

Worcester Garden (No.1) Limited

# Worcester Lodge

## Inspection report

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Date of inspection visit:  
15 March 2018  
16 March 2018

Date of publication:  
13 June 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook this inspection on the 15 & 16 March 2018. This inspection was unannounced, which meant that the provider did not know we would be visiting. The service registered to provide a regulated activity with the Care Quality Commission in October 2010.

Worcester Lodge 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 is registered to provide care and support for up to 39 people, some of whom are living with dementia. Nursing care is not provided. At this inspection there were 35 people living at the home.

There was a registered manager in post. 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.

At the last inspection the service was rated as Requires Improvement. At this inspection we found the service remained Requires Improvement.

Three breaches of legal requirements were found following the last comprehensive inspection. People were receiving care that wasn't person centred, systems and audits did not identify shortfalls and people receiving unsafe care and treatment. The provider sent us an action plan confirming how they were going to address these shortfalls. At this inspection we found some improvements had been made. People were receiving care that was person centred and their medicines and care safely. However, improvements were still required to quality assurance systems. As they failed to identify shortfalls relating to lack of effective Mental Capacity assessments and best interest decisions as well as Deprivation of Liberty Safeguards (DoLS).

People could be at risk of cross infection, due to lack of liquid hand soap and paper towels at the point of care. The registered manager following the inspection confirmed they had actioned this shortfall.

Environmental and individual risks were not always identified through a risk assessment that identified the risk and what measures were in place to reduce those risks. Action was taken following the inspection.

People received their medicines when required and safely.

People's care plans contained guidelines for staff to following relating to people's individual needs but no details were recorded of what people's individual pressure relieving equipment should be set to.

People were supported by staff who had suitable checks prior to working with vulnerable people.

People felt safe and were supported by staff who were able to identify abuse. People felt staff were kind and caring and that the management in the home were approachable.

People were supported by staff who had received supervision and an annual appraisal and training to ensure they were competent in their role.

Staff demonstrated how they provided people with privacy and dignity. Staff prompted people's independence encouraging them to undertake certain aspects of their care.

People felt able to complain.

Care plans had important information relating to people's individual needs, although more information could be recorded about people's individual end of life wishes.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the back of this report for the action we took.

## 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.

People could be at risk due to poor hand washing facilities within people's rooms.

Environmental risk assessments were not always in place and some people required an individual risk assessment due to steps outside their room.

People's care plans contained guidelines for staff to following although mattress settings were not recorded within people's care plans.

People were support by staff who had suitable checks prior to working with vulnerable people.

People were supported by staff who demonstrated a good understanding of abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Where people lacked capacity there were not always mental capacity assessments and best interest decisions in place to support decisions made in relation to their care needs.

People who lived in the garden wing had their bedroom doors locked with no mental capacity assessment, best interest or DoLs authorisation that sanctioned this practice.

People were supported by staff who received regular supervision and an annual appraisal.

People were happy with the meals and were given different options to choose from.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People were supported by staff who were kind and caring.

Staff spoke with people in a respectful and dignified manner.

Conversations with held in private so that important information was not over heard by other people living in the home.

Staff supported people with their independence and gave examples of how they prompted this.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans had important information relating to their individual care needs although additional information relating to people's end of life wishes were not always being asked.

One person was identified at risk of their skin ulcerating. There was no individual plan that confirmed if they required repositioning and how often.

Staff were familiar with people's individual needs and knew people well.

People felt able to complain and all were happy with the service.

People were supported to maintain relationships with people who were important to them.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

There were not always robust and effective audits in place that identified shortfalls found during the inspection.

People and staff spoke positively about the management and culture of the home.

People views were sought with questionnaires, comments were positive.

Staff had regular meetings with the management of the home.

# Worcester Lodge

## 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 was carried out by one adult social care inspector, an expert by experience and specialist advisor on the first day and by one adult care inspector on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist adviser was a nurse.

During the inspection, we spoke with ten people and six relatives, the registered manager, the provider and the deputy manager along with the administrator and five care staff.

We looked at five people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and procedures, audits and complaints.

