale. We also received information from North East Lincolnshire clinical commissioning group (CCG) and we contacted the local safeguarding of vulnerable adults team for information.

During the inspection we observed how staff interacted with people who used the service. We spoke with eight people who used the service, six of their relatives, the registered manager, the deputy manager, one senior care worker, two care workers, the activity coordinator and the cook.

We looked at all areas of the home including people's bedrooms (with their consent), communal bathrooms and lounge areas. We checked four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service. These included 10 medication administration records (MARs), assessments carried out under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguard that had been authorised by the local authority.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training plan and matrix, the staff rota, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance of equipment records.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person told us, “It is a safe place to be.” Another person said, “Staff make sure we are safe; we can lock our doors and there are fire drills.” A relative told us, “The family have peace of mind knowing mum is safe and happy living here.”

The service had policies and procedures in place to protect people from abuse. Safeguarding vulnerable adult information leaflets were available in the entrance area and on notice boards around the service. Staff training records we looked at showed staff had received training in the protection of vulnerable adults. The three members of staff we spoke with demonstrated that they understood what abuse was and how they should report any suspicions of abuse if they had any. This showed staff was aware of the systems in place to protect people and how to apply them.

During the visit an investigation officer from the local authority safeguarding team was looking into some concerns that had been made about staffing levels and an omission in care for one person. The registered manager provided records including print outs of the call bell response times to assist with the investigation. The findings showed one person had sustained bruising during a transfer of position using hoist equipment; checks on the records showed staff had recorded the accident and had taken action to prevent further, similar incidents from happening. The findings also showed that one person had to wait over 20 minutes on one occasion for assistance with their toileting needs. The registered manager confirmed action had been taken and how the staffing levels had been increased on the morning shifts following recent feedback from staff and people who used the service.

We also looked at staffing levels. The registered manager told us staffing numbers were calculated in line with the number of hours of care each person needed, through the use of a dependency tool. From looking at staff rotas, observation of routines and talking with people, their relatives and staff we found suitable levels of staffing were now being maintained. Staff confirmed the addition of another care worker on the morning shifts had made a difference. People we spoke with during the inspection considered the numbers of staff on duty were adequate. Comments included, “If I need help they are there” and “Staff usually respond to the bells quickly; the most I have had to wait at busy times is five or ten minutes and I think

that is acceptable.” We did receive some comments from people about the difference in response to call bells from day and night staff, which we passed on to the registered manager to follow up. A relative commented, “I feel things have been getting better this past year, staffing wise.”

Staff recruitment files showed that full checks were carried out prior to their employment in the service. This helped to ensure only suitable staff were employed to care for vulnerable people. The registered manager told us they encouraged people who used the service to participate in the interviews. We found that two people had recently been involved in part of the interview and selection process for new staff. We spoke with one person who said, “I enjoyed being involved with the interviews, we asked some questions and our opinions about the candidates were definitely taken into consideration.”

Medicines were stored and administered safely. Staff were aware of safe procedures for receipt, administration and disposal. We found records were completed appropriately and medicines were given as prescribed. People told us they received their medicines at the same time every day. One person said, “I always get the right tablets and they are good at checking if you need anything like pain killers.” People’s medication was regularly reviewed to ensure all medicines prescribed were still required. A health care professional we spoke with told us, “We don’t have any concerns about the way medicines are managed here.” There was a system in place to make sure staff had followed the home’s medication procedure. Regular checks and audits had been carried out by the registered manager, or her deputy, to make sure that medicines were given and recorded correctly. These showed overall positive results and a small number of gaps in administration were being followed up and addressed. We also saw annual audits had been carried out by the dispensing chemist to assess if policies and good practice guidance had been followed.

Risks to people’s safety had been assessed by the registered manager and staff. Records of these assessments had been made and formed part of the overall care plan. The information had been personalised to each individual and covered areas such as moving and handling, nutrition, specific health conditions, falls, choking, skin integrity and the use of bedrails. The risk assessments provided information to staff on how to support people safely and to minimise risk. Each assessment had clear

## Is the service safe?

guidance for staff to follow to ensure that people remained safe. Staff were aware of the risk assessments and told us they had time to read them and received information in handovers when they were updated.

