

Greenlands Residential Home Limited

Greenlands Residential Home

Inspection report

44-46 Green Lane
Bolton
Lancashire
BL3 2EF

Tel: 01204531691

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25 September 2017

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 25 September 2017.

Greenlands Residential Home is a privately-owned care home registered to provide care for up to 28 people, with accommodation in single or shared bedrooms. The property is set in well maintained grounds. Car parking is available at the front or rear of the home. The home is situated close to local amenities and is accessible for local transport to Bolton town centre.

There was a registered manager in post at the time of our inspection, who was due to shortly retire. A new manager had been appointed by the provider, who confirmed to us their intention to register with the Care Quality Commission (CQC). 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.

The service was last inspected on 7 October 2015 and was found to be meeting all the requirements of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

During this inspection we identified one breach under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The provider had systems in place to record and monitor the standards of care delivered within the home. These included regular quality checks and audits such as medication, infection control and fire safety. However, quality assurance activities were not always as effective as they needed to be. This was evidenced by the concerns we identified with regard to fire safety concerns around the obstruction of exit doors, and cluttered corridors, medicines management, dementia-friendly environments, Mental Capacity Act and choices at meal-times. In the dining room, we saw personal confidential information in the form of care files on display and personal information written on a notice board. This personal information was readily available and on display to any person entering the room.

We found fire exit doors obstructed throughout the home. The main corridor on the ground floor was cluttered with the storage of several wheel-chairs, boxes and two step ladders. We saw people experience difficulty manoeuvring around these obstacles, which presented a risk of harm to people.

Not all aspects of the management and administration of medicines were safe. In the main dining area of the home, we found two unsecured large boxes stored on the floor. One box contained prescribed medicines for return to the pharmacist and the other box contained drink thickeners. The medicines fridge was located in an unsecured cupboard in the dining room. The fridge was not locked and could easily be accessed by people in the dining room. We found that some medicines were not stored in line with manufacturer's instructions. Records supporting and evidencing the safe administration were not always

complete and accurate.

We have made a recommendation about environments used by people with dementia.

We found people's mental capacity to make decisions had been assessed and appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made. However, staff were not aware of which person was subject of a DoLS authorisation.

There were enough staff to support people safely at the home.

We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained, before staff started working at the home.

Staff received regular supervision and training appropriate to their roles.

People were happy with the standard of support they received and spoke positively of their relationships they had with staff. People were supported by staff that were kind, caring and compassionate.

People were stimulated and encouraged to pursue their interests.

People and relatives were actively involved in making decisions about their care and were listened to by the provider.

The provider routinely and actively listened to people to address any concerns or complaints.

People told us that both staff and the management team were very approachable.

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 ●

Not all aspects of the service were safe.

Fire escape exits and routes were obstructed.

Medicines were not always stored safely. Some medicines were not stored in line with manufacturer's instructions. Records supporting and evidencing the safe administration were not always complete and accurate

Risks to people's safety were assessed and minimised.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had the skills and knowledge needed to meet people's individual needs.

People were not always provided with a choice at meal times.

Staff were aware of the requirements of the Mental Capacity Act, however did not know who was subject of a DoLS authorisation at the home.

Staff supported people to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People and relatives consistently told us that staff were kind and compassionate. People were content and treated with dignity and respect.

Staff interacted with people throughout the day of our visit and it was clear that they had a good understanding of their needs.

People and relatives told us they were involved in making

decisions about their care and were listened to by the service.

Is the service responsive?

The service was not always responsive.

The home did not have adequate signage features that would help to orientate people living with dementia.

People were stimulated and encouraged to pursue their interests.

People felt comfortable raising any concerns or complaints with staff or the management team.

People were asked to provide feedback on the care given and to make suggestion on how services could be improved.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The provider had failed to effectively assess, monitor and improve the quality and safety of services provided.

Personal confidential information was not stored securely.

Staff told us the culture of the home was open and transparent and were confident that they would be listened to if they raised any concerns.