Due to some people at the home being unable to tell us of their care experience we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

# Is the service safe?

## Our findings

We found during this inspection people were at risk of cross infection due to inadequate hand washing facilities within people's rooms.

For example, people within the home required support and assistance from staff with their personal care. This required staff to wear personal protective equipment such as gloves and aprons and to wash their hands after supporting the person with their individual care needs. We found within people's rooms there was no liquid hand soap or paper towels. We raised this with the registered manager who confirmed following the inspection they had purchased liquid hand wash and paper towels and this was now available in people's rooms.

The home's environment did not always have risk assessments in place to identify risks and how they were being managed. For example, a slope to the floor in the hallway and dining area, had no notice or sign that confirmed there was a slope. This meant it could be hard for someone to navigate if they walked with a walking aid or had a visual impairment. There was no risk assessment that identified this risk or what measures had been put in place to reduce the risk for people, staff or visitors. Some people had steps outside their rooms. They needed to use these steps prior to using the lift to access the ground floor. There were no individual risk assessments in place. The garden area had steps and uneven surfaces and no risk assessment was in place that identified the risks and what measures were in place to prevent an incident. There was no risk assessment that identified risks relating to these objects or what measures were in place to manage that risk. Following the inspection the registered manager confirmed all risk assessments had been undertaken.

At the last inspection on the 20 and 21 September 2016, we found people did not always have their medicines safely managed, risk assessments were not always detailed and there was a lack of guidance to reduce people falling. People were also at risk as no action was being taken when they lost weight.

At this inspection we found people's individual risk assessments contained important information relating to their risk of falling. The registered manager had a system in place that managed people's falls and identified any actions required including referrals to falls teams and additional equipment. Incidents and accidents were reviewed by the registered manager so that any trends could be identified and action taken to prevent similar incidents from occurring.

People's weights were monitored and actions taken when required and medicines were managed safely. For example, improvements had been made to records where people were having creams applied. We also found improvements had been made to paper work where people had medicines crushed and hidden in food and drink. People were happy with their support with their medicines. One person told us, "The girls bring the tablets to me". A relative told us, "No problems with medication here." During the inspection we observed people being supported with their medicines and being asked if they wanted any pain relief. Medicines administration records (MARs) were accurate and recorded when people had received their medicines. This meant people received their medicines as and when required.

People had risk assessments completed within their care plan. For example, people had risk assessments completed for the risk to their skin. Risk assessments recorded what equipment, such as a pressure relieving mattress, was in place but not what setting the mattress should be set to. This is important to record, it means the settings can be checked to ensure the mattresses are accurately set to reduce the risk of pressure damage to people's skin. There was no record that confirmed what the mattresses should be set to for this check to take place. Other risk assessments included moving and handling and people's nutritional risks were within their individual care plan.

People were supported by adequate numbers of staff to respond to their care needs. People and relatives felt there were enough staff to meet their needs. One relative told us, There is "Enough staff here all of the time." Another relative told us, Always plenty of them around". Staff felt happy and that liked working at the home if they had any problems with staffing or other aspects of the job they felt able to speak to the registered manager about it.

People were supported by staff who had checks completed on their suitability to work with vulnerable people. Staff files had confirmation that a Disclosure and Barring Service check (DBS), identification checks and reference checks were undertaken prior to staff starting their employment. A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people.

People, relatives and staff felt the home was safe. One person told us, "Its lovely here, I feel safe and secure here". Relatives also said, "The family have no worries [Name] is safe here." One staff told us, "Yes", I feel it is safe here.

People were supported by staff who were able to demonstrate a clear understanding of abuse and who to go to. Staff told us, "If I didn't feel people are safe, I would speak to [manager] or [deputy]. Another member of staff said, "It is about looking out for the resident and protecting them from financial, sexual, physical, emotional abuse". Staff confirmed they would go to their manager, the police, or social services if they had concerns.



## Is the service effective?

### Our findings

People were not always having mental capacity assessments and best interest decisions made and recorded where it was indicated that they lacked capacity.

