

Axelbond Limited

Lostock Grove Rest Home

Inspection report

Slater Lane
Leyland
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Lostock Grove is a large detached house which can accommodate up to 25 older people who require support with their personal care. Accommodation is provided over two floors. There are both single and shared bedrooms and all have en-suite toilets. A stair lift provides access to the first floor. There are two communal lounges and a separate dining room. A ramp to the front entrance, with car parking available, allows easy access for people with limited mobility.

The last inspection of the service took place on 31 March 2014. During this inspection the service was found to be compliant with the one regulation assessed.

This inspection took place on 22 September 2015 and was unannounced.

We were assisted throughout the inspection by the 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.

During this inspection we spoke with people who used the service, their friends and relatives and a number of

Summary of findings

community professionals who had involvement with the service. The feedback we received was extremely positive. People expressed confidence in the service and felt staff provided safe and effective care. People were complimentary about the caring approach of staff and spoke highly of the way the service was managed.

We found that the arrangements for the safe management of people's medicines were not always effective. We identified some concerns about medicines management and found the service was non compliant with the associated regulation.

We found the registered manager was aware of the requirement to protect the rights of people who

did not have capacity to consent to some aspects of their care and we were able to confirm that the correct processes were followed in these circumstances. However, information about people's capacity and action taken to safeguard their rights was not always clearly recorded on their care plans.

People's care needs were carefully assessed and any risks to their safety or wellbeing were identified. Staff had a good understanding of people's needs and how they wanted their care to be provided.

People were supported to access health care and staff and the registered manager were proactive in ensuring any health care concerns were referred promptly to the relevant community professionals. The staff and registered manager worked positively with external agencies to help ensure people received the care they needed.

Staff were fully aware of their responsibility to safeguard people from abuse and were confident to report any concerns to the registered manager.

People received their care from well trained and well supported staff. Staff were carefully recruited to help ensure they had the suitable skills and character to carry out their role.

People described care workers in ways such as, 'kind', 'caring' and 'helpful'. People told us they were treated with respect and that their privacy and dignity was consistently promoted.

People who used the service were enabled to make decisions about their care and express their views and opinions. People felt their opinions were valued and we saw a number of examples where the registered manager had taken action as a result of feedback received.

People were enabled to raise complaints and when they did so the registered manager ensured they were responded to appropriately. The registered manager also ensured that any learning from complaints or adverse incidents such as accidents, was identified and shared with the staff team.

There were processes in place to enable the registered manager and provider to monitor safety and quality across the service. Where areas for improvement were identified, action was taken to address them.

All the people we spoke with described a positive culture within which they felt able to raise concerns and express their views and opinions. People also expressed confidence in the registered manager to act on any concerns appropriately and take people's views into account.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines management. The action we have asked the provider to take is detailed at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The management of people's medicines required improvement to help ensure they were protected against the risks of unsafe medicines practice.

Care workers were aware of how to support people in a safe manner and were confident to report any concerns about the safety or wellbeing of a person who used the service.

Staff were carefully recruited to ensure they had the suitable skills and knowledge and were of suitable character to work with vulnerable people. Staffing levels were determined in accordance with the needs of people who used the service so they received safe and effective support.

Requires improvement



Is the service effective?

The service was effective.

Staff had a good understanding of people's health care needs and were able to identify any problems in a prompt manner. People were supported to access health care when they needed it.

Staff were provided with a good standard of training and ongoing supervision and support which helped to ensure they had the necessary skills and knowledge to meet people's needs effectively.

The rights of people who did not have capacity to consent to all aspects of their care were protected because the service worked in accordance with the Mental Capacity Act 2005 and associated legislation. However, information about measures taken to protect people's rights was not clearly recorded in their care plans.

Good



Is the service caring?

The service was caring.

People who used the service told us they received their care from kind and caring staff who promoted their privacy and dignity at all times.

