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Melrose Residential Home

Inspection report

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Leyland
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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**

Overall summary

Melrose Residential Home is situated close to the town centre of Leyland. The home provides accommodation on three floors for up to 26 older people. There are garden areas at the front and the back of the house and parking facilities at the front. At the time of the inspection there were 14 people using the service.

This inspection took place on 11 June 2015 and was unannounced.

We were assisted throughout the inspection by the home's long term 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'. 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 last inspection of the service took place on 10 February 2015. During that inspection we identified a number of serious concerns and found the service was in breach of regulations in relation to care and welfare, consent, medicines management, infection control, staffing levels, safety of equipment and monitoring of

Summary of findings

safety and quality. We took enforcement action against the provider and told the provider significant improvements must be made, to protect the safety and wellbeing of people who used the service.

During this inspection we found the provider and registered manager had taken action to address our serious concerns and significant improvements had been made across the service.

The registered manager had implemented improved procedures to help ensure any risks to the health and wellbeing of people who used the service were identified and managed effectively. Care staff were aware of how to care for people in a safe manner and any changes in people's circumstances were properly considered and planned for. This helped to ensure that people were protected against the risks of unsafe care.

Significant improvements had been made to help ensure people's medicines were managed safely. All staff had been provided with updated training for medicines management and procedures updated, to help ensure people received their medicines at the correct times. However, the service's written guidance was not up to date and did not reflect the improved practice being carried out. We have made a recommendation about this.

Staffing levels had been increased and were being constantly reviewed to ensure they were adapted in line with the needs of people who used the service. This improvement was reflected in the discussions we held with people who expressed satisfaction with staffing levels.

The registered manager had a much improved understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. This was also the case for staff, who had all been provided with training in the area since the last inspection. This helped to ensure that practice at the service supported the rights of people who may not have capacity to consent to some aspects of their care and treatment.

We found good improvements in the cleanliness and hygiene of the home. At the time of the inspection, all the staff were undertaking training in infection control. The registered manager had updated infection control procedures with the assistance of a community infection control specialist.

We found the registered manager had implemented a system to help ensure all equipment and facilities within the home were regularly serviced and subject to regular safety checks. Environmental risk assessments had also been introduced. However, we found these required some improvement to ensure they identified all avoidable hazards within the environment. We have made a recommendation about this.

Systems for monitoring safety and quality across the service were in development. The registered manager had rightly prioritised areas of safety such as medicines management and infection control for formal audit processes. However, processes for monitoring and assuring quality in areas such as activities and the provision of meals were still in development. We have made a recommendation about this.

People we spoke with expressed satisfaction with the care they or their loved ones received. People reported a safe, effective service and felt they were treated with kindness and respect by care staff.

Care planning processes were much improved and provided a detailed picture of people's care needs, preferred daily routines and social aspects, such as valued hobbies and important relationships.

Where people expressed dissatisfaction during our discussions, this was in relation to two areas. These were activities and the quality and variety of food provided. People did not feel there were enough activities provided at the service. In particular, people reported very little or no opportunity to engage in activities outside the home.

In general, people felt the quality of food was satisfactory but told us they did not routinely have the opportunity to make choices about the food they ate. This information was supported by our observations during the inspection. The registered manager was aware of the need to develop these areas and discussed with us her plans to do so.

People felt involved in their care and told us they were able to make decisions about their day to day lives. We also noted that people felt involved in the running of the home and able to express their views or opinions. The registered manager and staff were described as approachable and people said they had confidence in them to deal with any concerns they raised.

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?

Requires improvement 

Care staff were aware of any risks to people's health, safety and wellbeing and had guidance in how to care for people in a safe manner.

Staff were carefully recruited to help ensure they had the suitable knowledge and skills to carry out their roles. Staffing levels were calculated in line with the needs of people who used the service and constantly reviewed.

Staff were aware of their responsibility to protect people who used the service from abuse. There were clear reporting procedures in place to help ensure any safeguarding concerns were quickly reported to the relevant agencies.

The management of people's medicines was much improved so that the health and wellbeing of people who used the service was better protected. However, written policies and procedures were out of date and did not reflect the improved practice.

Is the service effective?

Requires improvement 

People were provided with support to access health care when they required it.