There was a system in place for ensuring equipment was serviced. We checked a selection of records and saw equipment such as hoists, the fire alarm, call bell systems, portable electrical appliances and gas appliances were serviced regularly. The maintenance person kept a folder of the checks they completed such as hot water outlets to ensure they remained a safe temperature and bed rails. These checks enabled staff to identify issues that required attention and helped to maintain people's safety. We noted

that the records showed hot water temperatures at some outlets accessible to people who used the service were recording temperatures which were slightly above those recommended. We discussed this with the registered manager who confirmed they were arranging for plumbing contractors to visit and check the thermostatic valves and where the problems persisted the valves would be replaced.

The registered manager had plans in place for foreseeable emergencies. First aid kits were available and each person who used the service had a personal emergency evacuation plan in case of a fire emergency.

# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff who supported them were well trained and delivered the care they needed and the way they preferred. One person told us, “The staff are very competent in providing care. They use the equipment safely and efficiently, this gives me confidence, they are all good.” A relative said, “They are looking after (name) exceptionally well, really kind and caring.”

Staff we spoke with were knowledgeable about people’s individual needs and preferences. Staff told us they were confident they had the skills to meet people’s needs. Training records showed staff had undertaken a range of training and refresher training to ensure they had the knowledge and up to date skills to meet people’s diverse needs. We saw the registered provider considered training in infection control, first aid, the Mental Capacity Act 2005, moving and handling, food hygiene, fire safety, health and safety, equality and diversity, dignity in care, dementia, and safeguarding vulnerable adults from abuse all to be essential courses for care staff. In addition, staff said they completed other training such as end of life care and prevention of pressure damage. Most of the staff who worked at the home had also completed a nationally recognised qualification in care at levels two, three or four.

Records showed staff undertook an induction programme when they started working in the service. This included in-house and external training, and the completion of a workbook. The registered manager told us new staff would shadow experienced staff until they were competent to work unsupervised with people who used the service.

Staff records showed staff received regular supervision and an annual appraisal to support them in their role. Staff told us they felt well supported and the management team were approachable and accessible to them at all times. One member of staff told us, “There have been lots of improvements in how the home is run. The manager is very approachable and gives us a lot of support and direction.” Another said, “The manager knows a lot about dementia care and has worked with us to make improvements.”

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe

amounts to continuous supervision and control. DoLS ensure where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. At the time of our inspection one person was subject to a DoLS authorisation. We checked the authorisation records and found these were in order and reflected the support provided in the care records.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may lack mental capacity to make decisions are protected. In discussions, staff showed an understanding of the principles of MCA and described the actions they took to ensure they obtained consent prior to care and treatment. Checks on people’s care plans showed each contained assessments of the person’s mental capacity. When people had been assessed as being unable to make complex decisions there were records of meetings with the person’s family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person’s behalf were done so after consideration of what would be in their best interest.

Referrals had been made to external health and social care professionals when necessary. Records showed people were supported to attend outpatient appointments at the hospital as well as attend GP, dental and optician appointments. People who used the service told us, “I get to see my doctor if I need to” and “When I feel poorly the staff will get the doctor.” One relative described how their relation had come out of hospital (some time ago) with a deep heel sore which they considered was. “Horrendous”, they told us how the staff at The Meadows had managed to get it, “Totally better” and said, “The care they have given along with support from the local nursing team was amazing.”

People had their nutritional needs assessed on admission and reviewed at regular intervals. Care plans provided information on likes, dislikes, the type and consistency of food required and the level of staff support. Monitoring charts were used to record people’s food and fluid intake when required and their weight was recorded at intervals as identified on the nutritional risk assessment. We saw



## Is the service effective?

dieticians and other health care professionals such as speech and language therapist and GPs were involved when there were concerns about people's food and fluid intake.

People spoken with told us they were happy with the meals provided. Comments included, "The meals are wonderful", "The food is very tasty" and "We get a good choice and you can always mention requests to the chef; he's very nice like that." The meals looked well-presented and nutritious. Relatives told us they considered the food was cooked and presented well. They told us, "They use local produce, fresh vegetables and the cook is brilliant, he makes everything from scratch like pastries, cakes, everything." Another relative said, "My mum weighed seven stone when she came in here, she now weighs eight and a half stone. So they are doing a good job with building her up, she receives a well-balanced diet."