People felt they were provided with care that reflected their personal needs, choices and preferences.

Good



Is the service responsive?

The service was responsive.

People's individual needs and wishes were taken into account in the way their care was planned and provided.

Good



Summary of findings

People who used the service, staff and other stakeholders were encouraged and enabled to express their views.

Is the service well-led?

The service was well-led.

There was a well established management team and a long term registered manager who people described as supportive and approachable.

People felt able to express concerns and share their views and had confidence that the registered manager would act upon them.

There were systems in place which enabled the registered manager to monitor safety and quality and identify any potential improvements.

Good



Lostock Grove Rest 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 22 September 2015 and was unannounced.

The inspection team was made up of two adult social care inspectors, including the lead inspector for the service, 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.

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.

The provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who used the service during our visit and three visiting friends or relatives. We also had discussions with the registered manager, deputy manager, cook and four care workers. We contacted ten community professionals as part of the inspection and received feedback from five of them. We also contacted the local authority contracts team who raised no concerns.

We closely examined the care records of five 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 looked at medicines records for all the people who used the service.

We reviewed a variety of other records, including 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.

Is the service safe?

Our findings

Everyone we spoke with felt they were provided with safe and effective support to take their medicines as they needed. We viewed medicines, storage and associated records to assess how the service managed people's medicines.

We found that there was a Medicines Administration Record (MAR) in place for everyone who required support in this area, which included their photograph and important details, such as their allergy status. In general, we found MARs were completed correctly and to a satisfactory standard.

However, we found some examples where people's MAR contained unclear information or instructions. These included the MAR of one person prescribed a medicine with an important instruction regarding the timing of its administration. This information had not been included on the MAR and not all staff we spoke with were aware of the additional instruction. We viewed another record of a person who had recently been discharged from hospital with new medicines instructions. The information had been partly transferred on to the person's MAR but was very unclear. In addition we found the MAR of another person, who was prescribed a variable dose medicine, to be unclear.

Some people were prescribed medicines on an 'as required' basis. In the majority of these examples, there were clear instructions for staff about when the 'as required' medicines should be administered. However, we found one example where this information was not provided, which meant staff may not be fully aware of when to administer the medicine.

We carried out some random counts of people's medicines against the records of stock held in the home. The majority of these counts were correct. However, three lots of tablets were found to be incorrect. This meant that either the previous counts carried out as part of the home's internal medicines audit had been done incorrectly, or that staff had signed to state they had given tablets but not administered them.

There was a discrepancy with the controlled drug register, which initially appeared to show one controlled drug was

missing. However, on further investigation, we were able to account for the controlled drug and identify that the previous counts had been done incorrectly. This issue had not been identified on the home's own medicines audits.

Medicines were generally stored in a safe and appropriate manner including controlled drugs and those requiring refrigeration. We were able to confirm that medicines with a limited shelf life had been dated on opening to help ensure they were disposed of within the correct timescales. However, during a tour of the home we came across an oxygen cylinder belonging to someone who used the service that was not being stored in accordance with HSE (Health and Safety Executive) guidance.

The above findings demonstrated a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with who used the service told us they felt safe living at the home. People said they were confident in the staff, able to make decisions about their care and that they felt staff managed all aspects of their care very carefully.

In each care plan we viewed there were a range of risk assessments in place. These covered high risk areas such as falling or developing pressure sores. We saw that where risk was identified, an action plan was in place to ensure staff had guidance in how to keep people safe.

We saw a number of examples of actions taken to help maintain people's safety. For example, we saw that one person had been assessed as being at high risk of falling, the registered manager had made a referral to the community falls prevention team for further advice.

In discussion, staff were aware of any risks to people's safety and wellbeing and were able to speak confidently about the actions they took to ensure people were cared for in a safe manner.

There was a policy and related procedures in place in relation to safeguarding people from abuse. This information included guidance for staff about how to recognise signs a person may be the victim of abuse and what action they should take in those circumstances.