The Mental Capacity Act 2005 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 did not always have mental capacity assessments or best interest decisions in place. For example, one person had a mental capacity assessment undertaken in 2014. It confirmed the person lacked capacity relating to their consent to their accommodation arrangements. However, no new mental capacity assessment had been complete to confirm if they lacked capacity to agree other areas of their daily care needs. During the inspection they required full support from care staff with all aspects of their day to day care. This included, hourly checks, being cared for in bed, skin care, nutrition, hydration and personal care. We found there had been no further best interest decisions put in place confirming who had been involved in those decisions and actions being taken were in the person's best interests.

People's care plans contained a generic statement of, 'I may at times lack capacity to make particular decisions'. The five principles of the MCA were recorded within the person's care plan. However, not all people living at the home were able to make decisions about their daily care needs. We found not all 33 people who the registered manager confirmed as lacking capacity had a mental capacity assessment in place that confirmed if the person lacked capacity and in relation to what.

Where people were being cared for in bed with pressure relieving equipment such as mattresses and hourly checks, as there was a risk to their skin ulcerating, there was no best interest decisions in place that confirmed who had been involved in these decisions to use the pressure relieving equipment or hourly checks. This is important when people lack capacity decisions should be made by involving significant others and professionals. No records confirmed this had taken place.

When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Practices in place were not always the least restrictive. At the time of the inspection we found 10 out of the 11 people who were living on the Garden wing had their bedrooms locked. One person was being cared for in their bedroom with the door locked. Only one room was unlocked during this inspection. The person behind the locked door required full assistance from staff. We reviewed the person's mental capacity assessment; this confirmed the person lacked capacity. A best interest decision had been made in relation to having their door locked. This involved a relative and the person's GP had been recorded as being made aware.

People were at risk of being unlawfully deprived of their liberty due to expired Deprivation of Liberty

Safeguards (DoLS) authorisations and applications that contained old information that was no longer relevant to the person's situation. We reviewed the person's DoLS authorisation who was being locked in their bedroom. We found the last DoLS authorisation had expired in September 2017. The registered managers DoLS tracker confirmed the person's DoLS was due to expire in September 2018. This meant the wrong year had been recorded and the person's DoLS had expired with no new action being taken. The registered manager during the inspection made an urgent DoLS application. This meant the person had no DoLS authorisation in place that confirmed any conditions or practices had been authorised in relation to keeping them safe.

For the other people living in the Garden wing, all of whom were having their doors locked when they were in the dining or lounge area, seven had no DoLS authorisation in place although the registered manager had sent six applications. One person had no DoLS application sent and the registered manager confirmed they were temporarily living at the home. We reviewed these applications made. No details had been recorded on any of the DoLS applications that people were having their bedroom doors to keep them safe.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people could be involved in decisions they felt able to make them and some relatives we spoke with felt involved in their relatives care when they lacked capacity. People told us, "I live here now its good really, it's very good really. No complaints at all, you get a choice in everything you want to do, no pressure at all. I only do what I want to do". Another person told us, "You get to say yes or no to everything, you have a choice". Relatives told us, "My [Name] lacks capacity to make decisions about care, I have Power of Attorney. We had a Care Plan review meeting a few weeks ago". Another relative told us, "I review the care plan three times a year, as mum lacks capacity due to living with Dementia." This meant people and relatives were part of making decisions about some people's care.

People were supported by staff who had regular supervision and an annual appraisal. Supervisions were an opportunity for staff to discuss topics such as training, policies and procedures, well-being, and performance. An annual appraisal reviewed performance, any training needs for the coming year, record keeping and behaviour and reliability. Staff records confirmed this.

People were supported by staff who had received training to ensure they had the skills and competence in their role. For example, staff had received training in safeguarding adults, fire safety, health and safety, food hygiene, infection control and moving and handling. Where staff required an update with their training this was identified on the training matrix as required. This meant staff received training and the manager had identified any shortfalls for staff to be booked on the training when required.

Staff received additional training which meant they had additional skills and competency to support people's individual needs. For example, staff had received bespoke training in death and dying, diet and nutrition, dementia, record keeping, diabetes and pressure sores.

People and relatives were happy with the meals and drinks on offer at the home. People told us, "The food is really good, plenty of it". Another person told us, "The food is nice, they dish it out for you when it's ready." One relative told us, "The food is really good my [Name of the person] eats everything and is putting on weight here." Another relative told us, "The food always looks good here, well presented."

