

Cherry Lodge Rest Home Limited

Cherry Lodge Rest Home

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: Cherry Lodge Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection 17 people were using the service.

People's experience of using this service:

People were not safeguarded from abuse as an incident of potential abuse was not reported to the local authority and CQC as required by the registered manager.

Incidents and accidents were not always reviewed so actions could be taken to reduce the risk of them happening again.

The systems in place to assess and monitor the quality of the service were not effective as they had not identified the issues we pick up during this inspection.

Risk management plans were available but actions were not always taken promptly to maintain people's health and well-being.

Legionella risk was not assessed to ensure that the water systems at the service were safe. After our inspection, evidence was sent to us to show that legionella risk assessment had now been completed.

Staff were trained on safeguarding adults from abuse and knew to report their concerns to management in line with the provider's procedures.

There were sufficient staff deployed to meet people's needs and recruitment checks were conducted before new staff were employed.

Health and safety checks were conducted including fire safety. The environment was well maintained.

Staff were trained in infection control and followed procedures to reduce risks of infection.

People's medicines were managed in line with safe medicine administration and management guidelines.

People's needs were assessed in line with best practice guidance. People and their relatives were involved in establishing their needs and planning their care.

The service provided people with nutritious food and drinks to meet their nutritional needs.

Staff received training, support and supervision to provide effective care to the people, and to carry out their duties effectively.

People had access to healthcare services they needed to maintain good health. The provider had arrangements and systems in place to ensure people received well-coordinated care and support when they used other services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave consent to the care and support they received.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for

people in their best interests where this was appropriate.

Staff were kind and compassionate to people. People were given emotional support and reassurance when they were distressed and unhappy.

People were given a choice about how their care should be delivered. They confirmed they were involved in planning their care.

Staff treated people with respect and dignity, and gave them the privacy they needed. Staff support people to develop and maintain their independence with activities of daily living.

People's end-of-life wishes were documented in their care plans. The registered manager told us they would work closely with other services to provide end of life care to people when needed.

People were supported and encouraged to participate in activities they enjoyed.

The service supported people's needs with regards to their disabilities, culture and religion. Staff had received equality and diversity training.

People and their relatives told us they were involved in developing the service. People's views were sought and used to develop the service.

People and their relatives knew how to raise concerns about the service and the registered manager addressed any complaints they received appropriately.

The provider worked in partnership with other organisations and services to develop and improve the service.

The registered manager and provider understood their roles to deliver an effective and high-quality service to people.

There was clear and visible management at the service and staff told us that they were supported in their roles. Staff demonstrated they understood their roles and responsibilities.

Rating at last inspection: The service was rated Requires Improvement at their last inspection of November 2017. At this inspection the service was rated Requires Improvement overall for the second time.

Why we inspected: We carried out this inspection to check that improvements had been made following our last inspection where we found three breaches of regulations.

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	Requires Improvement ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was not always well-led	Requires Improvement ●

Cherry Lodge Rest Home

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

Inspection team:

The inspection team consisted of one inspector, an inspection manager and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience caring for elderly people.

Service and service type: Cherry Lodge Rest Home is a residential care home registered to provide personal care and accommodation for up to 19 people. There were 17 people living at the home at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. The inspection site visit took place on 12 March 2019.

What we did:

Before inspection: We reviewed the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service which included notifications of events and incidents at the service.

During inspection: We spoke with six people using service, one relative, the registered manager, deputy manager, service manager and five care staff members. We looked at four care files, three staff files, quality assurance reports and other records relating to the management of the service including health and safety

information and records relating to incidents and accidents. We also carried out general observations of how staff provided care to people.

Is the service safe?

Our findings

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

At our last inspection in November 2017 we found concerns relating to risk management, the safe management of medicines, and the way in which incidents and accidents were managed. At this inspection we found that improvement had been made to the way medicines were managed. However, there were still concerns to the way risks were managed and in the management of incidents and accidents.

Assessing risk, safety monitoring and management.