Is the service safe?

Records showed that all care staff had completed training in safeguarding and that this training was regularly updated. This helped to ensure that staff retained their knowledge and were up to date with any changes in guidance or procedures.

All the staff we spoke with were aware of their responsibilities to report any safeguarding concerns and knew about the service's whistleblowing policy. They also expressed confidence in the registered manager and provider to deal with any safeguarding concerns properly.

People we spoke with were satisfied with the staffing levels at the service. People who used the service felt there were enough care workers on duty at any time, to meet their needs. Their comments included, "There seems plenty about – there is always someone when I need them." One person who used the service commented that they thought the service 'could do with a few more staff' but confirmed they didn't have any concerns about the care they received.

The registered manager advised us that staffing levels were assessed in line with the needs of people who used the service. The registered manager also confirmed that she was able to increase staffing levels if necessary, for example if the needs of someone who used the service increased. This information was supported by records we viewed, including staffing rotas.

Staff we spoke with also felt the levels were adequate to enable them to provide safe and effective care. One care worker commented, "The staffing levels now are okay. There is enough staff and there is time for us to spend with residents and do activities." A community professional who visited the home on a regular basis told us, "On my arrival to the home there is always plentiful staff that are more than happy to assist each patient for treatment and offer encouragement where necessary."

We viewed the personnel records of three staff members and found the registered manager followed thorough recruitment procedures. Records showed that all prospective employees were asked to provide a full employment history and give explanations for any periods they had not worked. We also noted that prior to being offered an appointment, candidates were required to provide at least two references and undergo a Disclosure

and Barring Service (DBS) check, which would highlight if they had any criminal convictions or had ever been barred from working with vulnerable people. Carrying out these checks helped to safeguard people who used the service.

The service had received some input from a community professional who specialised in infection control. As a result, the registered manager had updated infection control procedures and made a number of improvements to practice within the service.

A lead person had been appointed to oversee the area of infection control and ensure the procedures followed were in line with current guidance and legislation. Records confirmed that all staff at the service had been provided with training in infection control and that this course was now classed as mandatory, meaning all staff were expected to complete it.

People we spoke with who used the service confirmed that staff followed good practice when providing their care, for example by using PPE (personal protective equipment). We saw there were adequate facilities within the service including PPE, hand washing equipment and clinical waste disposal bins. However, we did note the absence of hand drying facilities in one area, which was pointed out to the registered manager.

The environment was generally well maintained but some areas did feel dusty and unclean due to the extensive building works going on at the service at the time of the inspection. The registered manager acknowledged this and advised us all possible measures were being taken to keep all areas as clean as possible.

The building works were almost complete at the time of the inspection and we saw the registered manager had implemented some effective measures to manage the additional risks and hazards within the environment that the works created. These measures included a daily meeting between the registered manager and building manager to discuss the work to be completed that day and identify any additional risks the work may create. This was a thorough approach which meant the registered manager could put measures in place to promote people's safety on a daily basis.

Is the service effective?

Our findings

People expressed satisfaction with the support they received to maintain good health. People felt confident in the staff to ensure they received the medical support they required. One person told us, “I’ve been in here since February and about two months ago I suffered an allergy or something and I was in a right mess but the manager and the doctor didn’t give up on me and I am now clear. I do feel safe and I really enjoy living here, it’s marvellous.”

People felt that staff responded properly if they or their loved ones were unwell. People said they could talk comfortably to the staff about their care and could see a doctor or nurse when they needed to. We were told care staff would accompany people to medical appointments in the community if they requested this but that, usually, they were accompanied by a family member.

In viewing people’s care records we found staff at the home communicated well with outside agencies. This information was also supported by the information we received from community professionals who had involvement with the service. One told us, “I have found the staff very supportive and eager to action plans of care discussed. They all appear to be very caring and have continued to work well as a team.” Other comments included, “They understand how to refer to other professionals to manage residents’ needs.” and, “[Registered manager] strives to improve the situation or health of the clients. She is good at getting the GPs involved.”

