Care Quality Commission

Shaw Healthcare Limited

Hillside Lodge

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

Hillside Lodge is a modern three-storey home registered to accommodate up to 60 people. Accommodation is provided over three floors with each floor having 20 en-suite rooms. Each floor specialised in supporting people living with dementia or who required nursing or person care. The first and second floors are accessed by a shaft lift. At the time of our visit there were 60 people in residence.

The inspection took place on the 23 November 2015 and was unannounced. The last inspection of this service took place on the 19 August 2014 at which no concerns were identified.

The service had 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

Summary of findings

and associated Regulations about how the service is run. The registered manager was due to leave the service in early December 2015 and a new manager had started work at the service. The new manager was working alongside the registered manager for a three week period while the responsibilities for the day to day management of the home were handed over.

The majority of the records in relation to the management of the service and the delivery of people's care were up to date, detailed and accurate, however some shortfalls and omissions were identified. Some people's records relating to their food and fluid intake, repositioning charts and the application of topical creams had not been completed. Records of the inductions completed by some agency staff had not been maintained. There was not always a record that the legal documentation had been seen to support a named individual's right to make a decision on another person's behalf such as Power of Attorney documentation. The absence of accurate records can make the monitoring of people's care, accountability for actions and reasons why decisions are made difficult to ascertain.

People and their relatives spoke positively of the service. They were complimentary about the caring, positive nature of the staff and the support they received. One person told us "They look after me ever so well". Another person told us "They (the staff) pop in during the day to check I'm ok".

People had access to and could choose from a range of social activities which they enjoyed. The activities organiser told us "People really perk up and are happier after activities". People told us they enjoyed the food and were offered a choice each mealtime. One person told us "I have three choices (of meals) which I choose from".

People were supported to remain independent and were encouraged to stand, walk, eat and drink themselves. One person told us "I can do most things for myself but they are always on hand to help me to do things I can't quite manage on my own". People's privacy and dignity was maintained and people were treated with kindness and respect by staff. A staff member told us "We always make sure the doors are shut when we are delivering care and make sure people are covered".

People felt safe and had access to the equipment they needed to move such as hoists to transfer and pressure relieving equipment. Each person had a call bell which they told us staff responded to quickly. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe from harm and abuse. There was enough staff on duty at all times to meet people's needs. When the provider employed new staff they followed safe recruitment practices and new staff completed an induction that included shadowing experienced staff before they worked unsupervised.

There were clear lines of accountability. The home had good leadership and direction from the registered manager. People, their relatives and staff spoke positively about the registered manager and the management team. Without exception all staff felt one of the positive aspects of working at the service was the team work. One staff member stated "We have a really good team In here". Another told us "There is such a good team. Everyone gets on and knows how each other works." They commented that the management team and team leaders "Listen", and said that team leaders understood the role of the care staff because they "Come on the floor and help".

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood and worked within the principles of the mental capacity act and DoLS referrals had been made appropriately.

Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively such as supporting people living with dementia. The training records demonstrated that staff had completed a range of training and learning to support them in their work and to keep them up to date with current practice and legislation.

We identified one area where the provider was not meeting the requirements of the law. You can read what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink according to their specific needs.

Staff supported people with their health care needs. They liaised with healthcare professionals as required.

Staff had the skills and knowledge to meet people's needs, including those who were living with dementia. Staff received regular training to ensure they had the competencies they needed to fulfil their roles and responsibilities.

Consent was sought from people and staff worked in accordance with the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff were patient and kind and respectful of people's privacy.

Peoples independence was promoted and people were involved in decisions about their care

Visitors were welcomed into the home and there were no restrictions on when people could visit.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans were in place outlining

their care and support needs. Staff were knowledgeable about people's needs, interests and preferences and supported people to participate in activities that they enjoyed.

There was a system in place to manage complaints and comments. Relatives felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

There were omissions in some records relating to the management of the service and the delivery of people's care.

There was a positive and open working atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

Requires improvement 

Hillside 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 took place on the 23 November 2015 and was unannounced. The last inspection of this service took place on the 19 August 2014 at which no concerns were identified.

The inspection was completed by an inspection team comprising of two inspectors and two specialist advisors. Before our inspection we reviewed the information we held about the home. We looked at previous inspection reports. We also looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not request the provider to complete a provider inspection return (PIR) before the inspection. This was because we completed our inspection earlier than originally planned. The PIR is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a, safe, effective, caring, responsive and well-led service.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, laundry and communal areas. We observed care and spoke with 6 people, five visitors and 19 staff including the registered manager, newly recruited manager, deputy manager, area manager, activities organiser, a nurse, nine care staff, the maintenance person, two domestics, a laundry assistant and the chef. We observed the delivery of care and interactions between people and staff throughout the day, observed the support people received during the lunch time period and observed the administration of medicines.

