

Lakeview Health Care Limited

Lakeview

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service

Lakeview is a purpose built nursing and residential home located in Leigh. The home provides care and support for people living with dementia or related conditions, mental health diagnosis and physical disability. The home is registered to accommodate a maximum of 30 people across three floors; named Fir Tree, Bridgewater and Pennington. At the time of inspection 20 people were living at the home.

People's experience of using this service and what we found

We found improvements were required in the management of modified diets, consistency of record keeping and with the homes auditing and quality monitoring processes. We identified regulatory breaches in each of these areas.

People told us they felt safe living at the home and felt enough staff were deployed to provide the necessary care and support. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been reported to the local authority as required. Accidents, incidents and falls had been documented consistently, with reviews completed to look at ways to prevent a reoccurrence.

Medicines were managed safely, by staff who had received training and been assessed as competent. The home and provider had quickly identified concerns with a new medication administration system and put steps in place to ensure these were addressed timely.

Care files contained detailed risk assessments, which had been regularly reviewed to reflect people's changing needs. This ensured staff had the necessary information to help minimise risks to people living at the home.

People told us staff were both competent and professional and knew how to do their jobs. Staff told us they received sufficient training to carry out their roles, with a comprehensive induction completed which was aligned to the care certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of people working in the health and social care sector.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind, caring and treated them with dignity and respect. Staff had taken time to get to know people, which was evident from the interactions we observed and in people's feedback to us.

People received personalised care which met their needs and wishes. People were supported to complete activities and interests of their choosing, which included social and leisure opportunities within the community.

People spoke positively about the food and drink provided, confirming they were offered choice and received enough. We identified some concerns with two people who required a modified diet, as they had been given foods contrary to professional guidance. This issue was addressed during the inspection.

The management team were reported to be friendly, approachable and actively engaged in supporting and making improvements. A range of audits and monitoring systems were used to assess the safety and quality of the care provided, however we found these needed to be more robust to ensure they captured the issues noted during inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The home was registered with us on 24 July 2018 and this was the first inspection.

Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Newly registered services are inspected within 12 months of registration.

Enforcement

We have identified breaches in relation to the management of modified diets, record keeping and the auditing and quality monitoring process. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lakeview

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector from the Care Quality Commission (CQC) 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.

Service and service type

Lakeview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. The previous registered manager had recently resigned from their position. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with the eight members of staff including the manager, clinical nurse manager, activities co-ordinator, team leaders and support workers

We reviewed a range of records. This included five people's care records, six staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information supplied by the home relating to training completion, safety certification and medication.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not consistently receive foods in line with professional guidance. For two people, one assessed as requiring a level 6 diet (soft and bite sized) and another a level 5 diet (minced and moist), food charts indicated they had been provided with meals such as chicken nuggets, pizza, pork pies, biscuits, spaghetti bolognese and fried noodles.
- Foods such as sandwiches, cake, chips and sausages had also been documented, which can be eaten if served in a certain way, such as if containing soft fillings, covered in custard or gravy, or are skinless, however records did not specify this had occurred. Although neither person had come to any harm, being provided with the wrong foods placed them at risk of choking.
- We found conflicting information relating to modified diets within one person's care file. In the summary section they were listed as requiring a normal diet, on the dietary notification sheet a Texture E diet (Level 6) and on the nutrition care plan a Grade 2, custard consistency diet, which would suggest they required pureed meals. When asked, staff said the person required a, "soft, bite sized, mashable diet". This matched the information on the diet notification sheet.

People had been placed at risk of choking due to dietary guidance not being followed, records failed to confirm certain foods had been served in an appropriate way and information in care files relating to people's dietary needs was contradictory. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Upon alerting the manager to the concerns, they ensured staff were aware not to provide these foods again. Discussion was held with the catering manager about the provision of modified diets and agreement made to provide additional training. A re-assessment by speech and language therapy (SaLT) of one person's needs was being arranged and information for all people requiring a modified diet was reviewed, to ensure this was accurate. Where necessary changes were made, and these shown to the inspector for confirmation.

- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.