- Environmental risks were not always assessed so actions could be developed to reduce harm to people. Health and safety checks took place including fire safety, electrical installation, gas safety, portable appliance test (PAT), and servicing of moving and handling equipment. Water temperature checks were also conducted and shower heads were cleaned regularly. However, a Legionella risk assessment had not been carried out and safe practices had not always been followed to help reduce the risk of legionella, in line with nationally recognised guidance. We discussed this concern with the registered manager and they told us they would arrange for this to happen immediately. After our inspection we received evidence that risk assessment and actions had taken place so no further action is required.
- Risks associated to people's health and well-being were assessed and management plans developed to address identified risks. These covered people's mental and physical health, skin integrity, malnutrition, moving and handling, mobility, falls and environment.
- Management plans were detailed and provided staff with guidance to follow to minimise risks to people where they had been identified. People at risk of developing pressure sores had pressure relieving equipment available and were supported to maintain their skin integrity. Staff had completed training in moving and handling, and we observed them support people to mobilise safely when they required support.
- However, prompt actions had not been taken to reduce the risk of malnutrition to one person in line with the risk management plan detailed in their care plan. This included monthly monitoring of their weight, and supporting the person at mealtimes, providing them with food supplements and involving their GP where necessary. Records showed this person had gradual weight loss over a period of time. Staff had contacted the person's GP to discuss concerns regarding their eating habits but had not followed up or emphasised the weight loss the person had experienced.
- After our inspection, the registered manager sent us evidence that the person had been seen by their GP and a dietician, and their care plan had been reviewed and. The current weight monitoring chart sent to us showed that there had been gradual weight gain since our inspection.
- Risks management plans were reviewed regularly to reflect changes in people's needs.

Learning lessons when things go wrong.

- Actions were not taken to ensure learning from incidents and accidents was shared to minimise the risk of repeat occurrence.

- There were systems available to report incidents and accidents; and staff knew of these systems. However, reported incidents had not been reviewed or analysed by a senior member of staff so appropriate actions could be taken and lessons learnt from them where necessary. For example, we reviewed records relating to an incident that should have been reported as a safeguarding concern to the local authority, but had not been reported because it was not reviewed and followed up by senior staff.
- We raised this with the registered manager and they told us they would put systems in place to review accidents and incidents so appropriately actions could be taken to prevent recurrence.

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives told us they felt safe at the service. One person told us, "Yes, I feel very safe, all the staff are very good." Another person commented, "I feel safe and well looked after." A relative commented, "I have no safety concerns about family member here." However, we found that people were not always safeguarded from the risk of abuse as steps were not always taken to reduce the risk of people being abused.
- We noted a recorded incident that amounted to potential abuse and which therefore should have been raised as safeguarding concern with the local authority safeguarding team. However, a safeguarding referral had not been made, nor had the service submitted a notification to CQC as required.
- We discussed this concern with the registered manager who understood their responsibilities to address any safeguarding concerns including notifying the local authority safeguarding team and CQC. However, they had failed to address a safeguarding concern in line with their procedure.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager made a safeguarding referral and sent CQC a notification as required during our inspection, following our discussion.
- Staff working with people had completed training in safeguarding from abuse. Staff knew the signs to recognise abuse and actions to take. They told us they would report any concerns to the registered manager and if no action was taken they would whistle blow to relevant authorities.

Staffing and recruitment.

- There were sufficient staff available to support people with their needs. The rota showed that the service was staffed as planned. One person told us, "There's always someone about if you need anything."
- Staffing levels were determined based on an assessment of people's needs and this was reviewed monthly or when necessary.
- We observed that staff responded to people's needs and requests for assistance promptly. Staff were available in communal areas and offered assistance to people where needed.
- Staff told us staffing levels were sufficient on each shift to support people. One member of staff said, "With good team work we are usually ok and the work runs smoothly."
- Unplanned absence was covered by a team of agency workers who were familiar with the service. The management staff were also hands-on and available to cover shortfalls.
- Robust recruitment checks were conducted before applicants could work with people. These included criminal records checks, references, employment history and right to work in the UK.

Using medicines safely.

- There was a medicine administration and management policy and procedure in place.
- Only trained and competent members of staff administered medicines.
- Medicine administration record (MAR) charts were clearly signed and showed medicines were administered to people as prescribed. There were no gaps identified on the MAR.
- The provider had effective systems in place for receiving people's medicines and for disposing of any excess medicines which were not required.
- Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions. Regular checks were made of storage temperature areas to ensure they remained safe.
- Staff conducted medicines audits twice daily as part of their shift changeover to help identify any potential issues early.

Preventing and controlling infection.