We observed the lunchtime service for people. We saw people were offered a choice of meal from the menu, some people were shown meals which helped them make their choice. Staff were helpful when people didn't want items on the menu. For example, we observed one person telling staff they wanted some toast for lunch, and staff organised this. We saw staff sat with people to help and encourage them to eat their meal offering support in a calm and patient manner.

We saw the service had a range of aids and specialist equipment to enable people to manage their meals more independently; this included coloured plates and dishes

which enabled people with dementia to see their food better. We spoke with the cook who confirmed they were provided with information about people's dietary needs and preferences. They were aware of those people living at The Meadows who were at risk of harm from becoming malnourished. They had a good understanding of how to fortify foods, (adding extra calories) for those people with poor appetites. This helped to ensure the risk of harm to people from not eating enough was minimised. During the inspection we observed people were supported to have a range of snacks and enriched food between meals such as: milk shakes, fruit, biscuits, cakes and chocolate.

The provider information return stated the majority of people at the service had a dementia related condition. We checked to see the environment had been designed to promote people's wellbeing and ensure their safety. Rooms were personalised; many people had brought their own furniture, photographs and ornaments with them. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. An extension to provide two new bedrooms and increase the communal space had been completed. A new hairdressing room and a quiet lounge had also been provided. We found all areas of the service to be clean and tidy with the exception of the lounge carpet which had a stale odour. The registered manager confirmed the carpet was cleaned regularly but required replacement. They confirmed this had been identified on the renewal programme but priority had been given to the extension and improvements to the car park.

# Is the service caring?

## Our findings

People told us they felt their privacy and dignity was maintained at all times. They told us when staff were assisting them with their personal needs they were caring and patient. They said staff ensured bedroom and bathroom doors were closed, curtains were drawn and staff took efforts to protect their dignity. Comments included, “Very kind staff, when I have my bath, they wrap me in a big towel to keep me warm,” “Always good at ‘care’, that’s the key word,” “Staff are really nice and helpful, they help me with everything, and they never rush me” and “We have been treated like Kings and Queens since we came here.”

We observed staff supporting people to maintain their independence during the inspection. For example, a member of staff was supporting a person to walk to the dining room; they held their hand and gently encouraged the person to walk slowly giving them lots of reassurance. During meal times we observed some people were given equipment such as plate guards and large handled cutlery to enable them to feed themselves where possible. We observed there was a good staff presence during the day to assist and support people with their care as needed.

Throughout our inspection we observed the interactions between the staff and people who used the service were positive. We found staff responded to people's needs and requests in a sensitive and caring manner. For example, a member of staff was observed looking at a newspaper with one person, pointing out items to prompt meaningful conversation. We observed another member of staff supporting a person to have a cup of tea; they were kneeling on the floor so they were at the correct level, talking calmly, encouraging them to drink. Staff also made sure other people were comfortable; encouraging regular drinks and snacks, keeping them warm with throws and blankets, using pillows and cushions to support their position, elevating their legs and placing tables and drinks in reach.

We noted people's bedroom doors had their photographs attached with a brief description of the person's interests. Staff explained how this helped those people with dementia needs to recognise their room, and how it also gave staff, visitors and other residents prompts with conversation topics. During the visit we were able to have a good chat with one person about vintage cars having read the description on their door.

Throughout our inspection we observed a warm, caring and friendly atmosphere in the home. People were supported to spend time where they preferred, either in their own room or one of the communal areas. We observed two people chose to spend some time during the day in the registered manager's office which was accommodated positively with people occupied in sorting through papers and chatting about their work.

We saw notice boards which provided information to people who used the service on how to keep safe, how to make a complaint, the activity programme, forthcoming entertainment and records of resident's and relative's meetings. People we spoke with told us the staff listened to them when they wanted to discuss things and they were encouraged to express their views about the care they received. People told us they would have no hesitation in talking to someone if they felt unhappy. One person said, “I regularly have discussions with the manager, she's very good like that, very fair, will listen to everyone before making a decision.” Records showed the registered manager accessed advocacy services for people who needed additional support in representing their views.

People told us their relatives and friends were welcomed into the home. One person told us, “My daughter comes regularly and the staff always offer her a drink and have a chat.” We were told by visiting family members that there was an open visiting policy and that they were always welcomed, at any time. The majority were all satisfied with the standard of care delivered to their relations and told us they found the staff to be approachable, helpful and informative. One relative had raised some concerns about the attitude of a member of staff, which were being looked into. Another relative said, “I am very satisfied with the standards of care at this home. Recent experiences of other care settings have highlighted just how good the staff here are.”