The registered manager and staff understood the requirements of the Mental Capacity act and associated legislation. This helped to protect the rights of people who used the service that were unable to consent to any aspect of their care and treatment.

The arrangements for training and supervision of staff were significantly improved and helped ensure staff had the necessary skills and knowledge to provide safe and effective care.

The arrangements for mealtimes and provision of food did not routinely provide opportunity for people to make choices about what they ate on a daily basis.

Is the service caring?

Good 

People were treated in a kind and patient manner by care workers.

People felt they were able to make choices about their daily routines and that their choices were supported by staff.

Is the service responsive?

Requires improvement 

The registered manager had made good improvements in the assessment and planning of people's needs. This meant staff had a better understanding of the support people required.

Summary of findings

People felt able to share their views and raise any concerns they had. People had confidence in the registered manager to deal with any concerns they did raise effectively.

People did not feel the provision of activities was satisfactory. In particular, people wanted more opportunity to enjoy trips out of the home.

Is the service well-led?

Significant improvements had been achieved which had resulted in a safer and more effective service.

The registered manager had implemented systems to monitor quality and safety across the service. However, these needed some further development to ensure they were effective for all areas of safety and quality.

Requires improvement

Melrose 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on June 11 2015 and was unannounced.

The inspection team was made up of two adult social care inspectors, a pharmacist specialist 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. This expert by experience had cared for someone who used services for older people.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

We spoke with seven people who used the service during our visit and two visiting relatives. We also had discussions with the registered manager and five staff members. We consulted four community professionals as part of the inspection and also contacted the local authority contracts team.

We closely examined the care records of six people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving care at the service. Their comments included, "No one bothers you, we have a good boss." "The surroundings make me feel safe, I can talk to people." "You've nothing to worry about, there are plenty of people here." A relative told us, "I feel very reassured. They (staff) seem to know what they are doing." We asked people if the staff cared for them in a safe way. Some of the responses included, "Perfect!" And, "Absolutely. They're very good."

Since the last inspection of the service on 10 February 2015, the registered manager had made significant improvements in the way people's care needs were assessed and managed. In particular, processes for assessing risks to people's health, safety and wellbeing in areas such as falling or developing pressure sores for instance, were more robust and effective.

We noted risk assessments were detailed, reflected the current needs of the person and were reviewed on a regular basis. Where any risks were identified, there was clear guidance in place for staff about how to care for people in a safe manner. Risk assessments had been reviewed and updated on a regular basis, or more frequently, to ensure they reflected any changes in a person's circumstances.

We saw evidence that staff took action to help protect people from harm. For example, a special mattress and cushion had been obtained for one person assessed as being at high risk of developing pressure sores. In response to another resident who was at high risk of falling, a number of actions had been taken, including increased monitoring and observation of the person.

Personal Emergency Evacuation Plans (PEEPs) had been implemented for all the people that used the service. This helped to ensure staff would be able to evacuate people quickly and safely, in the event of an emergency.

The registered manager had reviewed and updated the home's safeguarding policy and procedures. These procedures provided guidance for staff on how to recognise someone in their care may be the victim of abuse and their responsibilities to report any such concerns.

At the time of the inspection, an external trainer was at the home providing safeguarding training. We were advised by the registered manager this was the final course and all staff members at the home had now completed this learning. This information was supported by our discussions with staff, who all demonstrated good understanding of the area and were able to speak confidently about the steps they would take, should they identify any safeguarding concerns.

All the people we spoke with felt their medicines were managed safely and told us they always received them on time and when they needed them. We asked people if they felt care workers were competent when handling their medicines. Comments we received included, "Yes, they get told by Matron." "They ask you if you want any painkillers." "The staff look after all the medicines of everybody. I can do it but it's better for the staff to do it."

At the time of the inspection there was one person who managed their own medicines. We saw the registered manager had put an up-to-date risk assessment in place, to ensure any support required by the person to manage their medicines safely, was identified. We spoke to this person who explained how she used her medication and told us what it was for.

Since the last inspection of the home, all care staff who administered people's medicines had been provided with updated training. In addition, the registered manager had carried out observed competences to ensure all staff were able to manage medicines in a safe manner.

We observed a staff member administering medicines during the inspection. We saw this was done in a competent manner and noted the staff member handled people's medicines carefully and safely. Careful checks of the records were made each time a medicine was administered and the records were updated accurately at the correct times.