Using medicines safely

- Medicines were being managed safely. Staff had received training in medicines management and had their competency assessed. The home had introduced an electronic medicines system (eMAR), however following a number of issues with its usage, including stock control and missed administration, had discontinued use of the eMAR on two of the units. Provider level support and regular monitoring was being provided to assist in addressing these issues with the aim of reintroducing the system across the home.
- Medicines administration records (MAR) had been completed accurately. Each person had a cover sheet with their MAR which contained their name, photograph, allergy information and information about how they liked to take their medicines. We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and what signs to look for that would indicate the medicine may be required, in case the person couldn't tell them.
- Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.
- Where it was necessary to administer medicines to a person covertly, which means without their knowledge, this had been done within a best interest framework. However, input from a pharmacist, to confirm medicines could be safely crushed or mixed with food/liquids was not always clearly documented, as per best practice.
- Audits had been completed daily, weekly and monthly which covered areas including storage, administration and documentation of all medicines including controlled drugs. Action plans to address any issues noted had been generated and completed timely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People we spoke with told us they felt safe living at Lakeview. Relatives also had no concerns about the safety of their loved ones. Comments included, "I feel very safe. I have a one to one carer during the day. At night they look in my room every 15 minutes to check on me. The building is safe because I know no one can get in without using security codes" and "My [relative] is very safe here as the carers know how to meet their needs. Couldn't be in a better place."
- Staff knew how to identify and report any safeguarding issues or concerns. Safeguarding training had been provided to all staff as part of their induction.
- The home had reported any safeguarding concerns in line with local authority guidance. A log had been used to record each referral, what had occurred, action taken and outcomes.
- Reviews of any accidents and incidents had been completed both within the home and at provider level, with action plans generated to try and prevent a reoccurrence and help the home learn from any mistakes.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. This was confirmed by the people and staff we spoke with. Comments included, "Yes, no concerns. Best staffed place I've ever worked" and "There are lots of staff. They are always there to help me."
- The home used a system for determining how many staff were needed to meet the needs of people living at the home. This matched the number of staff deployed.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions. Nurses 'PIN' numbers had been checked to ensure their registration remained up to date.

Preventing and controlling infection

- The home was clean and free from odours with appropriate infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels.
- Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff spoke positively about the training and support provided. A comprehensive four-day induction training programme was provided to all new staff, which was followed by shadowing of existing staff and practical competency checks.
- Comments included, "Training is really, really good. Very intense. This is a good company for progression" and "Really good, any training you want they will find. I have asked for some refreshers, even though not due yet and they're happy for me to do these."
- The home had recently formed links with a local college, which allowed staff to enrol on courses of interest and achieve qualifications to help further career development.
- Staff told us supervision was held regularly and they found the meetings useful. A matrix was used to monitor completion. This showed meetings had only been completed consistently since January 2019, when changes to the management structure had been made. This fact was acknowledged by the manager during the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in, pre-admission and needs assessments had been completed. These were very detailed and ensured the home could meet people's care needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured as part of the admission process. This information had been used to help complete people's care plans
- Each person we spoke with, told us they were happy with the care they received and were supported to make choices. Comments included, "I can make my own choices" and "I can do what I want here."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS were being managed effectively. Applications had been submitted where required, with a tracker used to monitor all applications, whether they had been granted and ensure reapplications were submitted in line with guidance.
- Care files contained information about people's capacity to consent to care and treatment, and where necessary details of their legal representative, such as a Lasting Power of Attorney (LPA). Where people lacked capacity, meetings had taken place to make decisions in their best interest.
- We noted people deemed to lack capacity had signed their care plans. The manager told us this was done to demonstrate their involvement in the care planning process.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the meals provided, telling us there was sufficient choice and enough food and drink provided. One person stated, "The food here is lovely. There is a good choice each day. We get lots of drinks and snacks throughout the day and today because it is so hot, they are giving more drinks than normal."
- Prior to eating, people were asked if they would like their meal provided in the dining room, bedroom or lounge area and their wishes met.
- Staff were attentive to the needs of people during meal times. Where necessary people had been provided with adapted crockery or cutlery, such as coloured plates and easy grip knife and forks, to help promote their independence.
- We identified some issues with the provision of modified diets and how meals had been recorded on food charts. This is covered in more detail in the safe domain.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of medical and healthcare services, with GP's and other professionals regularly visiting the home. One person told us, "The doctor comes to see me here, but I also see the podiatrist and optician. The home is trying to arrange for a dentist to come and see me here in the home."
- Guidance from professionals was included in people's care files and helped inform both risk assessments and the care planning process.
- Where concerns had been identified, such as unplanned weight loss, issues with skin integrity, or concerns with swallowing, we saw referrals had been made timely to professionals such as GP's, dieticians, district nurses and speech and language therapists (SaLT).