Requires Improvement ●

Greenlands Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection visit carried out on the 25 September 2017. The inspection was carried out by one inspector 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.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority commissioning and safeguarding teams for any information they had, which would aid our inspection.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with five people who used the service and four visiting relatives. Many of the people we spoke with were living with dementia and therefore conversations were not in-depth. We spent time observing interactions between staff and people who used the service. Some people were unable to speak to us, so we used the Short Observational Framework for Inspections (SOFI) to help us understand their experiences of the support they received. We also spoke to a visiting social health care professional, and over the phone to another, who provided us with information regarding their engagement with the home.

We reviewed a range of records about people's care and how the home was managed. These included six

care records, 10 medicine administration record (MAR) sheets, five staff files, quality assurance audits and minutes from resident and staff meetings.

As part of the inspection, we spoke with the registered manager, three members of senior staff, two members of care staff, and the cook.

Is the service safe?

Our findings

Both people who used the service and their relatives consistently told us, they or their family members were safe living at Greenlands Residential Home. One person told us, "They [staff] walk me around and I have a walking frame, which they have given me, as sometimes I fall backwards. But the carers all look after me so I feel safe." Another person said, "The staff are lovely; they are great. They help me to walk around and be safe. I used to work in a care home for several years, so I know what they are doing and I am happy to be here looked after and be safe."

One relative told us, "My relative is safe. They are well looked after. The staff help my relative everywhere; the dining room, toilet and their bedroom. My relative never has to wait for help as there are plenty of staff. I come every day and I can see that my relative is well cared for." Another relative said, "Here my relative gets all the support they need, which we couldn't provide at home. They [staff] look after them constantly and they are amazing with my relative. My [relative] did have a room upstairs, but they moved to the ground floor for safety reasons and so they can keep an eye on them easily. They are safe."

During our last inspection in November 2014, we found that some aspects of fire safety procedures and training were not safe. During this inspection, we identified further concerns that contravened fire safety regulations. We found the main escape route and door on the ground floor was obstructed by the storage of wheelchairs, walking frames and a Hoover. On the top floor, the fire exit was obstructed by a desk and chair. A first-floor fire door was obstructed by a large cushion. The main corridor on the ground floor was cluttered with the storage of several wheel chairs, boxes and two step ladders. A number of people at the home mobilised with the assistance of walking frames. We saw people experience difficulty manoeuvring around these obstacles, which presented a risk of harm to people. We raised these concerns with the registered manager and requested immediate action. We subsequently saw that these concerns had been addressed and obstructions removed from escape routes and corridors.

We looked at the arrangements in place for storing and administering people's medicines safely. People told us they received their medicines when they required them. One person said, "They give me tablets all the time. I can take them myself. I am happy with my medication as it stops me getting pain and stops my asthma from getting too bad." Another person told us, "I have medication, which I always get more or less on time. I have lots of problems so I get lots of medication. I know my medicine is checked every now and again to make sure it is right for me." One relative said, "The medication is perfect. It meets [relative's] needs and I know exactly what they are getting each day."

Not all aspects of the management and administration of medicines were safe. In the main dining area of the home, we found two unsecure large boxes stored on the floor. One box contained prescribed medicines for return to the pharmacist and the other box contained drink thickeners. Some people require their fluids to be thickened using a prescribed thickening agent, to prevent them from choking. These storage containers were located next to a dining table, which people could easily have been accessed by people.

We found the medicines fridge was located in an insecure cupboard in the dining room. The fridge was not

locked and could easily be accessed by people in the dining room. We found that some medicines were not stored in line with manufacturer's instructions. For example, one medicine once opened needed to be stored at room temperature, however this medicine was stored in the fridge. This may have affected the safety or the effectiveness of the medicine in question.

We found records supporting and evidencing the safe administration were not always complete and accurate. For example, one person had been prescribed a pump spray. We found no record of this medicine on any medication administration record sheet. We spoke to the senior carer about these concerns, who took immediate action to address these matters. We found medication records contained photographs and people's allergies, which reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were stored as per legislation. They were stored in a locked storage unit. We saw a controlled drugs register was signed and countersigned by staff confirming that drugs had been administered and accounted for. We undertook a stock take of controlled drugs and found them to be accurate.