Care records showed that staff were able to quickly identify when people may be in need of medical advice and took prompt action in these circumstances. For example, we saw that one person who used the service had complained of back pain and another had appeared to be lethargic and have a reduced appetite, in both examples the people’s GP had been called immediately.

When assessing and planning for people’s care, any risks to their nutritional health were addressed. Nutritional risk assessments were in place that identified if people were at risk from poor nutrition or dehydration. We found that where people were identified as being at risk in this area, a number of measures were taken to maintain their safety

and wellbeing. These measures included close monitoring of their food and fluid intake and weight, and where necessary, the involvement of external professionals such as community dietitians.

People we spoke with were generally positive about the standard and variety of food provided. All expressed their satisfaction although one person said the food ‘could be better’. When asked how improvements could be made they said they would like a little more variety. A community professional we contacted commented that when they visited, they noted the food always appeared to be of good nutritional value.

We joined people who used the service for lunch during the visit. We noted the meal served was of good quality and appeared to be enjoyed by all. Two different meals were served, which demonstrated people were able to have a choice about what they ate. Staff were able to later describe to us how they ensured people were offered choices for eating and drinking throughout the day.

One person required some assistance to eat their meal and we saw this was provided in a patient and helpful manner by a care worker. Other care workers were present to assist people if they needed and chatted with people throughout the service.

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.

Everyone we spoke with who used the service, told us they were enabled to make decisions about their care and that their rights were respected. People also told us they were able to ‘come and go’ as they pleased.

Records showed that all staff at the service had been provided with training in mental capacity and DoLS.

Is the service effective?

However in discussion, some staff members demonstrated a limited knowledge of the area but were able to give us examples of how they would ensure, on a daily basis, that people gave valid consent to various aspects of their care.

We found that the registered manager had made the necessary applications under DoLS for those people who were unable to consent to their accommodation and care. In addition, we saw examples where the registered manager had worked very closely with the local authority to help ensure people's care was provided in the least restrictive way possible, whilst protecting their best interests. However, in some examples we found information about people's mental capacity or action taken in their best interests, was not always clear on their care plans. This was discussed with the registered manager who advised us that an immediate review of how this sort of information was recorded, would be carried out to ensure the necessary information was clear on people's care plans.

People expressed confidence in the staff team and told us they felt they had the necessary skills and knowledge to provide safe and effective care. This was also the view of all the community professionals we consulted who described staff in ways such as 'competent' and 'confident'.

All the staff we spoke with expressed satisfaction with the training they received and felt they were well supported to carry out their roles effectively. One care worker told us, "The manager encourages training and there is no restriction on how much can be done."

Records confirmed that all new care workers were provided with a comprehensive induction at the start of their employment. This information was supported by

discussions we held with staff and the registered manager. The induction programme included a number of courses in important health and safety areas, such as moving and handling and infection control.

There was an ongoing mandatory training programme, which all staff were expected to complete. This programme included courses in areas such as safeguarding and dementia care. Staff were also provided with refresher courses on a regular basis. Records confirmed that all staff were fully up to date with their mandatory training.

Staff told us the registered manager encouraged them to obtain qualifications and this was reflected in the fact that almost all the staff team held a nationally recognised qualification in care.

Formal supervision, during which staff had the opportunity to meet with the registered manager on a one to one basis, was held on a quarterly basis. This meant staff were able to discuss areas such as work performance, training or any concerns they may have, on a formal basis. In addition, staff had the benefit of annual appraisals during which their performance and future work goals could be assessed.

At the time of the inspection, the home was nearing completion of extensive building works, which included the provision of increased communal space for people who used the service as well as the addition of a number of rooms. Two people told us that the building work had inconvenienced them to a slight extent but felt they had been kept fully involved throughout and were looking forward to seeing the finished results.