Medication was securely stored and there was appropriate, additional storage in place for controlled drugs. Medicines were well organised and not overstocked. There was a returns bin for disposal that was collected by the pharmacy every month and an auditable trail was in place to see what stock had been returned. However, there was no specific storage available for items which needed to be kept in the fridge. This was discussed with the registered manager who advised us this would be addressed immediately.

We viewed the Medication Administration Records (MARs) for all the people who used the service and found them to be satisfactory. They each contained a photograph to help

Requires improvement

Is the service safe?

avoid any identification errors and other important information, such as the person's allergy status. Body maps were in place for topical preparations such as creams and ointments, to provide clear details of where they should be administered. When medication was stopped it was crossed off the MAR chart, however a signature and stop date was not always present.

The registered manager had implemented an effective audit schedule and medication audits took place on a regular basis. This helped ensure any errors could be quickly identified and addressed. An external audit has also been carried out by a community pharmacist and we saw evidence that recommendations made following this audit had been successfully implemented.

We noted the registered manager had made significant improvements in the safe management of medicines since the last inspection. However, the home's written medication policies were very generic and lacked detail. They were outdated, with no reference to current standards and did not reflect the improved practice taking place. The registered manager was aware of this and advised us she was in the process of updating them and would complete this process as a matter of priority.

In viewing staff rotas we noted improvements to staffing levels had been achieved since the last inspection. This was reflected in our discussions with people who used the service who expressed satisfaction with the staffing levels at the home.

We asked people how long they waited when they asked for assistance or used their call bell. Their responses included, "They come straight away." "They come as quick as they can." "They come quickly." People we spoke with didn't feel rushed by care workers when being supported. One resident commented, "They let me walk at my own speed."

The registered manager was aware of the requirement to ensure staffing levels were in line with the needs of people who used the service. She advised us that staffing levels were now under constant review and would be adapted as and when this was required.

We viewed a selection of staff personnel files during the inspection. Records showed that all applicants were required to complete an application form, which included a full employment history. A formal interview was carried out to enable the registered manager to assess the candidate's suitability for the role they were applying for. Following a successful selection process, candidates were required to undergo a series of background checks, which included references and a Disclosure and Barring Service (DBS) check, which would identify if the person had any criminal convictions, or had ever been barred from working with vulnerable people.

Following the last inspection of the home on 10 February 2015, a community infection control specialist had visited the service and provided advice and guidance, which had been followed by the registered manager. We saw that cleanliness and hygiene within the home was much improved and all areas were visibly cleaner.

All the staff were in the process of completing a training course in infection control to help ensure they had a good understanding of safe practice. This helped to ensure people were protected from the risk of cross infection.

Cleaning schedules had been implemented and were carefully monitored by the registered manager to ensure all areas of the home were cleaned regularly. Formal infection control audits were also being completed to ensure staff were following safe practice.

There were improved systems in place to help ensure that all facilities and equipment such as lifting hoists, were regularly serviced. This helped to protect the safety of people who used the service, staff and visitors to the home.

It is recommended that the provider reviews and updates the service's policies and procedures in accordance with the NICE Guidance 'Managing Medicines in Care Homes.'

Requires improvement

Is the service effective?

Our findings

People we spoke with expressed satisfaction with the support they received to maintain good health. Everyone confirmed that care workers would support them to access a medical professional, such as a GP, if they were unwell. One relative we spoke with commented on what she felt was a great improvement in her family member's health since she had moved to the home. She told us, "We have been absolutely delighted with how far she has come. She is so much better for being here."

People's care plans included a detailed medical history so staff were aware of any specific health related risks. Care plans also included guidance for staff about the health care support people required. We saw good evidence of effective joint working between staff at the home and a variety of community professionals, such as mental health specialists and district nurses. Daily records showed that staff were able to identify changes in people's needs and were quick to contact health professionals as required. This helped ensure people received safe, effective care.

A nutritional risk assessment was carried out for each person who used the service. This identified if a person required any support to maintain adequate nutrition and hydration. Measures were in place to manage any risks to people in this area, including careful monitoring of people's weights and the involvement of community dietitians where necessary.

We talked with people who used the service about the quality and variety of food provided. The responses we received were mixed. Most people were generally satisfied with the quality and their responses included, "It's alright." "It's very good." "It's pretty good." However one person told us, "I didn't enjoy my lunch. It wasn't nutritious."