Staff were able to describe confidently what action they would take if they had any concerns that people were being abused. There were systems in place to protect people who lived at the home by ensuring appropriate referrals were made and action taken to keep people safe. One member of staff told us, "If I had any safeguarding worries, I would go straight to the manager. I have confidence in them taking the right action. We are like a family here, so it's easy to keep track of people." The registered manager was aware of their responsibilities in reporting any potential concerns in line with local safeguarding procedures.

There were appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. Staff told us they underwent pre-employment checks before starting work at the home. The provider checked potential staff's previous employment history, their identity and obtained suitable references.

People and relatives told us there were enough staff to meet their needs. One person told us, "There are enough staff. If I call for help when I am downstairs, I don't have to wait at all." One relative told us, "I know lots of bedrooms have buzz mats so if my relative gets out of bed at night, a member of staff goes to see them straight away and help them go to the bathroom if that is what they need." Another relative said, "There are plenty of staff and we are pleased as many speak our relative's native tongue so that they understand what staff are doing and what is happening." A third relative told us they had no complaints about staffing levels at the home and that their relative was checked regularly throughout the night.

Most staff told us the current staffing levels were sufficient to meet people's needs. One member of staff told us that they could do with an extra member of staff at nights as people's need were changing. They told us that the matter had been raised with the registered manager who was currently considering the request. Another member of staff told us, "Most of the time staffing levels are ok, but holidays and sickness can cause pressure." Another member of staff said, "Staffing is ok and management are flexible." One visiting health care professional told us staff seemed rushed at times as people's needs were increasing. On the day of our inspection, we found there were sufficient numbers of staff on duty to meet people's needs.

We asked people about the things staff did, or needed to do to keep them or their relative's safe. One person told us, "They look after me and stop me from falling. When I first came here I didn't weigh much, but they

have made sure I have put on some weight." Another person said, "I have diabetes and they watch what I eat. I used to have biscuits at night, but they have stopped that now." A visiting relative said, "I feel the staff go out of their way to look after my relative. I feel the staff genuinely care. A particular member of staff went off duty not long ago. When she was passing the home later in the day, she noticed the light on in my relative's room and came in to see if there was anything wrong. The doctor had been called out as my relative was very poorly. The doctor told me I had to go and get morphine. The member of staff said they would go for it. I knew they were not on duty, but that is what the staff are like."

Staff were aware of the risks associated with people's needs and how to keep them safe. There were individual risk assessments in place to ensure people were safe. These included risks associated with falling, skin integrity, moving and handling, nutrition and choking. This provided guidance to staff on how they could minimise the risk of harm. Staff were aware of the action they needed to take in the event of an accident or incident occurring. They would immediately report such issues to the senior or registered manager and ensure a written record was made. These would be reviewed by the registered manager to ensure that the correct action had been taken and to identify underlying trends in an effort to reduce and prevent reoccurrences.

Is the service effective?

Our findings

We asked people and their relatives whether they thought staff had the appropriate skills and training to support them effectively. Each person we spoke to said they felt the staff were well trained. One person said, "They [staff] look after me very well; they all seem to know what they are doing all the time. I have watched them with other people here and they always know what to do." Another person said, "The carers are brilliant. They are all very competent. I know they are all trained and go on courses." One relative told us, "The staff are very aware how to look after my relative. They have dementia and can be very difficult to handle. They can be very stubborn and sometime aggressive, but they know how to make them relax and coax them to do things." Another relative said, "The staff seem to know their duties. They know what to do and when to do it. They all work equally hard."

We observed the lunch time experience. We saw that cold orange squash was provided in plastic cups with no other choice available or offered. People ate and drank from plastic bowls and cups. People who had capacity were not provided with an alternative such as glasses and porcelain plates. People were not asked what they would like to eat. They were given corned beef hash or a vegetable curry was given to people with vegetarian requirements. Pudding was followed with hot drinks. Menus were not provided, or picture references for people living with dementia. People were not provided with alternative choices. We saw a hand-written menu in the hallway, which stated there was a choice of pudding sponge and custard or banana and custard. However, we did not see people offered a choice of deserts.