Is the service caring?

Our findings

We received some very positive feedback from people who used the service, their relatives and community professionals about the approach of staff and the standard of care provided. People described staff in ways such as kind, caring, patient and respectful.

Some of the comments we received from people who used the service or their relatives and friends included, “My mum is very happy here and I have been comfortable about her being here since day one. Nothing is too much trouble for the staff and they are great with her, she gets on really well with them. They seem to have a settled and happy staff to me. I would not say there has been much turnover.” “The staff here should all get gold stars”. “I have been here approximately five months and it is grand. Everyone, management and carers, are very nice and so helpful.”

All the community professionals we contacted spoke highly of the registered manager and staff. Their comments included, “I have been visiting the home for over five years. In this time I have found all of the staff very obliging and friendly.” “I have always found the staff to be very welcoming and also very attentive to the needs of the residents. The care of the residents is excellent. The concern and respect shown to them is wonderful to see.”

We observed staff providing support and interacting with people throughout the day. We saw that staff responded to people’s request for assistance promptly and provided support in a pleasant and helpful manner. There was a happy, calm and relaxed atmosphere in the home and it was apparent people got along with staff very well. The staff we spoke with were all cheerful and responded positively to our requests for information or assistance.

From our conversations with staff members and our observations, it was clear that the staff knew the people they were caring for very well. It was apparent staff had spent time building rapport with people. Staff told us that they supported residents to complete life histories and that this helped to build positive relationships.

Residents we spoke with commented that the staff turnover was low and as a result, they were able to build relationships with their care workers.

Care staff protected people’s dignity and right to privacy. We observed staff members knocking on people’s doors

and calling their name before entering the room. One staff member told us, “I treat people the way I would want to be treated - with dignity and respect.” All staff were able to tell us how they would ensure people’s privacy and dignity would be protected and gave us examples of how they did this when providing care.

In discussion, the registered manager shared plans with us to sign up to the dignity charter and appoint dignity champions across the home. The role of dignity champions would be to closely monitor how people’s dignity was promoted on a daily basis and challenge any areas of practice that were not in accordance with the dignity charter.

Relatives were encouraged to be involved in their loved ones’ care plans and express their views and opinions. One family member had written, ‘No issues, the manager and staff are great, couldn’t ask for better treatment for my mum.’ Another relative wrote, ‘The staff and care here are very good. Dad has very good care.’

We found people’s care plans included individual daily routines which staff were aware of. People had a choice of what time they would like to get up in the morning, for example. Staff told us, “There are some people that like to get up early and we make them a cup of tea before we go to their rooms. We respect people’s choices if they want to stay in bed.”

Staff spoke about getting to know people and understanding how they might express their choices and we saw some positive examples of this in people’s care records. One person’s care plan described how they communicated through cue cards, facial expressions and non verbal gestures. All the staff we spoke with were fully aware of this person’s individual methods of communication and were able to fully describe how they enabled her to express her views and choices.

We were told by people who used the service and their relatives and friends that there were no undue restrictions on visiting and that visitors were always made welcome. One person said, “We have no problem with visitors who can more or less come when they want and, in a way, I’m the same so I always choose to go to my own room after lunch.”

Is the service caring?

Advocacy information was available and on display in the home for people to access and staff told us that they were aware of how to contact the advocacy service. This meant that people would be supported to have access to an advocate if they needed one.

In the files we viewed there were no details completed about end of life care. Staff said they would ensure people were comfortable and seek their wishes at this time. We

spoke with the registered manager who advised us that this was an area identified for development and action taken to develop this area, had included the planning of specific end of life care training for all staff. This information was supported by a community professional who advised us she was working with the registered manager to help her develop the staff team's skills and knowledge.

Is the service responsive?

Our findings

Throughout the inspection we spoke with a number of people who used the service and their friends and relatives. We also spoke with staff from the service and consulted a number of community professionals. The feedback we received from people was very positive. People described a safe, effective service that was responsive to people's needs.