People had access to a menu that was varied and had choice and options available. During the inspection people on garden wing were shown the different meal choices for the day. This was so they could visually

pick the meal that was the most appealing to them. People within the main area of the home had a pictorial menu. People's dining experienced was relaxed and unhurried. Tables were laid with cutlery, condiments and paper napkins. People's care plans confirmed their specific dietary requirements for example if they required their diet modifying. This was due to some people being at risk of choking. We observed their meals being prepared in this way. People had access to a selection of cold drinks, including fruit juice and water. We observed these being available throughout the home and in people's rooms.

People and relatives felt the home support their health and well-being needs if these changed. One person told us, "I see the doctor if I need too, they (the staff) get them for me." One relative told us, "My [Name of person] is seeing the district nurse on a regular basis." Another relative said, "My [Name] gets to see the doctor if needed also seeing the Chiropodist." One relative felt the communication was good when the person's health changed. They told us, "If [Name of person] has a fall or becomes poorly, they get the doctor straight away and ring me to update me of the situation." People at the time of the inspection were being supported by district nursing teams. One health care professional told us, "This is a good home. They keep us updated of any changes". People's care plans had records of visits where people had been supported with their health.

## Is the service caring?

### Our findings

People and relatives spoke positively about the support they received from staff. All felt staff were kind and caring towards them. One person told us, "The girls are lovely and nothing is too much trouble". Another person told us, "Everyone is very nice and kind, nothing wrong with anybody they are all very nice". Relatives felt staff did a good job and they were compassionate to people. One relative said, "The staff are doing a brilliant job and they are so kind and compassionate". Another relative told us, "The staff are kind, caring and compassionate, you can't fault them."

People were supported by staff who respected people's privacy and dignity. Staff during the inspection provided people with privacy when talking to them. They held conversations with people so that they were not over heard. People had their doors shut whilst staff supported them with their individual support needs. Staff gave examples of how they supported people to maintain their privacy and dignity. They told us, they shut people's curtains and knocked on people's doors before they entered. This meant staff respected people's privacy and dignity.

The home had a dignity champion and staff could discuss any concerns they might have in how best to support someone individually with their dignity. Staff had access to a private area within the home that gave staff different examples of how to support individual people within the home. These examples were all different in what was important to that person. Examples included a picture of the person and how the person liked their hair, what hobbies they enjoyed and their family and friends. This meant people were supported by staff who knew their individual likes and dislikes.

People were supported by care staff who had a good understanding of equality and diversity. Staff were able to demonstrate their knowledge and were respectful when talking about how they supported people with their individual needs. For example, one member of staff told us, "It is about protecting people's rights. Their religion, race, sex, colour, sexuality, beliefs, age". Another member of staff told us, "We are all equal, although we can be different because of our sexuality, gender, religion, age."

People were supported by staff that promoted people's independence. Staff were able to give a variety of different examples of how they supported people as an individual which enabled them to be independent. For example, staff encouraged people to wash their face and do as much as they could for themselves. One told us, we "Encourage people to do as much as they can for themselves, wash their face, do their cardigan up, spend time with people so they can do things themselves."

Staff spoke with people in a respectful and inclusive manner. During the inspection we observed staff talk with people in a calm reassuring voice giving enough information to people for them to make decisions. People described staff as helpful and that nothing was too much effort. One person told us, "They talk to me about what I want and when I want it." Another person told us, "I tell them what I want doing and they do it."

## Is the service responsive?

### Our findings

At the last inspection on the 20 and 21 September 2016, we found people were at risk of not having their care needs met due to staff being unfamiliar with people's care plans. At this inspection we found improvements had been made and the registered manager and staff had a good knowledge of people's individual care needs.