- Staff had been trained in infection control and knew procedures to follow to reduce the risk of infection.
- Staff used personal protective equipment (PPE) and washed their hands as necessary. Wastes including clinical wastes were disposed appropriately.
- The home was clean.
- The kitchen staff were trained in food hygiene. They used colour coded chopping boards to reduce the risk of cross contamination. Food items were stored appropriately and food kept in the fridge was labelled to ensure it was used in a timely manner once opened.

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. People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in November 2017 we found concerns because the provider had not always worked in line with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) to ensure they had lawful consent when providing support to people who lacked capacity to make specific decisions for themselves. At this inspection we found that the service had made the required improvement.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us their consent was sought before care was delivered to them. One family member said, "They [Staff] always try to obtain consent from [their loved one] before supporting them. If they have any difficulties with obtaining consent they contact me straight away."
- We observed staff asking people for their permission before they supported them.
- People's capacity to make specific decisions was assessed and noted in their care plans. Where people had been assessed as lacking capacity to make a particular decision, meeting records showed relatives and relevant health or social care professionals were involved, in their best interests.
- DoLS applications were made to the relevant supervisory body where it was deemed necessary to maintain a person's safety. At the time of our inspection, the registered manager had submitted eight DoLS applications and was waiting for their authorisation.
- Staff had completed training in MCA and DoLS and understood their responsibilities to obtain consent from people in line with MCA.

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

- People's care needs were assessed before they moved into the service so their support could be planned

in line with their preferences. One person commented, "When I came to live here they asked what I could do and what I felt I needed help with." Another person said, "Before I moved in here they came and saw me and we talked about what help I might need and how I wanted things done. They follow what was agreed most of the time, there's the occasional blip but generally its very good."

- Assessments covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, their behaviours, mobility, and skin integrity. The service used nationally recognised assessment tools such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs. They also used the Waterlow assessment tool to check people's skin integrity level. These assessments were used as the basis for developing people's care plans which identified how their needs would be met.
- Staff carried out regular reassessments of people's needs and where required other health and social care professionals were involved in the process. This helped ensure that people's care plans were up to date and reflective of current good practice.
- People had opportunity to visit the service to meet with staff and other people so they could decide if the service suited their needs and met their requirements before moving into the home.

Staff support: induction, training, skills and experience.

- One person told us, "Yes, they look after us very well." A family member said, "Yes I think they are well trained and know what they are doing. They are very much on the ball."
- Records showed, and staff confirmed, they were supported to be effective in their roles. One member of staff told us, "I have learnt so much in the time I have been here. We have e-training for safeguarding and every now and again we go through everything we need to know. They show us how to use the hoists."
- Staff told us and records showed they received an induction into their roles when they first started, and completed training to do their jobs effectively.
- Staff received regular supervision where they were given support to do their jobs and discuss any performance issues. They also received annual appraisals where feedback was given on their performance and their developmental opportunities discussed.

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

- One person told us, "The food here is cooked very well and tastes delicious. I always enjoy it." Another person commented, "The food is very good, well cooked meals and very enjoyable."
- People's care plans stated their nutritional and dietary needs, and the support they required during meal times.
- We observed staff giving people choices of what to eat and drink during lunchtime. People who required assistance to eat received the support they required. Staff supported people to cut up their food into smaller bites where needed. Staff sat with one person who was refusing to eat their food and encouraged them to eat. They gave the person time and tried different tactics to persuade them to eat.
- The atmosphere in the dining area during lunchtime was calm and unhurried.
- People were offered snacks and drinks at regular intervals throughout the day.

Staff working with other agencies to provide consistent, effective, timely care.

- The service had a system to ensure people's care and support was well coordinated. Staff had ready prepared hospital admission packs that were on hand to accompany people to hospital in the event of an emergency. Each pack contained important information them such as their care plans, medical history, medication list, GP and next of kin details. It also contained basic personal items people needed every day

such as hearing aids, glasses, and dentures, and some clothing.

- Where people moved between services, staff liaised with them to gather and share relevant information about the person so their current needs could be effectively met. For example, the service sought feedback from domiciliary care agencies that had been involved in caring for people before they moved into the home as part of their assessment process.
- The registered manager told us they gave handover information to ambulance teams if people were being taken to the hospital and they liaised with the hospital team throughout people's stay at the hospital to ensure they received effective, joined up support.

