Meadows Edge Care Home Limited

Meadows Edge Care Home

Inspection report

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Date of inspection visit:
03 July 2017

Date of publication:
22 September 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection on 3 July 2017.

Meadows Edge Care Home can provide accommodation, nursing and personal care for 45 older people and people who live with dementia. There were 39 people living in the service at the time of our inspection of whom 23 needed nursing care.

The service employed both nurses and care workers. In our report when we speak about both of these groups we refer to them as being, 'care staff'.

The service was run by a company who was the registered provider. There was an acting manager who had taken up their post four weeks before our inspection visit and who had applied to us to become the registered manager. In our report we refer to this person as being, 'the 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. In this report when we speak about the company we refer to them as being, 'the registered person'.

At our inspection on 14 July 2016 we found that improvements needed to be made to ensure that people who lived in the service fully benefited from it being safe, effective and well led. The improvements needed to make the service safe included putting right defects in the accommodation and addressing a security issue. In relation to developing the service's effectiveness we found that people who lived with dementia needed more support to find their way around their home. We also concluded that parts of the catering arrangements were strengthened so that meals were appetising and hot. In addition, we found that the service was not always well led as robust action had not been taken to address the concerns we had noted.

At this inspection we found that only some of these shortfalls had been addressed and we also identified some additional concerns. We found one breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records did not show that suitable arrangements had not been made to fully involve people in the development of the service. In addition, the records we were shown did not assure us that robust quality checks had not always been completed. You can see what action we have told the registered person to take at the end of the full version of this report.

Our other findings at this inspection are as follows. People had not been fully helped to avoid preventable accidents and parts of the accommodation were not clean. Medicines were not consistently being managed in the right way. However, there were enough care staff on duty and background checks had been completed before new care staff were employed. Care staff knew how to respond to any concerns that might arise so that people were kept safe from abuse.

Although some care staff had not received all of the training the registered person considered to be necessary they knew how to care for people in the right way. Most people enjoyed their meals but some people did not promptly receive the help they needed to eat their meals. Suitable steps had not always been taken to fully promote positive outcomes for people who lived with dementia. However, nurses ensured that people received all of the healthcare they needed.

People were helped to make decisions for themselves whenever possible. When people lacked mental capacity the registered person and the manager had ensured that decisions were taken in people's best interests. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered person and manager had ensured that people only received lawful care.

Although care staff were kind, people did not always receive care that they considered to be compassionate. However, people's right to privacy was promoted and there were arrangements to help them to access independent lay advocacy services if necessary. Confidential information was kept private.

People were given the nursing and most of the personal care they had agreed to receive. However, care staff had not always followed the correct procedures to ensure that a person was safely assisted to be comfortable when in bed. In addition, there were no records in the service to show if complaints had been properly investigated and quickly resolved. However, suitable provision was in place to promote equality and diversity. In addition, people had been supported to pursue their hobbies and interests.

The registered person had told us about significant events that had occurred in the service. In addition, they had correctly displayed the ratings we had given to the service in order to inform members of the public. Good team working was promoted and care staff said that the service was run in an open way so that they could speak out if they had any concerns.

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

The service was not consistently safe.

People had not always been protected from the risk of avoidable accidents.

Parts of the accommodation were not clean and medicines were not always managed safely.

There were enough care staff on duty and background checks had been completed before new staff were employed

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some of the arrangements to support people to enjoy their meals were not robust.

Although care staff knew how to care for people in the right way, they had not received all of the training the registered person considered to be necessary.

Care was provided in a way that ensured people's legal rights were protected.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Although care staff were kind, people did not always receive care that they considered to be compassionate.

People's right to privacy was promoted.

There were arrangements to help people use independent advocacy services.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although people received a lot of nursing and personal care, care staff had not always followed the correct procedures to ensure that a person was safely assisted to be comfortable when in bed.

There were no records in the service to show if complaints had been properly investigated and quickly resolved.

Suitable provision was in place to promote equality and diversity.