People's care plans reflected people's individual needs and wishes and were person centred and were reviewed each month for any changes. For example, we found information relating to people's individual health conditions. Information included the condition and how it might affect them. Where people required individual support with their skin care people had an individual support plan that confirmed what support they required from staff. However not all support plans were clear as to the specific support the person required. For example, one person was at risk of developing pressure ulcers. Their care plan confirmed this and how often they required repositioning whilst being cared for in bed. Another person's care plan confirmed the person was at risk of pressure ulcers and that they required checking every hour. But there were no details of how often they required support from staff. At the time of the inspection they had specialist equipment in place to manage an ulcer on their lower leg. Their ulcer was being monitored by the district nursing team. Their support plan confirmed the equipment in place and that they were cared for in bed but not if they required regular repositioning. We fed this back to the registered manager for them to take any actions required.

No-one at the time of the inspection was on end of life care. People's care plans contained limited information relating to discussions held with people. For example, care plans included if the person had wishes after they died although there was no wishes recorded about how they wanted their wishes met before this. The registered manager confirmed this was an action they were working on.

People and relatives felt involved in the care provided. One relative told us, "I live a long way but I know that my brother gets involved in the review of my [Name] care plan". When people were unable to voice how they wished to have their care needs met the registered manager invited the person's relative or significant other to be part of the care plan review. At the time of the inspection the registered manager was in the process of contacting relatives to be part of the review. One relative during the inspection told us, "My [Name] has many little quirks, likes to do things in a certain way at a certain time, the staff and the manager does everything they can to keep them happy".

People were supported with to make choices that were important to them. For example, during the inspection one person confirmed how important it was that they had a bed that met their individual preferences. During the inspection we observed this bed being delivered. The person and their relative confirmed how important this new bed was at meeting their own individual requirement.

The registered manager encouraged staff and people to participate in differing education topics. At the time of the inspection the home was supporting the, 'National Hydration week'. Posters were up around the home encouraging the importance of adequate hydration. The registered manager had arranged a

timetable for the week including what activities were planned to encouraging drinking fluids. For example, one day people had tried tasting different fruits in a cone. There was also different drinks for people to try another day. This meant people and staff were an active part in learning how to improve hydration and what different ways this could be achieved.

People felt able to complain and various compliments had been made relating to the care and kindness shown to people by staff. One visitor to a person living in the home confirmed they had raised with a member of staff one day that they were cold. They said staff had been quick to react bringing a jumper and a blanket straight away. Where complaints had been raised these had been logged including the action taken to prevent a similar situation from occurring again. The registered manager had implemented a new feedback card so people and visitors could leave feedback at any time within the home. We found three people had provided positive feedback in this way although there was no date when these compliments had been left to ascertain how recent they were.

People were supported with a varied activity programme. Activities included exercises, quizzes, skittles, singing, reminiscence and movies. People spent time in their rooms, within the communal lounges or conservatory area. During the inspection we observed people enjoying the home's magic table. This was a sensory table that projected various different images that people could push or touch on the table. People were seen to enjoy this as there was lots of laughter and talking to each other and the member of staff, whilst they undertook this activity. Some people chose to spend time watching TV or listening to the radio. People felt positive about the activities within the home. One person said, "I am never bored here." Another person said, "No complaints, I am alright thank-you." Another person told us, "The Salvation army comes in; there is always something going on, people come in and do things."

People were encouraged to maintain contact with friends and family. Visitors were welcome throughout the day. One relative spoke positively about how supportive the home had been when they were unable to go out to celebrate a birthday meal. The relative said, "My [Name of person] had a birthday party booked we were going out but due to the weather and my [Name of person] condition this was not possible so the home facilitated us to have the party in the home for the family and friends, this was really nice and much appreciated."

People were supported by staff who responded when people's health needs changed. This included, calling the person's GP for a medical review, the district nurse or another health care professional. Care records confirmed people's health needs and if they had deteriorated including any visits they had received when their health needs had changed. Care plans also had a hospital passport should the person be taken to hospital. This is important as it give hospital staff important information relating to the support, health and any other care needs the person has.

## Is the service well-led?

### Our findings

At the last inspection on the 20 and 21 September 2016, we found quality assurance systems were not identifying shortfalls relating to medicines management, care plans, food and fluid charts, or the management of DoLS applications and authorisations. At this inspection we found some improvements had been made although not all quality assurance systems in place were identifying shortfalls found during this inspection.