We found that people's dietary requirements were assessed and appropriate care plans and risk assessment were in place. People told us they were happy with the food they received and said they had more than enough to eat and drink. One person told us, "I am a diabetic so they know what diet I should have. Today I had banana and custard for pudding." A relative told us, "The food is nothing special, but it meets my relative's needs." Another relative said, "My relative likes the food, but we bring in food for them too that we know they like. They do make Asian food here, but it is not the same as homemade." People told us they received the appropriate support at meal times where required. One relative told us, "My relative is spoon fed at meal times as they can't feed themselves anymore." Another relative told us their relative was supported to eat their pureed meals.

People chose where they wished to have their meal. Staff gave assistance to people who were unable to feed themselves. People were not rushed and were given plenty of time to consume their meals. The atmosphere was calm and relaxed and people were at ease with staff supporting them.

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).

Staff we spoke with confirmed they had received recent training in the MCA and most were confident in describing the principles of the Act. However, most staff were unable to say which people living at the home were currently subject of a DoLS authorisation. They assumed the restrictions related to people not being allowed to leave the home unattended. We spoke with the registered manager about this issue, who confirmed they were raise with staff to ensure they were fully aware.

Staff told us they received training relevant to their roles and they felt supported by the management team at the home. One member of staff said, "I do feel valued and supported by the manager. We have plenty of training, which included yearly refresher training. I have just completed a national vocational qualification (NVQ) level three in social care. I definitely have enough training for my own personal needs." Another member of staff told us, "We have frequent training. I believe you can never have too much. The provider does encourage training and it's all classroom-based." The registered manager told us new staff attended a period of induction, structured around their previous experience in care. This included a six month period of probation, which involved training, shadowing more experienced staff and completion of the Care Certificate. The Care Certificate is a nationally recognised training programme in social care.

Staff told us they received regular supervision and one-to-one support. This provided an opportunity to discuss their individual performance and training requirements with the registered manager. One member of staff told they had regular supervision with the registered manager and discussed issues such as residents, training and personal needs. They also said the registered manager respected their opinions and listened to the issues they raised.

We asked people whether staff asked their permission before they provided support. People and their relatives told us staff always sought consent before providing support. We observed staff throughout our visit seeking consent before undertaking any support. One relative said, "The staff always ask my relative's permission before they do something and they always tell them what they are doing. They explain everything and make it very clear so that they don't become agitated. The staff are brilliant." Another relative told us "They [staff] keep my relative well informed and explain things. My relative has dementia and staff know how to treat them and encourage them to participate if they need to wash for example."

People told us that they were supported to access other health professionals when needed. People told us they regularly saw a doctor, dentist, and optician. One relative said, "I always get told if my relative has seen a doctor or anybody else. They [staff] keep me well informed." Another relative said, "They [staff] inform me about my relative's health appointments and their medication or any changes to their treatment." A third relative told us if their relative was unwell, they would be contacted immediately and given the option to speak directly to the doctor.

One health care professional told us the care was very good at the home and they were very impressed with how staff managed challenging behaviour. They described staff as "genuine and caring," and always willing to follow instructions. Another health care professional told us the care was homely and staff were very caring. They said that they worked with staff very effectively, who on the whole, listened and followed instructions correctly. They also said they were not aware of people experiencing a lot of falls at the home.

Is the service caring?

Our findings

People were supported by staff that were kind, caring and compassionate. One person told us, "The staff are very caring, they treat me gently and don't rush me. They always ask me how I am feeling and if I am alright." One relative told us, "The staff are very approachable. They can't do enough for everyone." Another relative said, "All the staff are brilliant and very friendly. They are lovely with my relative; I can't fault them. The managers are great also; they do lots to help as well." A third relative told us, "The staff are amazing, very helpful, very well informed, very caring and willing to help at all times. Nothing is too much trouble for them. They always care with a smile, however hard and challenging the job gets." One relative told us they had not come across any situation where staff had been nasty or had lost their temper. No one reported staff having spoken inappropriately to anyone. Staff were described as always polite and friendly and never rude.