We also reviewed records relating to the delivery of people's care including; five peoples care plans and care records, medication administration records, accident and incident records, and a sample of care records relating to people's fluid intake, repositioning charts, records of activities people had taken part in, accidents and incidents affecting people who lived at the service and records of complaints people had made. We looked at records relating to the management of the service including staff meeting minutes, five staff recruitment records, staff training records, an overview of the supervision staff had received, staff duty rota's, health and safety records, cleaning records and records relating to quality assurance audits completed by the provider.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. Staff had received training and had access to guidance to help them identify abuse and respond to it appropriately. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

There were sufficient numbers of staff to meet people's needs. Staff rotas showed the majority of the time staffing levels had been maintained at the level the provider had assessed as being needed to meet people's needs. On occasion's whereby the service had operated with fewer staff than had been assessed as needed, this had been due to staff taking unplanned leave at the last minute and agency staff had been unable to cover the shift. The registered manager told us that there was an on call system in place so staff always had a member of the management team to call if they needed advice or in case of emergency. When people where in the communal areas a member of staff was always present and staff confirmed that they felt there was enough staff to meet people's needs. Call bells were answered without any undue delay and people told us they did not have to wait for assistance. Staff felt there were enough staff on duty to meet people's needs. One staff member told us "It can be busy sometimes but we always try to cover to make sure we have enough staff. It helps that everyone works together".

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place in relation to the administration and recording of medicines. Medicines were administered four times a day and also as and when people needed them. Only nurses or a senior member of staff trained and assessed as competent to do so administered medicines. We observed medicines being administered at lunch time on each floor and saw staff administering the medicines took care to ensure that the correct medicine was administered to the correct person. One staff member who was administering medicines told us "Being so careful takes a few more minutes but I'm proud of not ever having made a mistake". Some people had been prescribed topical medicines, such as creams. The area of the body that the creams should be applied was indicated on a body map. There was also a calendar for each cream on the person's bathroom door for staff to tick once cream had been applied. The nurse on duty explained that the night nursing staff monitored the application of these creams and would identify any missed applications.

There were systems in place to identify and reduce risks. Risk assessments such as moving and handling, nutrition and pressure area care had been completed. Where risks had been identified, guidance had been provided for how to reduce the risk. Where required equipment was provided to minimise the risk of harm occurring. For example people who had been assessed as being at risk of developing pressure sores had been provided with pressure relieving mattresses and people who were at risk of falling from their bed had been provided with bed rails. Pressure mats had been installed at the side of the bed of some people so that staff would be alerted if they got out of bed on their own. Hoists were available on each floor for staff to use when supporting people who needed assistance to transfer for example from their bed to a chair.

The premises and equipment were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm with clear pathways for those who used mobility aids and wheelchairs. Contingency plans were in place to respond to emergencies, flood or fire. Staff told us they had completed health and safety training and regular checks had been completed in relation to the health and safety of the service and equipment such as firefighting equipment. The maintenance person confirmed they would be alerted if equipment was not working properly but for lifting and handling equipment they would always refer to the appropriate maintenance company. Maintenance agreements were in place for the servicing and repair of this equipment and other equipment such as the shaft lift.

The service was clean and hygienic. Staff had access to stocks of protective equipment such as gloves and aprons and knew when to use them. A cleaner explained the colour coding of materials and equipment for cleaning. They understanding of Control of Substances Hazardous to Health (COSHH) and the need for these substances to be kept in a locked cupboard. They were able to identify what detergents were to be used on what equipment and explained they had a schedule and specifications for cleaning and that a supervisor signed these off once completed.

Good

Is the service safe?

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handovers.

Recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and previous work references to assess their suitability for the role. A new member of staff confirmed this was the process they had undertaken before working at the home. This ensured safe recruitment procedures were in place to safeguard people.

Good

Is the service effective?

Our findings

People and their visitors felt that staff were sufficiently skilled to meet people's needs and spoke positively about the care and support at the home. One person told us "They look after me ever so well". Another person told us "They (the staff) pop in during the day to check I'm ok". A third person told us they were happy with the care they were receiving for a skin tear they had sustained and that staff regularly checked they were comfortable throughout the day.