Supporting people to live healthier lives, access healthcare services and support.

- People told us staff supported them to access the healthcare services they needed. One person said, "If you need to see the doctor or the chiropodist or dentist it's all sorted." Another person mentioned, "If you are not well, they will get the doctor if that's what you need, or they'll just keep an eye on you."
- Staff told us if people were unwell they contacted their GP for advice and to arrange appointments.
- Records showed that the registered manager liaised a range of professionals on behalf of people including GPs, occupational therapists (OT), and district nurses.

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

- The environment had adequate adaptations and was suitable for people. There was a stair lift which enabled people to access other floors if they wished. The home was clean and well decorated throughout.
- People had access to communal areas where they could relax and spend time with any visitors. The home had a large garden where people were able to spend time.
- The home had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- People's rooms were personalised to their individual requirements.

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. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us that staff were kind and compassionate towards them. One person said, "Staff are polite and friendly, always very pleasant. They really make our lives comfortable." Another person commented, "They [staff] respect us and treat us with great care. They always seem to have a smile for you - it brightens up the day."
- Care plans included information about people's backgrounds, family histories and their cultural and religious needs to make staff aware of their preferences in order to meet them. Staff understood the importance of treating people equally and respecting their differences, and had completed equality and diversity training.
- Staff were sensitive to the emotional needs of people. On the morning of our inspection, a person living at the home had passed away and we observed staff to be particularly sensitive to people's feelings and emotional needs. We noticed staff spending one-to-one time with people and on various occasions, stopping to chat with them and giving them a hug by way of comforting them.
- Staff communicated effectively with people. They dealt with people's needs calmly, and with patience and consideration.
- Staff were also sensitive to people's needs and responded to them promptly. One person complained of feeling cold at lunchtime and a member of staff asked them if they would like a cardigan. The member of staff immediately went to get two cardigans and asked them to choose which one they wanted to wear.
- We observed staff talking and joking with people in an open and relaxed manner. People were comfortable in the company of staff and there was a calm atmosphere in the home.

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

- People and their relatives told us that they were involved in making decisions about their care. One relative commented, "Staff seem to manage to engage with [their loved one]. Even though their ability to understand has gone down and they do not hear well, staff still ask them what they want, and if there is a problem they ring me straight away. They treat them as a whole person."
- Care plans showed people and their relatives or their advocates were involved in planning their care. Care plans indicated people's likes and dislikes, background and life histories so staff knew people and understood how to care for them.
- People given a choice about what activities they wanted and how they wished to spend their time. We saw staff delivering care to people as they wished and respecting their choices and preferences.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity. One person told us, "I think they are a very nice bunch of girls. They always knock on my door and pop their head round to say hello, am I alright, is there anything I want them to do? It's not a case of them barging in." A family member said, "I am in the home frequently and I always see the staff treating people with dignity and respect. Nothing is too much trouble for them."
- Staff spoke to people in a polite way, using appropriate language and tone. People were neatly and smartly dressed in clothing of their choice.
- Staff told us the steps they took to ensure people's dignity, privacy and independence were maintained. We observed staff supporting people with toileting needs discreetly. Staff knocked on people's doors and gave them an opportunity to respond before entering their rooms.
- People in shared rooms told us that staff respected their privacy when attending to their personal care needs. There were curtains available in shared rooms to give people privacy when necessary.
- Care plans documented what people could do for themselves. People were encouraged to do the things they could for themselves in support of their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People told us they received care personalised to their needs. One person said, "They are very good staff. They don't rush in and do everything for you; they ask you what help you want. It's always my choice. Some mornings I feel I need a bit more help than others. It depends how I feel but they never seem to mind." Another person told us, "If you need anything they are always willing to help. The staff really make our lives so comfortable. I get the help I need here." A relative commented, "We were involved in the care planning and my family member gets the care they need."
- Care plans contained information about people's backgrounds, their likes and dislikes and details of the support they needed from staff. These plans were clear and comprehensive and were regularly reviewed by staff to ensure they were up to date and reflected people's current care needs.
- Care records detailed information about people's disabilities, religion, and cultural needs and any support people needed in these areas. Staff understood the importance of equality and diversity and told us they delivered care that met people's individual needs and that they treated people with respect and as individuals.
- The service had an activities coordinator who organised activities for people. People were supported to take part in various activities within and outside the service. One person commented, "Life is what you make it, we are not as young and fit as we used to be but there are always activities going on and things to do. You have to put yourself out and join in rather than sit on the side lines. They [staff] encourage us to socialise and keep active."
- We observed both individual and group activities taking place on the day of our inspection. People participated with enthusiasm in a sing-a-long activity which took place on the evening of our visit in celebration of St Patrick's day. There was a lot of laughter and excitement expressed by people during this activity.
- The service had a huge garden outside and people who were interested in gardening were supported to plant flowers and plants.
- People told us, and we saw, that visitors were welcomed at the service at any time.
- The registered manager told us that they would make information available in different formats and languages if people required this, in line with Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to raise concerns if they were unhappy about the service. One person said, "I have never had to complain because everyone treats us well. I would complain to the manager if I had to, but generally if you have a niggle they sort it out." A relative said, "We had one little hiccup when we first