People were supported to pursue their hobbies and interests.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People had not been fully involved in the development of the service.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

The manager was not registered with us. However, they had started the necessary application process.

The registered person had told us about significant events that had occurred in the service and had correctly displayed the ratings we had given to the service.

There was good team work and staff had been encouraged to speak out if they had any concerns.

Meadows Edge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered person was 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.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 3 July 2017. The inspection was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection visit we spoke with 12 people who lived in the service and with three relatives. We also spoke with two care workers, a senior care worker, a nurse, an activity coordinator, a housekeeper and the maintenance manager. In addition, we spoke with the administrator and the manager. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After our inspection visit we spoke by telephone with another four relatives.

Requires Improvement

Is the service safe?

Our findings

All of the people who lived in the service and their relatives with whom we spoke said that the service was safe. A person who lived in the service said, "I suppose I'm okay here. It's a bit rough and ready but the staff are okay with me." Another person who lived with dementia and who had special communication needs gave a 'thumbs-up' sign when asked about this matter. A relative said, "The staff are kind and helpful."

However, we found that there were shortfalls in some of the arrangements that had been made to reduce the risk of people experiencing avoidable harm. These included there being two trip hazards caused by changes in floor level that were not highlighted in any way and so were unexpected. Another problem related to the water closets fitted in two communal toilets. Neither had a supporting frame and the seats were broken and so slid to one side when any pressure was put on them. Shortly before our inspection visit there had been a significant leak caused by a defect with the roof. We were told that this had resulted in water dripping into an area of the first floor. The registered person assured us that no electrical fittings had been affected and that an electrician had advised that the electrical system was safe to use while the roof was being repaired. However, there were no documents for us to examine relating to the current serviceability of electrical system. Therefore, we could not be fully confident that the matter had been resolved. We raised our concerns with the manager who told us that steps would immediately be taken to address each of the shortfalls we had noted.

Nevertheless, staff had identified other possible risks that could lead to people having accidents. An example of this was people being provided with walking frames to improve their balance. Another example was the passenger lift that gave step free access to the first floor. Other examples were external doors being alarmed so that staff could check if they were only being used by people in a safe way. Also, we noted that the main stairs were fitted with a 'magic eye' device. This alerted staff when the stairs were in use so that they could check that people were safe. In addition, nurses and care workers knew how to correctly assist people who had reduced mobility so that they could quickly move to a place of safety if the fire alarms sounded.

In addition, records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the manager had analysed each event so that risk assessments could be updated and practical steps taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled care staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

Although most areas of the service were clean, there were shortfalls in some of the arrangements that had been made to promote good standards of hygiene. We saw that one of the drains immediately outside the kitchen was overflowing with water that we were told had been used for washing plates and utensils. The dirty water that had a stale odour had spilled out into an area of the garden near to a seating area that was regularly used by people who lived in the service. We were told by relatives and people who lived in the

service that the drain had been overflowing for several days. Records showed that the problem had already been identified by the maintenance manager and was due to be rectified. We drew the matter to the attention of the manager and by the end of our inspection visit the blockage in the drain had been cleared although the area still remained wet with dirty water. The day after our inspection visit the registered person informed us that all of the standing dirty water had been removed and the whole area had been sanitised.

Another shortfall was one of the bathrooms where the floor covering had been removed leaving only a stained concrete base for people to walk upon. We raised our concerns with the manager who informed us that a new floor covering was about to be laid.

We found that there were reliable arrangements for ordering, storing and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. However, we were present when a nurse and a member of care staff were administering medicines at lunchtime and we noted that one of them was not doing this in a safe way. This was because they left medicines with people to take later on and then immediately signed a record to say that the medicines had actually been taken. Although we saw the people concerned taking the medicines in question the arrangement increased the risk that mistakes would occur. This was because the member of staff concerned could not be sure that the people in question would promptly take their medicines resulting in the risk that they would be left and used by someone else. We raised this matter with the manager who told us that all members of staff who administered medicines had received training and had been assessed as being competent to complete this task. However, they assured us that additional training would be provided and more checks would be completed to ensure that all medicines were dispensed in the right way.