Records showed people who used the service and their relatives had been involved in advanced care planning so they would be cared for as they wished at the end of their life. A new record entitled, ‘What If’ was being introduced which provided more detailed information on all aspects of the person's end of life care wishes and preferences.

# Is the service responsive?

## Our findings

We looked at the care files of four people who used the service. People's needs were assessed prior to admission to establish whether The Meadows was a suitable placement and able to meet their needs. Information was provided by the referring agency about the person's care and support needs. Following the person's admission a more detailed assessment was completed.

We found life history information was contained in the care files and gave staff an understanding of the values and preferences of people they supported, which allowed them to provide a person centred approach to each person's care. One person who used the service told us, "Definitely treat us as individuals. I have read my care plan and agree with the contents, my daughter helped staff to write it." All the staff we spoke with were able to demonstrate a good knowledge of people's individual preferences. For example, one staff member told us about the nutritional needs and preferences of one person and the specific support they needed at meal times to encourage them to take adequate amounts of diet, which we observed during the inspection.

We found detailed and personalised care plans had been put in place to support the majority of people's needs. However, the standard of some recording was inconsistent and we found some people's needs had not been fully planned. This meant there was a risk they may not receive all the support they needed and in the way they preferred. For example, records showed two people had experienced recent falls. Risk assessments were in place and these had been reviewed but care plans had not been put in place to direct staff on the care support these people needed to prevent further falls. Similarly, people with a high risk of sustaining pressure damage did not always have a care plan in place to describe the care support they required. The registered manager confirmed that there was no current incidence of pressure damage.

Some people who demonstrated behaviours which challenged the service and others had support plans to direct staff on the support they required. However, following an incident between two people we found a behaviour management plan had not been put in place to direct staff on the support one person needed. We found some triggers for the person's behaviour had been described in a care plan but this did not describe the action staff should take to prevent or manage such incidents.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Whilst observing lunchtime service we were able to see first-hand the way that staff reacted to an urgent situation. A person experienced a fall in the dining room. Staff responded quickly and competently; they provided good reassurance and completed a thorough check for injuries, prior to assisting the person back to their room. Staff were discrete in how they reacted and helped to maintain the person's dignity. Two members of staff spent time reassuring other people in the dining area during the incident. Also during the inspection visit we were informed that the health condition of two other people had changed significantly and they required admission to hospital. We observed both persons were supported by staff until the ambulance arrived and the staff accompanied them to the hospital, where the relative was waiting. We saw copies of the person's care records such as the medication administration record and the information passport record accompanied them to hospital. This meant the hospital staff were informed about important aspects of the person's needs.

During the visit we spoke with two community nursing staff and one visiting GP. They all confirmed the staff communicated effectively; reporting concerns, seeking advice and requesting support appropriately. They told us they were satisfied with the level of care provided to their patients.

We saw the activity programme was posted on notice boards around the service. This detailed a range of activities, trips and entertainment that was planned for the following month. During the inspection we observed a church service was held in the sitting room and some people participated in activities such as singing, bingo, soft ball and visiting local shops. People who used the service generally felt there was a good range of activities planned. Comments included: "I've organised a music session next week, I think people will like my choices" and "Some of us even go to the local pub every third week in the evening." We discussed dementia specific activities with the activity organiser who confirmed the new 'therapy dolls' were very popular with some people. They also told us how one person had attended a 'Singing for the brain' session in the community provided by the Alzheimer's society, and how they were trying to organise these sessions at the service. The registered manager confirmed the importance of

## Is the service responsive?

providing meaningful activity for people and was pleased they had been able to recruit a second activity co-ordinator. This meant more one to one support could be provided for people with dependent needs, including weekly outings via the dial-a -ride bus. One relative we spoke with recognised improvements had been made to the activity programme but considered the focus was perhaps more on fund raising for the programme rather than the programme itself. We mentioned this to the registered manager to look into.

We saw the complaints procedure was on display in the service. We looked at the record of complaints received by

the registered manager over the last 12 months. One complaint had been received since that time and records examined on the day of the inspection showed that the complaint had been managed effectively.