Some people whose food and or fluids needed to be monitored, had charts on which staff were required to record the amount of food or fluids the person had taken each day. For people who had a urinary catheter, the fluid output was also recorded. A urinary catheter is usually used for people who have difficulty passing urine naturally. It is particularly important to record the fluid input and output of these people to monitor whether their kidneys and bladder are functioning normally. A review of eight people's food and fluid charts identified the charts for two people, who had urinary catheters, had been completed in detail identifying intake and output including the days total and had been signed off by the member of staff.

People were supported to access the support from healthcare professionals when needed. Visits from healthcare professionals were recorded and details added to the person's care plan to provide staff with relevant information and guidance. Care plans showed people's current health needs and care records were reviewed and updated to ensure people's most up-to-date care needs were met. For example one person with a urinary catheter was experiencing problems with their catheter getting blocked. The community nursing team were supporting the service with managing this person's care. Staff were following the detailed guidance provided by the community team regarding the care to be delivered to avoid further blockages and hospital admissions.

Food at the service was both nutritious and appetising. People could choose their meals from a daily menu and alternatives were available if they did not like the choices available. People could choose where they would like to eat; some ate in their rooms, whilst others chose to eat at the dining table or at a portable table where they were sitting. Some people required help with eating and drinking and staff provided these people with appropriate support in an unhurried manner. Special diets such were catered for such as soft textured food and some people used equipment such as plate guards and beakers which helped them to eat and drink independently.

Staff were knowledgeable and skilled in their role. Staff records showed they were up to date with the training the provider considered to be mandatory such as moving and handling, safeguarding and fire safety. The provider had an overview of the mandatory training that staff had completed and the date the training expired. All staff completed dementia training as part of their induction and those staff usually worked on the floor where people living with dementia were accommodated had attended a one day course on dementia. Staff had also completed training in specialist subjects relevant to their role such as 'Challenging behaviour' training which emphasised how to prevent and minimise behaviours people may display when they are anxious or distressed and staff were enthusiastic about using this approach. The staff had also received support from a member of the local dementia in reach team who had spent 12 weeks working alongside staff to help them improve the services they provided to people living with dementia.

Staff received the support they needed to undertake their role and to aid their development. Staff had regular supervisions and a planned annual appraisal. Supervision meetings give staff an opportunity to meet with their line manager on a one to one basis and discuss how they feel and any development needs they required.

All staff new to the home were provided with an induction to the service. Staff told us this included familiarising themselves with the provider's policies and procedures, being introduced to people living at the service and working alongside experienced members of staff. It also included completing some of the mandatory training courses. One member of staff told us their induction had lasted three to four weeks and they had "Learnt a lot from it." Another member of staff told us "I hadn't worked in care before I started here. The induction helped in every aspect, especially the shadow shifts". The provider obtained a profile of agency staff which detailed the qualifications and training they had completed before they were deployed to work. Agency staff were given an induction to the service the first time they worked there.

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training on this topic.

Good

Is the service effective?

People were given choices in the way they wanted to be cared for. One staff member told us "It's their right to say no. We give them (people) options; it's their right to make their own decisions". People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions, the service involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keeps them safe. Some people's records made reference to named individuals who were legally able to make decisions on the person's behalf. For example some people had nominated a Power of Attorney PoA to manage their finances for them and or to make decisions about their care and welfare.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's capacity to consent to a number of issues had been assessed and where they lacked capacity to provide their consent relevant DoLS had been submitted for example in relation to a secure entry system on the doors in and out of the service and the use of bed rails.

Good

Is the service caring?

Our findings

People and their visitors spoke highly of the care provided and the caring nature of the staff. One person told us "It's a very friendly home". Another person told us "The general caring is very good. They (the staff) go out of their way to help". A relative told us "it is a very friendly oriented place here". Another relative commented "Very caring staff."

Throughout the inspection we observed staff taking time explaining choices to people and responding to people's questions. People were encouraged and supported to make choices about their day to day lives and staff respected their choices. We observed staff talking to people on what they would like for lunch, they offered various choices, taking time to let people decide and helping when needed. One person was not sure what one of the choices on the menu was and staff took the time to explain to them what the ingredients were and how the dish was made. One person told us "I have three choices (of meals) which I choose from". People were asked what they wanted and how much they wanted to eat and we heard people responding to these questions for example we heard one person saying "Not much custard for me please." And another person saying "Just half a banana please". When administering medicines we heard a staff member asking a person "What shall we start with, your tablets or your eye drops?"

People were supported to remain independent. For example we saw staff encouraging and supporting people to stand, walk, eat and drink themselves. A staff member told us "We always check to see what people can do for themselves' first before we take over". One person told us "I can do most things for myself but they are always on hand to help me to do things I can't quite manage on my own".