On the whole, we saw that the dignity and privacy of people was always respected when care needs were being attended to. Doors of bedroom were closed when personal care was being given. One relative told us, "They [staff] always treat my relative with the upmost respect and give them privacy at all times. They shut doors if they are being washed or have to visit the toilet. They are very friendly and make them feel relaxed." Another relative said staff were very respectful to their relative at all times. People looked well-groomed and were appropriately, but individually dressed in their clothing that was clean and tidy. People looked content and were confident in their exchanges with staff.

People told us that staff were wonderful and that they were lovely with everyone. They said staff were also very approachable. One relative said, "I can't speak highly enough of the staff; they are incredible, every single one of them. When I am old if I have to go into a home I would like to be in a home like this one. The staff are wonderful all the time and they always smile and never complain." Staff we spoke with demonstrated a good knowledge of the people they supported. Throughout the course of the inspection, we saw regular engagement between staff and people. Staff interacted with people throughout the day and it was clear that they had a good understanding of people's needs.

We asked people whether they or their relatives were involved in decisions about their care and support. People told us the care provided reflected their or their relative's wishes. One person told us, "They [staff] know my preferences. They know I like sugar in my tea so they put plenty in. They choose my clothes each day, but they always check with me that I want to wear them. They know I like wearing deodorant and perfume so they spray them on me each morning." One relative said, "When my relative first came here they [management team] talked to us about their care. They also discussed the need to change their room as they did have a room upstairs, but they moved her to the ground floor. They discussed this with us and explained it was for their safety. This was so they could keep a close eye on them all the time. We were happy with this development." Another relative told us, "We have been fully involved in my relative's care since they came here. Now they are really ill, they [staff] keep us fully informed about any changes to their care to make them comfortable."

We saw staff encouraging people to retain their independence, when supporting people mobilise for example. One member of staff told us, "I encourage people, if they can, to wash themselves or use the toilet

themselves, otherwise they lose their independence. I encourage people to make decisions by offering choices, such as when dressing." Another member of staff said, "We encourage people to be independent, such as walking. This will improve the quality of their life and make them confident doing other things like washing and dressing."

Is the service responsive?

Our findings

People told us they believed the provider and staff was responsive to their needs and listened to any concerns they had. Staff were able to speak several different languages and converse effectively with people whose first language was not English. People told us their needs were being met by the provider and that staff and management were responsive to any issues they had.

A number of people living at the home were living with a diagnosis of dementia. We saw no evidence of dementia friendly resources or adaptations in any of the communal areas, dining room or bedrooms. We did not see any facilities such as 'rummage boxes,' with tactile items or other items of general interest around the home for people living with dementia to pick up and investigate. We found the home did not have adequate signage features that would help to orientate people with this type of need.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

The notice board in the hallway was not accessible for people in wheelchairs. Information regarding activities held on each day of the week was provided in small print and secured to the wall at a very high level. We did not observe any large print posters for people with poor eye sight or notices containing information in different languages to match the needs of people living at the home.

People we spoke with knew about their care plans, but some had been involved more than others in their development. One relative told us, "I have been involved in my relative's care plan. They [staff] talk to me about their needs on an informal basis, but we don't have organised formal meetings." Another relative said, "When my relative came here, they [staff] explained everything to me about their care. Since then I have not attended any meetings, but things have continued without any changes. If anything changed, I am sure they would tell me." A third relative told us they were fully involved in their relative's care plan. They attended meetings on a regular basis. They had been consulted about any concerns and wishes for their relative and were confident the home would act upon these matters. They believed their relative's needs were fully reflected in their individual care plan.