Some of the people with whom we spoke said that there were enough care staff on duty to promptly provide the care they needed. One of these people said, "The staff are busy but all I can say is that I get all of the help I need and the staff are cheerful about it as well." However, other people voiced reservations. One of them said, "I think that they're too rushed in the morning and you can have to wait quite a long time if you ring your bell for help." Relatives also had different opinions about this matter. One of them said that the care staff were 'excellent and attentive'. However, another said, "We see a lot of waiting going on with some people being left sat at a table after a breakfast for one to two hours. That's not acceptable."

The manager told us that the registered person had completed an assessment of the minimum number of nurses and care workers who needed to be on duty taking into account how much assistance each person required. We noted that on the day of our inspection and for the preceding week all of the nursing and most of the care staff shifts had been filled. In addition, we were told that the registered person had introduced a new 'twilight shift'. This had resulted in an additional member of care staff being on duty from 7.00pm to 11.30pm on five days a week so that there was more capacity at this busy time of day. We were also told that it was intended to extend the shift to seven days a week as soon as the necessary additional care staff could be recruited.

Nevertheless, we saw examples of people not always promptly receiving all of the assistance they needed. At lunchtime we saw three people in the lounge not quickly receiving all of the help they needed to eat their meal while it was still hot. We also saw another person who was cared for in bed not eating a meal that had been left for them. We noted that at the end of 20 minutes they had not started their meal and appeared to be asleep. We did not see them receiving any assistance to eat their meal while it was still hot.

Furthermore, we noted that when people who were sitting in the lounge asked for assistance to go to the bathroom this was not always promptly provided either because staff were not present or were helping someone else. Indeed, we saw one person having to wait for 45 minutes for the assistance they needed.

There were no documents to show us how the registered person had calculated the number of nurses and care workers who needed to be on duty. We raised our concerns with the manager. They told us that since our last inspection visit the number of care workers on duty had been increased. However, they also assured us that they would reassess how many care and ancillary staff were needed to ensure that people promptly received all of the help they needed. In addition, after our inspection visit the registered person informed us that arrangements had been made for additional care staff to be on duty at busy times in the morning and evening. They also told us that more staffing hours had been made available for housekeeping, supporting activities and management.

Records showed that the registered persons had correctly completed background checks when appointing new care staff. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from previous employers. These measures helped to establish applicants' previous good conduct and to ensure that they were suitable people to be employed in the service.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. In addition, records showed that the registered person and manager had correctly assisted the local safeguarding authority by investigating the circumstances of a small number of concerns that had been raised in the 12 months preceding our inspection visit. This had assisted the authority to carefully consider how to continue to ensure that people were kept safe.

Requires Improvement

Is the service effective?

Our findings

People said that they were confident that care staff knew how to provide them with the assistance they needed. One of them said, "The staff team seem to be quite settled recently and they know what they're doing." Another person said, "They do a good job and look after us well." Relatives were also confident that care staff had the knowledge and skills they needed. One of them said, "In general, I do think that the staff are a pretty good lot and they genuinely care about what they're doing. I think it's more than just a job for them."

Most people told us that they enjoyed their meals with one of them remarking, "The food is actually okay on most days and we get enough." Another person said, "I enjoy my meals mostly – it's hot and tasty enough." A third person commented, "I get a choice at dinner and it's hot enough when it comes." However, a minority of people were less satisfied with one person saying, "I don't like some of the meals and if you don't like one of the two main choices the only thing left is for staff to make you a sandwich which isn't really good enough."

We noted that most meals were delivered frozen to the service by an external supplier and then reheated by kitchen staff. Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. However, we were present when a person said that they did not want to have either of the meals on the menu from which they had chosen earlier on. The care worker was only able to offer them a sandwich as an alternative and in the end the person chose to have one of the hot meals they had originally declined most of which they left. After our inspection visit, the registered person told us that people had been carefully consulted about the choices available on the menu. They also confirmed that alterations would continue to me made to the menu to respond to people's changing preferences.