Comments from people who used the service or their relatives or friends included, "I have a nice room, the place is clean and we have good staff who are very considerate and helpful to me. For a long time I was spokesperson for the residents here but we now have more residents who can speak up." "I've seen my fair share of care homes but none of them compare with this place." "I am new here and have only been here a few weeks but it is very nice so far and I am very happy with everything. I'm still new but I do feel most welcome. I don't think there is much at all that you have mentioned that I would complain about." "While I don't know an awful lot about the home it is clear to me that it is as a good one and I know she is safe and very happy with the carers here." "I get very good help and have never needed to complain. You just can't fault them at all." "I took a while to settle but now I love it here. I do feel safe and I am very well cared for."

One community professional told us they would certainly recommend the service to their own friends or family and another told us, "During the treatments, I have the opportunity to converse with patients and they always present themselves to me as being contented and are always very chatty. They are complimentary about the staff and the food." Another commented, "I visit many Nursing/ Care Homes and I have to say it is always a pleasure visiting this one."

Thorough care needs assessments were carried out for any new person prior to their admission to the home. This helped the registered manager be sure it was appropriate to offer the person a place by ensuring their needs could be properly met. It also helped care workers to have some understanding of the care needs of new people on their arrival.

Future plans for the service included an increase in numbers and we spoke with the registered manager about how she intended to manage this safely. It was clear that

due consideration had been given to the need to manage the increase in a careful manner and ensure the increase in numbers was done on a gradual basis, to help ensure people's care could be planned carefully.

Information gathered during the assessment process was used to generate a care plan, which described people's care needs and the support they required. We viewed a selection of care plans and found they were well detailed documents, which provided a good overview of people's care needs and the support they required.

We saw that people's care plans were reviewed and updated in line with any changes in their needs. Care plans also demonstrated that staff responded in an effective way to any issues identified in relation to people's care. For example, we viewed the care plan of one person who had been found to lose a small amount of weight. We saw that this had been identified quickly and the registered manager had held a discussion with the person and their family about possible reasons for the weight loss and what action could be taken to safeguard the person concerned.

Detailed social histories were completed on each person's care plan, which included information such as their previous employment, significant life events, important relationships and hobbies. We found that care plans were centred on the wishes and preferences of the person. People's preferred daily routines and the things that mattered to them were well detailed, to help care staff understand how people wanted their care to be provided. One care worker told us, "Everyone is different and it is good to refer to the care plan to look at likes and dislikes and any other information."

In viewing people's care plans we could see that their views and wishes were taken into account. For example, we viewed the care plan of one person who had requested some changes to their nutritional care. The registered manager was working to facilitate this in partnership with the relevant community professionals.

We saw that people's views, including those of family members where appropriate, were taken into account. Written comments on people's care plans included, 'No issues, couldn't ask for better treatment for my mum.' And 'A very satisfactory care plan taking care of all my mother's needs.'

We found evidence that the registered manager adapted the training programme at the service in response to

Is the service responsive?

people's needs. Staff we spoke with described how they had been provided with training in the care of people who lived with dementia and how the training had helped them develop their skills. Staff spoke of being more confident in communicating with people and meeting their needs as a result of the training.

Staff demonstrated good understanding of people's needs and were able to describe the care provided to individual residents. They were aware of people's individual preferences and how they wanted their care to be provided.

People we spoke with told us their opinions about the running of the service were welcomed and valued. One person described a time when they had made a suggestion for improvement and said they considered the suggestion had been well received and acted upon.

Residents' and relatives' meetings were held on a regular basis and the majority of people we spoke with confirmed they attended these. We viewed minutes of the meetings and saw that various aspects of the service were discussed and that people were invited to express their views and wishes. The registered manager was able to give us a number of examples of changes made within the service as a result of feedback from people. These included changes made to the arrangements for evening meals and supper.