started using the service. They do listen if you have a problem and usually deal with things promptly."

- The registered manager told us they operated an 'open door' policy so people and their relatives could express their feedback or concerns at any time. The registered manager told us their aim was to deal and resolve issues quickly and informally before it escalates.
- Record of concerns and complaints were maintained and showed that the provider responded to complaints in line with their complaints procedure.

End of life care and support.

- People had advanced care plans in place which stated their end of life wishes. Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders in place here they had expressed this as being their preference.
- Staff had completed training in end of life care. The registered manager told us they involved other healthcare professionals and services when people required end of life care.
- At the time of our inspection, no one was receiving end of life care.

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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Continuous learning and improving care.

- Incidents and accidents were not always analysed so lessons could be learned from them. For example, we noted an incident which occurred and appropriate actions had not been taken by the registered manager to address it.
- Senior staff undertook a range of checks and audits to identify shortfalls in the service so they could be improved. These included medicine audits, care plans, health and safety checks and audits of staff files. However, these audits failed to identify issues we identified during this inspection. For example, health and safety checks had not identified that there was no legionella risk assessment in place.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- We found that the registered manager had not notified CQC of a notifiable incident in line with their registration conditions. We raised these breaches of regulations with the registered manager on the day and they acted on them immediately. They submitted a notification about the incident.
- The service displayed their last inspection rating on their website and in the home as required.
- There was visible leadership and management presence at the service. Staff received direction and the support they needed. Staff were able to seek advice from senior members of staff and they felt listened to. One member of staff told us, "The management is really good, I love the management. They support us and help us do our jobs better. They are very understanding."
- Staff understood their roles and responsibilities to deliver safe and effective care to people. Staff knew to report incidents, accidents and safeguarding concerns appropriately; and their right to whistle blow to protect people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service had a statement of purpose which clearly outlined the aims and objectives of the service. They demonstrated they were committed to improving the experiences of people.
- People and their relatives were complimentary about the service and the care they receive. One person told us, "This home is lovely and I can't fault the care; it is excellent in every way." Another person

commented, "I think it is a very good home. I'm very happy here. I think the best thing is how friendly people are. I can't think of anything they need to change that would make it better."

- There were policies and procedures available to support the effective management of the service and guide staff to deliver responsive and safe care to people.
- The service involved the local pharmacist in auditing their medicine management systems and we found that people's medicines were administered and managed safely in line with good practice guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings took place which were used to consult with people about the service they received and update them on any service developments. People were able to use these meetings to give their feedback and express any concerns or issues they were experiencing.
- People and their relatives, where appropriate, were involved in reviewing their needs and discussing the service they received.
- The service conducted quarterly surveys which were used to obtain feedback from people and their relatives about the service. There were no issues raised from the last survey held in December 2018.
- The service held various activities and social events with people and their relatives. These were used to engage and involve people in the running of the service.

Working in partnership with others.

- The service worked closely with local service commissioners, health and social care professionals and training agencies to improve the care delivered to people.
- The service liaised and partnered with local charity organisations and schools to organise and deliver activities in the home. For example, children from the local school visited occasionally to sing and carry out activities with people.
- The registered manager was a member of their local council care providers forum. They told us they received updates and shared learning relating to the care industry with the staff working at the home.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not safeguarded against the risk of abuse as the provider had not raised safeguarding alerts as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not ensured the quality of the service. The quality of the service was not effectively assessed and monitored.