Adapting service, design, decoration to meet people's needs

- Consideration had been taken to ensure the environment within each unit had been adapted to meet the needs of people who lived there. This included the use of pictorial signage on bathrooms and toilets and the use of memory boxes and personalised objects and pictures, to help people identify their bedrooms.
- Each bedroom was large in size with an ensuite bathroom. Where necessary equipment, such as ceiling hoists had been installed to meet people's mobility needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke highly of the staff and said they were kind, caring, polite and professional. Comments included, "The staff couldn't be kinder" and "The staff are marvellous, they look after [relative] very well."
- Throughout the inspection we observed staff and people chatting and joking together. It was clear people felt comfortable in staff's presence and had formed important therapeutic bonds.
- Staff were observed to be patient, taking time to let people express their views before acting upon requests. For example, we observed one member of staff sitting with a person who was having difficulty saying what they wanted. The staff member told them not to worry and supported them till they managed to express their needs, which were then met.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files contained sections to document whether people had any specific needs, whether these be spiritual or cultural.
- We observed action being taken to ensure a person's religious and cultural needs would be met upon admission. This included purchasing new equipment for the kitchen, just for that person's use.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful about the importance of maintaining people privacy and dignity and ensured this was done consistently. People and relatives feedback confirmed this. Comments included, "They treat me with dignity and respect. When I get out of the shower, they wrap me up in towels and they always make sure my bedroom curtains are shut."
- People confirmed staff encouraged them to retain their independence, by letting them do what they could for themselves. Staff provided examples of how this was achieved, such as by letting people wash themselves, choose their own clothes and get themselves dressed.
- Each unit had a kitchenette within the dining room, where people who chose to could be supported to make drinks and snacks, so they didn't lose these skills.

Supporting people to express their views and be involved in making decisions about their care

- People received care in line with their wishes from staff who knew people well and what they wanted.
- People told us staff spent time chatting to them, listening to what they had to say and discussing their care. Comments included, "The carers listen to me all the time, we do lots of chatting. They know me well and respect my wishes" and "The staff understand I have difficulty getting my words out and they are very patient. They know my likes very well."
- The home had a service user ambassador; whose role was to act as a voice for people living at the home

promoting and sharing their views and ideas. Their role also involved interviewing new staff, so people had some involvement in choosing who supported them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and wishes. Care files included details of people's life history, things which were important to them and their goals and aspirations. Care plans clearly explained what people wanted to achieve and how staff should support them in this.
- The home worked hard to discover what people liked or wanted to do and then sought to facilitate this. For example a person had enjoyed swimming in their youth, so staff had researched dementia friendly swimming sessions, so the person could recommence the activity.
- One person had a passion for ballroom dancing but had not done any for some time. Staff had taken dancing lessons, so they could dance with this person in the way they liked. Another person had been tasked with taking the snack trolley round and collecting people's money, which gave them a renewed sense of responsibility.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had recently employed a new activity co-ordinator, who was both enthusiastic and proactive. People spoke positively about the activities provided, which catered for their individual tastes and abilities. For example, one person now attended the gym each week, after expressing an interest in keeping fit.
- The activity coordinator organised daily activities such as gardening, coffee mornings, movie nights, but also provided a range of activities in the activity room, known as the hub. People could ask to go to the hub to take part in craft activities, music making and sensory activities amongst other things.
- Community access and integration was seen as an important part of people's care and support. The home has a mini bus, which is used to take people out to places of their choice. Recent outings have included Ainsdale beach, Blackpool, shopping trips and visits to local restaurants. We saw a wheelchair friendly barge trip had been scheduled for the 5 August.
- The home provided a supported holiday service, to enable people to 'go away' as they used to. One person was being supported to go on a cruise to Spain, as they had never been abroad before and really wanted to do so.
- Another person was being supported to pursue their interest in bird watching, by being supported to visit a holiday park. Staff had even purchased the person a pair of binoculars and placed bird feeders outside their bedroom window to support their interest.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care files contained communication care plans, which detailed any difficulties people may have and how best to communicate with them. This included the use of visual cues and body language, where people experienced problems communicating verbally.
- Where people required sensory equipment, such as glasses or hearing aids, care files detailed this information, along with whether the person was compliant in using them.
- Information was provided in a range of formats, to meet the varying needs of people living at the home. Examples included leaflets, questionnaires and other information being produced in 'an easy read' format, containing simple text and pictures.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed clearly within the home, to ensure people knew what action to take if they wished to raise concerns.
- People told us they knew how to complain, would feel comfortable doing so but had not yet needed to. Comments included, "I have no complaints about the home. I never want to leave here."
- We found complaints had been handled as per policy and procedures. A log was used to capture details of complaints received and action taken. In most instances meetings with the complainant had been held during which the issues had been resolved.