We observed staff speaking to people in a kind and caring manner, offering reassurance or distraction when people were anxious. Staff showed a caring and compassionate attitude and interactions between people and staff were caring and professional. One person became anxious at lunch time because they had thought their relative wasn't coming to see them. A staff member bent down to speak to the person making sure they were at eye level with them before offering them comfort and reassurance. There was a calm and friendly atmosphere and people were not rushed. One person told us "They never rush me. I'm quite slow but they let me take my time".

People were treated with respect and dignity. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asking if they could go into their room to speak to them. When people needed assistance with personal care we observed that staff did this behind closed doors in people's bedrooms and bathrooms. We saw staff covering one person's legs with a blanket when they were sat in a recliner chair. A staff member told us "We always make sure the doors are shut when we are delivering care and make sure people are covered". Attention to detail had been given to assist people with their appearance in line with their preferences for example wearing of jewellery and painted nails.

People were supported to maintain relationships with people important to them. Visitors were welcomed into the home and there were no restrictions on visiting. We heard one person asking staff if their relative was due to come to see them that day. The staff member responded by saying "We could call them if you like? Come and get me when you're ready and we'll ring". A visitor who was sat at the dining table with their relative at lunch time told us "I come in most days and have a bite to eat with (person's name) when they are having their lunch". Another person told us they had a phone in their own room so they could keep in touch with family and friends.

People's care plans included people's social, cultural and religious preferences and where appropriate, end of life plans. A visitor told us the staff had looked after their relative well at the end of their life and was happy with the care they had received. Another person who contacted us anonymously via our 'share your experience' form on the CQC web site to provide feedback about the service commented, 'No concerns, very good care, especially end of life care, exceptional care given to our Mother. Cannot fault the care given to Mum at the end of life and to us too, very sympathetic, nothing too much trouble.'

Records relating to people's care and staff personnel records were stored securely. These records were only accessed by people who had the authority to do so.

Good

Is the service responsive?

Our findings

People had access to activities and could choose what they wanted to do. A varied programme of both group and one to one activities was provided. Care plans held details of people's life history and how they liked to spend their time. Activities recently provided included playing scrabble, arts and crafts, pamper days and bingo. Animals such as pet dogs, snakes, spiders, owls and a miniature pony had been brought into the service and shown to people who were interested. There were 'food taster' sessions whereby people chose a country they had visited and then people were offered samples of food from that country. A range of musicians such as a violinist and an accordion player had visited and a winter fair with bell ringers and a pantomime was booked for December. The activities organiser told us "People really perk up and are happier after activities".

The activities on offer were displayed on the notice boards and some people also had a timetable of the activities in their rooms. The activity organiser told us they went around everyone each day to remind them of the day's activity and ask if they would like to join in. They said some people did not enjoy group activities so they spent time on a one to one basis instead chatting in their rooms, painting their nails doing puzzles or supporting them to go to the local supermarket for example to buy toiletries.

The activity organiser explained that not many people attended resident's meetings so they visited people in their rooms to discuss with them in private what their preferences were for activities and to gain their views on the service. They told us they passed any concerns onto the registered manager for them to address. The registered manager confirmed this and showed us the record of one of these meetings where the person had raised some concerns about the food provided. It was evident that the registered manager had passed these concerns to the chef who had met with the person to discuss their concerns with them and the issue had been addressed.

Staff were responsive to people's needs and wishes. Staff, people and their relatives confirmed that as part of an initial assessment, people visited the service so that they could determine whether the service understood and could meet their needs. Care records were clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed activities such as assistance with personal care, moving and handling and support given.

Each person's care plan was personalised to them. Care plans were reviewed regularly and included information on maintaining people's health, their daily routines and how to support them. The care plans enabled people to say how they wanted to be supported. People's changing needs were discussed daily at staff handover meetings and care plans updated.

Handover meetings took place at the beginning and end of each shift. We observed a meeting which included care staff discussing each person individually on their well-being, nutrition and hydration and any other concerns at that time. All of this information was recorded and then added into each person's care plan daily notes.

People and relatives were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the policy. People told us they had not needed to complain but any minor issues were dealt with informally and with a good response. The registered manager responded to complaints in a timely manner with a written response detailing what action they were taking regarding the complaint made.

Requires improvement

Is the service well-led?

Our findings

Relatives told us that they thought the home was well led and they valued the registered manager who had been a part of the organisation for a long time. The also liked and valued the staff team. One person told us "I can honestly say there is not one (staff member) I don't like".