There were a number of measures in place to help to ensure that people had enough nutrition and hydration. Records showed that people had been offered the opportunity to have their body weight regularly checked. This was so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were checking to make sure that people who were at risk of not eating and drinking enough were having the nutrition and hydration they needed. In addition, the manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

Care staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The manager said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff had regularly met with a senior colleague to review their work and plan for their professional development.

In their Provider Information Return the registered person told us that it was important for nurses and care staff to receive refresher training in key subjects to ensure that their knowledge and skills were up to date.

These subjects included how to safely assist people who experienced reduced mobility, supporting people to promote their continence and ensuring people's fire safety. We were told and records confirmed that this key training had been delivered. In addition, we noted that most care staff had obtained or were working towards a national vocational qualification or its equivalent. Furthermore, we found that nurses and care staff knew how to provide the nursing care and practical assistance that people needed to receive. An example of this was nurses and care workers knowing how to correctly assist people who needed support in order to promote their continence. Another example was nurses and care workers knowing how best to help people to keep their skin healthy. This included knowing how to prevent people from developing sore skin and the action to take if this occurred.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that care staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a care worker explaining to a person who lived with dementia why they needed to use a medicine that helped them avoid the discomfort of indigestion. The member of staff pointed to their own stomach to explain to the person how the medicine would relieve their symptoms. We noted how the person responded positively to this information and was then happy to accept the medicine in question.

Records also showed that in relation to people who lacked mental capacity the manager had consulted with relatives and with health and social care professionals when a decision about a person's care needed to be made. This was necessary so that they could confirm that important decisions were made in the people's best interests. An example of this was the manager liaising with a person's relatives and healthcare professionals so that arrangements could be made for essential dental care to be provided.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered person and manager had made all of the necessary applications to the local authority to ensure that people only received lawful care.

Records showed that some people had made specific legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by care staff. This helped to ensure that suitable steps could be taken to consult with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People said and records confirmed that they received all of the help they needed to see their doctor and healthcare professionals including chiropodists and opticians. A person spoke about this and said, "Yes, I think that the staff are on top of that pretty much and the doctor calls whenever I need them." Relatives also commented on this matter with one of them saying, "I know that the service does call the doctor when necessary and they let me know too if my family member is unwell."

Requires Improvement

Is the service caring?

Our findings

Most people were positive about the quality of care that they received. One of them said, "Overall, it's okay in here" Another person speaking about the care staff said, "I find them all so kind. I like them all." A third person remarked, "I find them all so kind." However, other people were less complimentary with one of them remarking, "Most of the staff are kind and helpful but often they do seem to be in a hurry." Most of the relatives were also complimentary about this matter. One of them remarked, "The staff are certainly kind. I've called to the home numerous times and I've never had any cause at all to be concerned." Another relative said, "They're very kind and patient with my family member. Brilliant."

Although we saw examples of people being treated with kindness and respect, we also received expressions of concern from people. They said that these shortfalls resulted in them not consistently receiving the compassionate care they had the right to expect. Several people told us that they were only offered the opportunity to have a bath once a week which they did not consider to be sufficiently frequent. A person remarked about this saying, "They tell me when it's time for a bath. I get one a week but I'd rather have it more often. There's no point in asking as they can't do it."

We were also told that people could not choose to have a shower as the shower rooms were out of use. This meant that when they were assisted to wash their hair care workers had to rinse them using a jug to collect water from the bath tap. A person spoke about this and remarked, "It sounds pretty basic doesn't it and it is. I've worked all of these years and I end up sitting in a bath with staff using a jug to rinse me down. Half the time the water in the jug is too cool for comfort."