People told us they felt comfortable in highlighting any concerns to the registered manager and they felt their concerns would be responded to in an appropriate way. A relative said they had raised a concern regarding one of the other people in the service wandering into their relation's room. They told us how this had been reported to the registered manager and it had been dealt with effectively, efficiently and in a timely manner to everyone's satisfaction.

# Is the service well-led?

## Our findings

People's relatives told us the registered manager was visible and accessible in the service on a daily basis and they had good communication with them and the staff team. One person told us, "I think it's well managed, the manager is very understanding and takes time to listen to us." Relatives we spoke with commented, "I think the staff are quite well trained and well led. I think communication could be better though," "The manager is lovely" and "They take on board our comments and suggestions when we have meetings; activities and staffing levels have improved."

The service had a registered manager in post, who was supported by a deputy manager. The registered manager told us they worked in a friendly and supportive team and this was echoed by the staff. Staff told us the registered manager was open, accessible and approachable. They said they felt they could voice concerns and their opinions were valued. Staff told us everyone worked as a team and they worked well together. They also said the registered manager worked alongside them to ensure people received the care they required and they were a good role model.

We found the registered provider used surveys and meetings to gain people's views. Records showed regular residents' and relatives' meetings were held. The minutes of the meetings in September 2014 showed people were consulted and involved in decisions such as planning activities, menu changes and were given information and updates about scheduled improvements to the facilities.

We looked at the results from surveys which had been carried out in 2014 with people who used the service, relatives and healthcare professionals. They showed that overall people were happy with the care and support they received and how the service operated. A health care professional had written, "Very good manager, keen to engage in assessment process and make the improvements suggested. Atmosphere of home is welcoming and residents positive about their experience. Needs a better car park though." This issue was also highlighted in relative's meetings and identified on surveys completed by relatives. At the time of the inspection we found the car park had flooded and there was an extensive puddle in the centre, which impacted on visitors parking.

The registered manager confirmed the improvements to the car park had been delayed until the completion of the internal works programme; the car park was scheduled to be levelled and tarmacked the following month.

The senior management team undertook audits that monitored aspects of service provision. This included regular checks and audits of areas such as: the care plans, weights, accidents and incidents, medicines, incidence of pressure damage, infection control, health and safety and the environment. Audits of areas such as the environment, medicines and infection control showed consistently positive findings. We found the audit for care records was more limited and had not identified the issues we identified during the inspection. The registered manager confirmed they had identified shortfalls with the care plan audits and would be addressing these.

We found reviews of the service were carried out by a consultant contracted by the registered provider. The review visit included checks on care records, staff records, health and safety, medication, complaints, infection control and the premises. The record of the visit for the 12 July 2014 identified 21 action points. Records showed the registered manager had addressed the shortfalls identified. This external scrutiny ensured the registered provider had oversight of systems and practices in the service.

We sampled a range of key policies and procedures such as medicines, safeguarding vulnerable adults, equality and diversity, prevention of pressure damage, consent and end of life care. We found the majority were outdated and limited in content. We discussed this with the registered manager who acknowledged the policies and procedures required renewal. Following the inspection, the registered manager confirmed a new comprehensive and up to date system of policies had been purchased by the registered provider which underpinned all practices at the service and linked in with the staff induction programme. A new quality monitoring programme had also been provided which contained a full range of audits and a practice style 'inspection' which could be used to support more effective monitoring of the service.

Two people who had recently moved to the service had been involved in the compilation of a revised welcome pack and brochure. They had been consulted on the layout, content and had agreed to have their photographs included. They told us they felt valued and involved.

## Is the service well-led?

The registered manager confirmed she had recently participated in a local development project, 'My Home Life' which was facilitated by the local authority commissioning team. The project involved a number of care home managers meeting up to discuss areas of development and to share good practice. The registered manager gave examples of improvements they had made with staff supervision and team meetings as a result.

The service had undergone assessment by North East Lincolnshire CCG in 2013 where 14 quality standards were reviewed within the authority's Quality Framework Award. Overall, the service had met the criteria for a 'Silver' rating, which indicated the home used best practice but could improve in a few areas.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>How the regulation was not being met: service users were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record which shall include appropriate information and documents in relation to the care and treatment provided to each service user.</p> <p>Regulation 20 (1) (a)</p>