Accurate and detailed records are a vital tool for ensuring accuracy of information available to staff and other professionals involved in delivering and monitoring people's care. Good record keeping helps to improve accountability and shows how decisions related to people's care were made .The majority of the records relating to the management of the service and delivery of people's care were up to date, complete and accurate, however there were some exceptions to this. The charts which recorded the food and fluid intake for six people, two of whom had urinary catheters, were incomplete with missing records for part of the day and night. This meant it was not possible to assess whether these people had received sufficient food and drink on those days. Records of the inductions completed by agency staff had not always been maintained therefore the provider could not be assured that they had been provided with all the information they needed to undertake their role. Some of the records relating to the creams applied by care staff were blank therefore it was not possible for the provider to be assured these had been applied as prescribed or for them to monitor the effectiveness of the creams. Whilst people's care plans indicated the name of people who could act and make decisions on their behalf, there was not always a record of whether the legal documentation to support this had been seen. We did not assess that the absence, lack of detail or completeness of these records had resulted in people suffering any harm however there was a risk of that happening. When we brought these shortfalls to the attention of the registered manager and management team they took our concerns seriously and said they would take action to address them with immediate effect however it is an area of practice that is required to improve and become embedded into every day practice.

The incomplete records detailed above are a beach of Regulation 17 of the Health and Social Care Act 2014.

The management and staff team worked well together. Without exception all the staff felt one of the positive aspects of working at the service was the team work. One staff member stated "We have a really good team In here". Another told us "There is such a good team. Everyone gets on and knows how each other works." Staff spoke positively about the management team and the registered manager, who they held in high regard. They commented that the management team and team leaders "Listen", and said that team leaders understood the role of the care staff because they "Come on the floor and help". A staff member told us "We have such a good relationship with the team leaders." Other staff commented the service was "Definitely well led" another that there was "Good management". The new manager was working alongside the registered manager for a three week period while the responsibilities for the day to day management of the home were handed over. They told us the new manager would take over the day to day management of the service when the registered manager left the service at the beginning of December 2015. One staff member told us their experience of the new manager was "Positive so far".

There was a clear management structure in place. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles and described an 'open door' management approach. The registered manager and management team were seen as approachable and supportive, taking an active role in the running of the home. The registered manager and management team told us that they too were supported to carry out their role and that they also received regular supervision. There were systems in place to ensure management had had the opportunity to develop and keep up to date with good practice. Two members of the management team had started a year-long course which included looking at the support people living with dementia need throughout each stage of their condition. The registered manager attended managers meetings where they received peer support. The minutes from the last meeting they attended confirmed that the managers had shared learning from recent CQC inspections and that training was planned for managers in regard to how to prepare for and what to expect from a CQC inspection.

The service had a warm and friendly feel to it and staff and the registered manager knew people well. The approach was person centred and people's individuality and independence was promoted. There was an open culture at the home and this was promoted by the registered manager and management team who were visible and

Requires improvement

Is the service well-led?

approachable. All the staff including the registered manager told us people came first and it was apparent from our observations this philosophy governed the day to day delivery of care. Staff showed enthusiasm and interest in their work. They clearly understood the value of having fun at work and that there was an appropriate balance to the sometimes more demanding elements of their role and felt empowered to make suggestions and implement changes.

There were various systems in place to monitor and analyse the quality of the service provided in order to drive continuous improvement. It was the provider's policy that regular audits were carried out in the service including health and safety, environment, and care documentation. The provider required staff to note any shortfalls identified as part of the audits and complete a plan of action to rectify them. For example one action was that information needed to be added to some people's care plans. When we checked these care plans the relevant information had been added.

People, their relatives and the staff had the opportunity to be involved in developing and improving the service at meetings, which were held throughout the year. These provided people with the forum to discuss any concerns, queries or make any suggestions. Satisfaction surveys were also distributed to people and their relatives to obtain their feedback. The majority of the feedback on the last survey completed was positive. The registered manager told us the format of the surveys was under review and that new surveys were being introduced next year.

Incidents and accidents were monitored for any emerging trends, themes or patterns. Each month, the provider calculated how many falls there had been as well as incidents which resulted in an injury and non-injury. This enabled the provider to monitor how many falls and injuries were taking place. Documentation enabled the provider to monitor the times of people falling and if it was the same person to ascertain what action to take.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
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 17 (1)(2)(c)(d)(i) The provider must maintain accurate, complete and detailed records in respect of each person using the service and records relating the employment of staff. 1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. 2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; (d)maintain securely such other records as are necessary to be kept in relation to - (i) persons employed in the carrying on of the regulated activity.