People were also concerned about the times when they were assisted to get up and go to bed. One of them said, "When I first came the night staff wanted to get me up at 6 o'clock in the morning to suit them which was ridiculous. I soon put my foot down and said 'no'. But I know that they still get other people up at that time and then they have to sit around for hours before it's time for breakfast." We raised these concerns with the manager. They said that they would consult with people to establish how often they wanted to be assisted to have a bath and they assured us that the necessary arrangements would then be made. They also said that two walk-in showers were being installed and would be available for use in the near future. In addition, they assured us that they would consult with people to make sure that they were assisted to get up in the morning at the time of their choice.

We saw care staff supporting people to engage with parts of their lives that were important to them before they moved in. An example of this involved a care worker speaking with a person about the various jobs they had done during their working life. The member of staff encouraged the person to enjoy speaking about their experiences and the skills they had mastered.

Care staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could retire whenever they wished. Bedrooms were laid out as bed sitting areas so that people could relax and enjoy their own company if they did not want to use the communal areas. We saw care staff knocking and waiting for permission before going into bedrooms. In addition, when they

provided people with close personal care, staff made sure that doors were shut so that people were assisted in private.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I don't really want a telephone of my own because of the expense. In any case I can use the home's telephone if I need to make a call."

We noted that the manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

Written records that contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We saw that when care staff needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Requires Improvement

Is the service responsive?

Our findings

People said that care staff provided them with a lot of assistance. One of them remarked, "The staff are very good and they do give me a lot of help although you do have to wait for it some days." Most relatives were also positive about the assistance their family members received. One of them told us, "I think in general the care is pretty good. There will always be odd niggles but on most days things are okay."

We noted that care staff had consulted with each person about the assistance they wanted to receive and had recorded the results in an individual care plan. Most of these care plans contained all of the information staff needed to safely provide the help they needed. However, some of them did not include full details about people's preferences. An example of this was a lack of information about how frequently people wanted to be assisted to have a bath. Another example of this was care staff not being given clear guidance about the times people wished to be assisted to get up and go to bed.

In addition, we noted that care staff had not been given enough guidance about how to correctly assist a person to change position when in bed. As a result some care workers were not certain about how best to undertake this task. We saw that the person concerned had a number of bruises on their arms and we drew this matter to the manager's attention. The manager confirmed that the bruises were consistent with the person's account that care workers had not assisted them in the right way and had accidentally injured them. The manager told us that all care staff would immediately be given additional guidance on how to assist the person in the right way. The manager also told us that they would carefully check to make sure that care staff carefully followed the guidance in question.

Records showed that other people were being given all of the nursing and most of the personal care they needed and wanted to receive. This included people who needed special nursing assistance to manage specific medical conditions. In addition, people were receiving assistance with a wide range of everyday tasks such as washing, dressing, using the bathroom and managing their continence.

We saw that care staff knew how to provide reassurance for people who lived with dementia if they became distressed. We saw that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they could not remember when their relatives were next due to visit them. A care worker gently reminded them about when they had last received a visit and when the next visit was due. This information helped the person to recall the last time their relative had called and to look forward to the next visit.

However, other aspects of the service were not well organised to fully support people who lived with dementia. We noted that little had been done to distinguish different areas of the accommodation to help people to find their way around. We saw a person becoming distressed because they could not remember how to find the main lounge. There were no care staff present in the vicinity and so we escorted them to the room in question. We also noted that most bedroom doors did not have anything other than a number to indicate who occupied them. We were present when a person who lived with dementia became uncertain about which bedroom belonged to them. We saw them open the doors of several rooms none of which was

the right one. One of the rooms was occupied and the person in the room indicated by their comments that they did not want their door to be opened in this way. Eventually, we were able to attract the attention of a care worker who gently assisted the person back to their own bedroom.

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered person had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. The manager said that the registered person had received a small number of complaints in the 12 months preceding our inspection visit. However, records relating to these complaints were not available in the service for us to see. As a result we could not establish how well they had been investigated and resolved.