We asked people if they were given a choice about what they had to eat. One person told us they were asked the day before, what they would like. However, all the other people we spoke with told us they weren't given a choice. "There's no choice." "It's a set meal." "If you don't like it, they tell you to leave it."

These comments were supported by our observations at lunch time. We saw that everyone was served the same meal of frozen cheese and onion pasty, potato croquettes and tinned spaghetti, although one person was given a steak pie as he did not eat cheese. However according to the menu, the meal for the day should have been chicken in white sauce with vegetables. There were no fresh vegetables included in the meal that was served and it was not nutritionally well balanced.

We had to request to see the menu as no menu information was displayed for people who used the service. However, the meal that was served was not in accordance with the menu. Prior to being served their meal, nobody we spoke with knew what they were going to have. This system did not support people's individual preferences or enable them to make choices about what they had to eat.

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

We were advised by the registered manager that since the last inspection of the service on 10 February 2015, she and all the care staff had been provided with training in the MCA and DoLS. This was reflected in the improved understanding and knowledge of the area, which was demonstrated by everyone we spoke with.

The registered manager had identified the need to apply for a DoLS authorisation for someone who used the service. We saw this process had been completed appropriately and the registered manager was awaiting further contact from the appropriate authorities. We noted that the registered manager was fully aware of the measures she should take, if it was felt a formal best interest decision was required on behalf of someone who used the service. The registered manager was also aware of the requirement to involve the person themselves, their representative and other professionals involved in their care should the situation arise.

Requires improvement

Is the service effective?

We asked people who used the service if care staff asked for their consent before carrying out care. People's responses were positive and included, "They talk about it (what they are going to do) and tell you what it is. They don't just do it." "They ask, they're good at that."

People we spoke with felt staff were competent in their caring roles. One person commented, "I think so. They should be by now!" People also expressed satisfaction with staff consistency, telling us it was rare that an agency staff member worked at the home.

Through viewing records and through discussions with the registered manager and staff, we were able to determine that significant improvements had been made in relation to staff training, since the last inspection. All the staff we spoke with commented on the improvements in this area and felt it had assisted them to carry out their caring roles. Their comments included, "Training has really opened my eyes." "We have had loads of training. We have done refreshers on all the mandatory things and now we are doing safeguarding. I did mental capacity as well. I am very happy I like learning."

Records showed that all staff had completed the mandatory training programme, which consisted of a number of important health and safety courses such as moving and handling and medicines management. Training in areas such as mental capacity and safeguarding had also been provided and were ongoing at the time of the inspection.

The registered manager had developed a system which enabled her to oversee each staff member's training and therefore be aware when people were due to have their learning refreshed. The induction programme for new staff members had also been improved and developed to ensure all new employees were provided with nationally recognised training and all their mandatory learning, within a specific timescale. However records of induction still required some improvement to fully reflect the support provided to new staff members. The registered manager was aware of this and had plans in place to address the required improvements.

People we spoke with told us they felt safe at the home and expressed satisfaction with the standard of accommodation provided. However, we noted that some areas of the home were in need of improvement, such as worn carpets and marked walls, which required repainting. The registered manager advised us there was no programme of rolling maintenance in place at the time of the inspection. Such a programme would help ensure that all areas of the home were refreshed within a specific timescale and as such, help to ensure the whole home was maintained to a good standard.

When carrying out a tour of the home, we noted some avoidable hazards within the environment. These included a fire door which was propped open with a door stop, some badly fitting mattresses, which overlapped some beds and as such posed a risk to any person who sat on the end of the bed and window restrictors, which were in need of replacing. We discussed these issues with the registered manager who agreed to address them as a matter of urgency.

It is recommended that environmental risk assessments are reviewed to ensure they are effective, in that they enable the registered manager to identify avoidable hazards.

Good

Is the service caring?

Our findings

People we talked with spoke highly of care staff and felt they were treated with kindness and compassion. A family member who was a regular visitor told us, "I can't fault any of the staff. They are very good. They always have time for people." A person who used the service commented, "They're very good, always nice."

People felt staff were respectful, protected their privacy and cared for them in a way that promoted their dignity. We asked people if care workers had time to sit and chat, to which they replied, "Definitely." "Yes, but I don't chat a lot." And, "I think so."