End of life care and support

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan.
- The home was supported by GP's and district nurses as required, to ensure people received the necessary care and support when approaching the end of their life.
- Staff reported feeling confident in supporting people at this stage of their life and would follow the guidance of nursing staff. However, they provided mixed feedback about whether actual training in palliative care had been provided and we were unable to confirm this had been done based on the training matrix provided.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At this inspection this key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We identified issues with consistent record keeping, including the gaps in safety checks, which had not been identified or addressed at the time. We also found one person's thickener record, used to confirm thickening powder had been added to all drinks so they are safe to consume, had not been completed consistently. For example on the 21 and 22 July it had not been completed at all, despite the fluid chart indicating drinks had been provided.
- The home did not have a specific form for documenting the provision of personal hygiene, such as baths, showers and oral care. We were told staff documented this in daily notes, however for each of the people whose care file we viewed, staff had tended to just record 'personal hygiene needs met'. This meant we could not confirm what had been provided and whether this was in line with people's wishes. The manager told us personal hygiene charts would be introduced moving forwards.
- The home completed a range of audits and monitoring both internally and at provider level, to assess the safety and quality of the care provided. However, despite the comprehensiveness of the auditing process and the number of areas covered, these had not identified all of the issues noted during the inspection.
- Care file audits had not identified conflicting or incorrect information, for example the issues with people's nutritional needs covered in the safe domain. In another person's file we saw reference to staff having to provide regular positional changes, despite being told this person was able to reposition themselves, when we asked to see positional change charts.
- We also found evidence action had not been taken timely to address issues found during the auditing process. A support visit by a member of the provider's clinical department carried out on the 2 and 4 July had identified issues with the completion of thickening charts and dietary information in care plans, which were still present during our inspection.

The provider had failed to complete contemporaneous records relating to people's care and the auditing and quality monitoring systems in use were not robust, with timely action not consistently taken when issues identified. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had undergone a number of changes, especially to the management team since opening. The current manager was the fourth in the last 12 months, which had understandably impacted on stability and

continuity.

- People, relatives and staff were complimentary about the current management team, describing them as approachable, supportive and friendly. Comments included, "I have spoken to the manager on many occasions, they are very nice", "The manager knows me well, they often ask how I am" and "I like that [manager's name] is manager now. In fact, the whole home will be over the moon, as they genuinely care."
- People spoke positively of the home, telling us they had no concerns and enjoyed living there. One stated, "I have never had to raise any concerns personally or for anyone else. I think this home is a smashing place."
- Staff echoed this view, telling us the home was an enjoyable place to work. Comments included, "I would describe the atmosphere in the home as friendly and welcoming", and "I love working here, I genuinely do. Everyone here is fantastic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and their relatives told us they currently had no concerns in this regard. Meetings had been held with people to discuss any issues or concerns, with minutes taken to document what had been discussed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although the home had a service user ambassador, we noted no actual resident and relative meetings had taken place in the last 12 months. A resident and relatives meeting had been arranged in November 2018 but nobody attended. As a result, the manager spoke to five residents separately to gather their views. We noted a resident meeting was scheduled for the 29 July.
- People's feedback had been captured through a resident survey, which had been circulated earlier this year. The survey had been written in an easy read format, containing simple sentences, words and imagery and asked people to comment on various aspects of the care and support provided. Feedback from people had been positive.
- The home had a suggestions box, where people and relatives could leave feedback or suggest ideas. These were responded to via a 'you said...we did...' process on the home's notice board.
- Staff had been provided with a survey in 2018, so they could express their views on what it was like to work at the home and for the provider. Feedback at that time had been mixed, with some staff stating they were very happy, whilst others had reported issues with leadership, management and not feeling listened to. These concerns had since been addressed, as evidenced by staff's positive feedback during the inspection.
- Team meetings were completed regularly, which provided staff with a forum to discuss any issues or concerns, as well as receive information about the home. These were arranged at different times of the day, so they were accessible to both day and night staff.
- We noted a number of examples of the home working in partnership with other professionals or organisations. The home had built good relationships with visiting professionals, which benefitted the people living at the home. One person was supported to attend a voluntary placement at a local charity shop.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People had been placed at risk of choking due to dietary guidance not being followed, records failed to confirm certain foods had been served in an appropriate way and information in care files relating to people's dietary needs was contradictory.</p>
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 complete contemporaneous records relating to people's care and the auditing and quality monitoring systems in use were not robust, with timely action not consistently taken when issues identified.</p>