Care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the manager was aware of how to support people who had English as their second language, including being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was care staff making relatives welcome so that they could stay with their family members during their last hours to provide comfort and reassurance.

People told us that there were enough activities for them to enjoy. One of them said, "I think there's enough to do to pass time. We do bingo, play cards or dominoes. Exercise games sometime are fun." Records showed that people were being offered the opportunity to enjoy a wide range of social events including arts and crafts, quizzes, gentle exercises and games such as carpet bowls. During our inspection visit we saw some people enjoying a game of carpet bowls and others singing along to some favourite 1940s tunes.

Requires Improvement

Is the service well-led?

Our findings

Most people told us that they considered the service to be well managed. One of them said, "It's okay I suppose." Although relatives had mixed feelings about the service most of them were positive. One of them remarked, "The staff are kind and helpful and I definitely do think that the new manager is a change in the right direction."

In their Provider Information Return the registered person recognised the importance of consulting with people who lived in the service and their relatives about how well the service was meeting their needs and wishes. However, we found that people and their relatives had not always been fully involved in the development of the service. We were told that the registered person considered it necessary to invite people to regularly complete a quality assurance questionnaire. This was so that they could give feedback about how well the service was meeting their needs and expectations. Although we were informed that most of the feedback was positive and had improved, when we asked to see the questionnaires that had been received during the course of 2016 and 2017 only nine could be found. After our inspection visit, the registered person told us that in fact 26 questionnaires had been received. However, as we were not able to examine them we could not establish if suitable steps had been taken to implement any suggested improvements.

Records showed that a representative of the registered person had met with relatives on several occasions in the 12 months preceding our inspection visit. In addition, we noted that some improvements had been introduced as a result of these meetings. An example of this was a new courtyard garden that was opened for people to enjoy shortly after our inspection visit. After the inspection visit the registered person told us that a number of residents' meetings had been convened in the past 12 months. However, we were not shown any records to confirm this account. Therefore, we could not be confident that prompt action had always been taken to address any improvements that had been suggested.

In addition, we found that some quality checks had not been completed or had not been fully recorded. Other quality checks had not always been effective in quickly putting problems right. These included the issues we have described earlier in our report relating to preventing avoidable accidents, promoting suitable standards of hygiene, staff training and the provision of care. In addition to these problems, we noted that checks of the accommodation had not always resulted in defects quickly being addressed. An example of this included two double glazed windows in the conservatory that had failed and were misted up inside. Another example also in the conservatory was a window for which the beading that fixed it to the frame was hanging off. A further example both in the conservatory and in the dining room were venetian blinds that were discoloured with age and which did not have all of their slats in place. We raised our concerns with the manager who assured us that their quality checks would immediately be strengthened in response to each of the shortfalls we had identified. We also noted that since our last inspection, the registered person had continued to implement a programme of improvements to the accommodation. These included laying new carpets, installing new fixtures and fittings and on-going redecoration.

Failure to fully involve people in the development of the service and to complete robust quality checks was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there was no registered manager, the manager who had just been appointed had applied to us to be registered in their role. We noted that the registered person and manager had told us about significant events that had occurred in the service such accidents and the receipt of deprivation of liberty authorisations. This had enabled us to promptly check that people were continuing to receive safe care. In addition, the registered person and manager had correctly displayed in a conspicuous location the quality ratings we had given to the service. These quality ratings are designed to help people when deciding whether to use the service.

People and their relatives said that they knew who the manager was and that they were helpful. We noted that the manager had a thorough knowledge of the nursing and personal care each person was receiving. In addition, they knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received the care they needed.

We noted that policies and procedures were in place to develop good team working practices so that people received safe care. There was always a nurse on duty and during out-of-office hours the manager was on call if care staff needed advice. Care staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way.

Care staff said that there was an open approach to running the service. This helped to reassure them that the manager would listen to them and take action if they raised any concerns about poor practice.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not fully involved people in the development of the service and had not completed robust quality checks.