Throughout the inspection we observed people being provided with support and interacting with staff. These observations were positive and we noted staff approached people in a kind and respectful manner. Staff were seen to provide care in patient and gentle way and take time to support people at their own pace. We observed one person being assisted to mobilise with a standing hoist. The care staff spoke with her throughout and were kind and patient.

People felt the staff team was consistent. They told us agency staff were used occasionally but only 'every now and then'. This meant people had the opportunity to get to know their care workers and were supported by people they were familiar with and who knew them well.

Not all the people we spoke with were aware of their care plans. Some people were aware of their plan but weren't sure if they had seen it recently. Their comments included, "I can't tell you if I've seen it but I've heard of them. "No I haven't seen it." However one person who used the service told us, "They've read it out to me once a week, you can tell them if you want something crossing off."

People we spoke with told us they were involved in the planning of their or their loved one's care and able to make decisions and choices. A relative commented, "We have been fully involved every step of the way. We always know what is going on – they keep us informed about everything." Another person said, "We see her regularly and know what's going on. They always contact us if there are any changes."

Through discussion, we were able to determine that people who used the service were enabled to make every day choices and decisions for instance, what time they got up or went to bed. Comments included, "I go to my bedroom after tea and I get up when I want." "I try to get up when I wake up, they bring me a drink of warm milk when I wake up." "If you don't feel well they tuck you up and give you some medicine."

An advocate is an independent person who can provide support to someone to express their views and choices about their care and treatment, for example. The registered manager and care staff we spoke with were aware of the role of external advocates and confirmed they would signpost people in the direction of the service if they felt it was appropriate. We also noted there were contact details of local advocacy services displayed in the home for people's information, enabling them to contact the services independently, should they wish to.

Requires improvement

Is the service responsive?

Our findings

We received positive feedback from people we spoke with. People reported a safe, effective service, which was responsive to their needs. One relative expressed delight in the improvement of her family member's general health and wellbeing since she had moved to the home. She said, "She's bounced back up again since she has been here We are really, really happy with how well she has done."

We asked people who used the service what they liked most about the home. Their comments included, "No one bothers you." "It's very open you can go outside," "I've no responsibility. I've time to look after myself." "I like the company and I like the people, it's a friendly house I think."

Since the last inspection of the service on 10 February 2015, the registered manager had reviewed and improved processes for care planning. We noted significant improvements in all the plans we viewed, in that they provided a detailed overview of people's care needs and any risks to their health or wellbeing.

Social histories were in place in all the care plans viewed. These included important information about people such as previous employment, hobbies and important relationships. This helped give an insight into the person and the things that were important them.

People's likes and dislikes were well detailed and their preferred daily routines were clearly described. Through discussion with people who used the service, we were able to determine that people were supported to make every day choices such as when to get up, and their choices were supported.

We found some good examples of person centred information, which helped care workers provide care that was centred on the individual and their needs and wishes. For example, one person's mental health support plan contained a good level of information about the sort of things that may have a negative effect on their mood and how staff could best support them during these times.

There was improved information in people's care plans about their hobbies and any support they required to take part in enjoyable and fulfilling activities. However, the feedback we received from people about the provision of activities at the home was mainly negative. People's comments included, "I've never been outside, you never hear of such a thing, you plop yourself in a chair and that's it for the day. You wonder how you're going to fill your day." And, "She doesn't do a lot these days, but there's no activities." Another person commented, "They once had people in to dance, but now you feel there's no expense spent on that side of things at all."

We didn't see any organised activities during the inspection and there was no activities programme in place. Nobody we spoke with was aware of any opportunities to enjoy trips out of the home, other than those arranged independently by people, with their friends or family.

We discussed the provision of activities with the registered manager who acknowledged this was an area that required improvement. She advised us that as she had now addressed the serious safety concerns identified at the last inspection, she now intended to review and improve areas of quality, such as activities.

We spoke with people who used the service about whether they felt involved in the running of the home and if the registered manager kept them informed about developments. People told us they had been consulted following the last inspection during which concerns about the service had been identified. Their comments included, "Yes and we got a letter as well." "We had letters and we spoke to the manager, who told us about the problem. I didn't see a problem in the first place." "There was a letter, and the manager came and spoke to us." "We haven't been kept in the dark about anything."