We saw that the registered manager had attempted to involve people who used the service and their families in the ongoing refurbishment of the home. People had been involved in choosing colour schemes and new furniture. In addition it was pleasing to see that all the current residents of the home had been given the opportunity to move to one of the new bedrooms, if they wanted to.

Satisfaction surveys were carried out on a regular basis and their results analysed by the registered manager so that any opportunities for improvements could be identified. We saw that the results of surveys were posted on the information notice board so they could be seen by people who used the service and their representatives.

People we spoke with were aware of how to make a complaint should the need arise, although none had raised any concerns. People told us if they did need to raise any concerns in the future, they would feel comfortable in approaching the registered manager or a member of the staff team about this.

Records were kept in the home of any concerns raised and action taken as a result. We saw that two complaints had been received in the last year and records showed these had been dealt with in a prompt and satisfactory manner. Both complainants had been satisfied with the outcome.

Some people felt there were plenty of activities organised at the home, although two people told us they would like to see more. One of these people said, "I have not been out on any trips as of yet and we could do with organising some cards or dominoes." At the time of the visit we observed people enjoying a musical afternoon. The notice board in the home advertised other activities such as arts and cards, quizzes and visiting entertainers.

The registered manager advised us that the area of activities was one she had identified for development and now that the refurbishment of the service was nearing completion, she would be reviewing the activities programme and looking at how it could be improved.

Is the service well-led?

Our findings

There was a well-established management structure and those we spoke with were aware of the lines of accountability within the service. This helped ensure that people were aware of who they should speak to if they had any concerns or required any guidance or support.

Everyone we spoke with knew the registered manager and told us they felt able to approach her should they need to. People spoke very highly of the registered manager and the rest of the management team describing them, as 'hands on' and 'actively involved'. Comments included, "The manager is brilliant and so is her deputy so it is not surprising things run so well." "I can say that we, the family, have been pleased with the way this home is run and with the care [name removed] gets ever since he came here. In my view the manager, the deputy, and the staff are all marvellous and they give us no cause for concern."

Community professionals also expressed satisfaction with the management of the service. Their comments included, "This home has improved since my involvement a number of years ago. The manager works very hard and strives to constantly improve." "It's a good home from the dealings I have had. I have a good relationship with the manager. If there are issues we have a honest discussion and she is willing to go with any practical ideas suggested or will come up with suggestions about ways forward."

All staff we talked with spoke positively about the management of the service and told us they felt well supported. Staff described a positive culture within which they could raise any concerns and express their views.

Staff meetings were held on a monthly basis and could be called at any other time if needed. We viewed minutes of the meetings that showed all aspects of the service were discussed, information cascaded and that people were invited to raise any issues they wished to address.

There were systems in place which enabled the provider and registered manager to monitor quality and safety across the service. Audits were in place, which covered a variety of areas including medication, care planning and the environment. We looked at records of audits and noted where issues had been identified, prompt action had been taken to address them.

We discussed the concerns we identified with medicines management and the effectiveness of the medicines audits. The registered manager advised us that the auditing of medicines would be reviewed immediately to ensure the process was robust and effective in identifying any future issues.

There were systems in place to monitor and analyse any adverse incidents that occurred, such as accidents, complaints or safeguarding concerns. This was carried out by the provider and manager and the process helped to ensure that any themes or trends could be identified and addressed. In addition, the manager and provider ensured that any possible learning from such incidents was identified and put into practice.

We were advised that the provider visited the home on a regular basis and took time to speak with people who used the service, staff and visitors to obtain their views. The registered manager described the provider as very supportive and always willing to invest in the service. She confirmed she was provided with all the resources necessary to provide a safe and effective service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12. Safe care and treatment.</p> <p>The registered person had failed to ensure that adequate arrangements were in place for the safe management of medicines.</p> <p>12(1)(2)(g)</p>