We asked people how they were stimulated and encouraged to pursue their interests. One person told us, "I love the dominoes, the bingo and the craft afternoons. We make lots of different things." Another person said, "I love to go out on all the trips. I look forward to them every month." One relative told us, "My relative can't take part in activities, but they [staff] have made sure that they [relative] have part of the Karan in their room and it is displayed in a respectful manner so that they can look at it whenever they want." Another relative said, "When my relative could take part in activities they would. Even though they have dementia, they loved to play the piano and sing. The staff would always let them play the piano in the hall whenever they wanted. They [staff] encouraged them to keep their mind active." A further person said, "I love to go out on all the trips. I look forward to them every month."

We saw activities for people were organised on a weekly and monthly basis. Each day of the week there were

activities taking place such as dominoes, quizzes, singing, dancing, and a craft afternoon. Each month the provider arranged a trip out for people. For example, a trip had been arranged for people to go on a boat cruise on a local canal. Both people and their relatives spoke highly of the activities available for people.

People told us they felt comfortable to raise any concerns or complaints with staff or the management team, though they had never had cause to. One person said, "If we had to complain, we would go to the staff. If we have had a small concern about nothing really the staff have sorted it out straight away. They go out of their way to resolve concerns." We found that there was a complaints system in place, and the information about how to complain was clearly displayed.

People and relatives were also able to raise concerns and provide feed-back at resident and relative meetings, and annual questionnaires that were sent to people. One relative told us, "I filled in a survey only a few weeks ago. I haven't had any feedback yet, but I didn't complain about anything." In the hall-way notices were displayed regarding residents and relatives' meetings, where people were invited to attend to discuss issues. We looked at minutes from previous meetings, where issues such as the environment, Halal menu, outings and staffing had been discussed. We looked at questionnaires that had been completed by people and relatives, which provided positive comments about the services at the home.

Is the service well-led?

Our findings

People told us the home was well-run. They knew the manager, who was visible in the home and was approachable. People told us they felt well supported by the manager who directed staff effectively in providing their care. One person told us, "I know the manager. They are lovely and they sit and chat with me sometimes." One relative said, "I know the managers well, because I visit every day. They are very nice and run the home well. They make sure there are activities for all the residents and trips out. They let people have personal effects in their rooms to make them feel more comfortable." Another relative told us, "The managers are nice as they are friendly and helpful. I feel the service is well run as they can always answer my questions in detail." A third relative told us how the manager couldn't do enough for them and that they were very efficient. They said the manager had the ability to listen and act upon issues.

The provider had systems in place to record and monitor the standards of care delivered within the home. These included regular quality checks and audits such as medication, infection control and fire safety. However, quality assurance activities were not always as effective as they needed to be. This was evidenced by the concerns we identified with regard to fire safety around the obstruction of exit doors, and cluttered corridors, medicines management, dementia-friendly environments, Mental Capacity Act and choices at meal-times. In the dining room, we saw personal confidential information in the form of care files on display and personal information written on a notice board. This personal information was readily available and on display to any person entering the room. The provider has a responsibility to ensure people's confidential information is stored securely. The registered manager assured us they would take immediately steps to address this issue and remove the material from public view.

This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). This was because the provider had failed to effectively assess, monitor and improve the quality and safety of services provided and ensure confidential information was stored securely.

People said the best thing about the home was the staff and the care they gave. One person said "Everything about the service is good; the food, the care, the medication and the activities." Another person told us, "I can't fault the staff here they look after everyone so well." One relative told us, "The best thing is that the staff really do care and demonstrate that. If anything goes wrong or is not up to standard, they are upset and they just want to fix it straight away."

Staff consistently told us they felt valued and supported by the new management team at the home. They also felt confident in challenging working practices and raising such issues. Staff felt they could approach the manager about any work or personal difficulties, and had confidence these matters would be addressed. One member of staff said, "Overall, the home is well-run and managed. We are listened to and they [management] do respect what we say."

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that we had received all the required notifications in a timely way from the service.

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 will check that this action is taken by the provider.

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 failed to effectively assess, monitor and improve the quality and safety of services provided and ensure confidential information was stored securely.</p>