The registered manager had recently started to hold meetings at the home for people who used the service and their relatives. These had been well attended. People told us they were asked for their opinions during the meetings and on an ongoing basis. One person said, "We talk all the time."

At the time of the inspection, the registered manager had commenced a satisfaction survey, during which people who used the service, their families and staff, had been invited to express their opinions and views about how the service could improve further. The results of the survey were being awaited and the registered manager planned to analyse them to enable her to identify any themes and trends that could indicate specific areas needed to be addressed.

The home had a complaints procedure which provided advice to people about how to raise concerns. We saw this

Requires improvement

Is the service responsive?

was posted in the communal area of the home. However, when we viewed it we noted some of the contact details on the procedure were out of date. This was pointed out to the registered manager who agreed to update it as a matter of priority.

People we spoke with knew how to raise concerns. Their comments included, "Yes, I'd tell the carer and she'd tell the lady in charge." "I'd go to the manager." "If we saw something we didn't like I'd mention it."

The majority of people felt able to approach the manager with just one person saying they would prefer a relative to do so. People expressed confidence in the registered manager to address any concerns they raised. One person commented, "Anything I've wanted I have just asked for and it's been sorted straight away."

Requires improvement

Is the service well-led?

Our findings

Following the last inspection of the home on 10 February 2015 we identified some serious concerns about the service. The provider and registered manager were cooperative at this time and engaged with us and other relevant agencies to formulate an action plan for improvement. In addition, the provider agreed to stop admitting new people to the service until the serious concerns were addressed.

We found during this inspection that a number of significant improvements had been made, which addressed our serious concerns. In addition, the registered manager had implemented a more effective system for quality and safety assurance, to enable her to monitor standards in a more robust way.

Improvements had also been reported from external professionals we consulted, including the local authority contract monitoring team and a visiting social care professional we spoke with during the inspection. This person described a professional manager and staff team who were keen to learn and committed to constant improvement.

The management team had been reconfigured and now included a deputy manager. This meant the registered manager had regular support and there was an identified person able to lead the home in her absence.

People we spoke with were all aware who the registered manager was and told us they found her approachable. People said they felt comfortable raising any concerns or requesting information from the registered manager or staff. Their comments included, "I have always been able to speak to the manager, she always seems to be here and she is very approachable." "You can speak to the carers or the Matron (registered manager). They are all very nice."

The registered manager had implemented a range of audits which she carried out at scheduled times. These audits included safety related area such as medicines management, care planning, infection control and staff training. The registered manager was able to demonstrate that where areas for action had been identified through audits, they had been addressed.

At the time of the inspection the registered manager was planning to extend the audits to incorporate areas of quality such as activities and menus. As these areas were the main themes of dissatisfaction that we identified during our discussions with people who used the service, we advised this be actioned as a matter of priority.

A range of environmental risk assessments had been implemented along with regular safety checks in the home. However, during the inspection we identified some avoidable hazards still present, such as inadequate window restrictors and ill-fitting mattresses on some people's beds. We discussed these issues with the registered manager and advised that processes for environmental risk assessments be improved to help ensure all avoidable hazards are identified.

There were improved processes in place to ensure that all facilities and equipment within the service were maintained to a safe standard. The registered manager had developed a system, which would alert her in good time, when any equipment was due for servicing. This helped to protect the health and safety of people who used the service.

We noted the service's fire risk assessment had been updated and recommendations made within it, including the improvement of fire equipment testing and development of Personal Emergency Evacuation Plans (PEEPS) for every person who used the service, had been actioned.

The provider of the home visited on a regular basis and now completed a monthly report where formal checks of quality and safety were made. The report was supplied to the registered manager so any areas identified for improvement could be addressed.

Whilst the registered manager had regular contact with the provider, formal management meetings were not routinely held. Such meetings would be a useful tool for quality assurance in that they would bring an opportunity to formally discuss future plans for improvement and review progress made. In addition, they would provide an opportunity for the registered manager and provider to review any adverse incidents, such as accidents and complaints and ensure any learning from such events was identified and shared with the staff team.

It is recommended that quality assurance processes are reviewed and extended to include areas of quality such as activities and the meal time experience.

Requires improvement

Is the service well-led?

It is recommended that systems for identifying and managing environmental risks be reviewed and improved.