For example, following our last inspection a system had been implemented to monitor and track DoLS applications and authorisations. During this inspection we found two people whose DoLS expiry dates had been wrongly recorded on the tracker. When we reviewed the paper work their authorisations had expired. The tracker had no record of applications made so that these could be monitored and reviewed following any changes. We reviewed two people's DoLS applications. One person's had been made in 2014. We found their application confirmed the DoLS was applied for to prevent them from leaving the home. They were at the time of the inspection being cared for in bed and required various support from staff. No changes had been made to the DoLS application for this to be reviewed with the person's current care needs. We found another person's DoLS application made in 2016 highlighted they were unable to consent to the accommodation arrangements or leaving the building. During this inspection we found this person was placing themselves and others at risk. The home had put restrictive measures in place to prevent them from hurting themselves or others. No new information relating to this person's actions had been shared with the DoLS team. This meant their change in behaviour was unknown to the team and therefore they could not prioritise it from the original information sent in 2016. There was no provider audit that identified these shortfalls so action to be taken.

We found the recent infection control audit undertaken in November 2017 had failed to identify shortfalls relating to inadequate hand washing facilities. The audit confirmed, 'Adequate facilities for hand hygiene are available in accordance with national guidance'. The audit confirmed, 'Yes'. During the inspection we found staff did not have adequate hand washing facilities to wash their hands following providing personal care to people in their rooms.

During the inspection we identified that no risk assessments relating to the outdoor garden area, the slope within the dining and hallway, the glass and pottery items within the communal areas or individual risk assessments regarding the steps by peoples' rooms. These shortfalls had not been identified through effective quality assurance systems. Following the inspection the registered manager and provider confirmed they had addressed a number of these shortfalls. This meant although some action had been taken this was reactive to the concerns identified as part of the inspection rather than having robust quality assurance systems.

This is a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance systems were in place for monitoring care plans, health and safety, incidents and

accidents, people's weights and infection control.

The management team in the home consisted of a registered manager, a deputy, an administrator and a team of care staff, kitchen staff and laundry and cleaning staff.

People, relatives and staff spoke positively about the registered manager and care staff. They felt the management team and staff were approachable and nice. One person told us, "The manager is called [Name]". They then pointed at them and said, "That's them". Another person told us, whilst the registered manager walked by "I like her". At the same time another person also said, "So do I." One relative told us, "The manager is a lovely [Person]. We are always asked how we feel about the care in the home". Another relative said, "The manager is very approachable I don't have any issues but if I did I am confident that the manager would sort them out". One member of staff told us, "The manager is very supportive. The manager is very good and listens to me. Their door is always open."

People's views were regularly sought to improve their care experience. Feedback was sought on food, care and anything else people and relatives felt needed improving. The provider was responsible for reviewing feedback received along with taking any action required. Comments from the 2017 satisfaction survey included comments sandwich sizes and if staff treated people like an equal. Where actions were required an action plan was in place to address and improve the service.

Staff attended team meetings. These were an opportunity to review any issues or problems with people's care and support. One member of staff told us, "We are encouraged to raise any problems. They always go around each of us so we have an opportunity to raise any concerns."

Records confirmed this.

Staff spoke positively about the culture within the home and working for the provider. One member of staff told us, "Quite a good place. [Provider's name] is very approachable. They are here at least once a week. I would describe the culture as, "Management are good. They direct us and all the residents. They are always approachable and sort things out". Another member of staff told us, "It is really good here. I love my job." During the inspection we observed staff going about their work in a cheerful relaxed manner.

The registered manager understood the legal obligations relating to submitting notifications to the Care Quality Commission. A notification is information about important events which affect people or the service. The Provider Information Return (PIR) had been completed and returned within the timeframe allocated. This explained what the service was doing well and the areas it planned to improve upon.



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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people lacked capacity, assessments and best interest decisions were not always in place as required by law.</p> <p>Some people's DoLs had expired and practices in place were not being highlighted and recorded on DoLs applications for these to be agreed as the least restrictive measure.</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not always robust and effective at identify shortfalls relating to infection control, DoLs applications and authorisations and risk assessments.</p>  |