Thurlaston Meadows Care Home Limited

Thurlaston Meadows Care Home Ltd

Inspection report

Main Street
Thurlaston
Rugby
Warwickshire
CV23 9JS

Tel: 01788522405
Website: www.thurlastonmeadows.com

Date of inspection visit:
17 December 2018
18 December 2018

Date of publication:
08 February 2019

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

The inspection site visit took place on 17 and 18 December 2018 and was unannounced. Thurlaston Meadows 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. The care home is a two-storey building and is registered to provide care for up to 45 people who do not require nursing care. At the time of our inspection visit there were 31 people living at the home.

There was no registered manager in post. However, a manager had recently been appointed on 3 December 2018 and was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In February 2018 the service changed its registration from providing nursing care to providing residential care. Since that time, there had been ongoing changes to the management team and two managers left the service.

We last inspected this service in May 2016. The service was rated as 'Good' overall, with the key question of well-led rated 'Requires Improvement' and the four other key questions rated as 'Good'. At our last inspection we found there had been numerous staffing challenges, which had left gaps in both the management structure and staff team. Systems to assess the quality of the service were not always effective in identifying where action was needed to make improvement. Audits did not always detail whether actions identified were implemented and some audits had not identified issues that we found.

At this inspection, we found some changes had been made, however further improvements were needed to assure us care was delivered effectively to meet people's needs. We have rated the service as 'Requires Improvement' in the key questions of safe, effective and well-led and 'Good' in the key questions of caring and responsive. Therefore, the overall rating is 'Requires Improvement.'

People were positive about the management of the home and told us staff were approachable. However, there had been staffing changes in the management team and processes to monitor the quality of service were not always effective.

Staff understood their responsibilities to protect people from the risk of harm, however some staff had limited knowledge of local authority adult safeguarding procedures.

Care plans did not always contain accurate information about people's needs. We found some risks to people's health and safety had not been properly assessed and some events relating to people's safety had not been recorded consistently.

Staff's suitability to deliver care and support was checked during the recruitment process and there were enough staff to meet people's needs. However, staff training was not up to date and there were gaps in staffs understanding of their responsibilities in relation to the MCA. Improvements were required to ensure best interest decisions were recorded and consents were obtained in accordance with the MCA.

People knew how to complain and could share their views and opinions about the service.

People told us staff were caring and they were encouraged to maintain important relationships. People were supported to maintain their health and to eat and drink enough to maintain a balanced diet. People received their medicines as prescribed. Staff knew people and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. Staff respected people's right to privacy and supported people to maintain their independence.

We found a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Staff understood their responsibilities to protect people from the risk of harm, however some staff had limited knowledge of local authority adult safeguarding procedures. We found some risks to people's health and safety had not been properly assessed and some events relating to people's safety had not been recorded consistently. There were enough staff to meet people's needs and people received their prescribed medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective. There were gaps in staffs understanding of their responsibilities in relation to the MCA and improvements were required to ensure best interest decisions were recorded and consents were obtained in accordance with the MCA. Staff training contained gaps and was not always up to date. People were supported to maintain their health and to eat and drink enough to maintain a balanced diet that met their needs.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Requires Improvement

The service continued not to be consistently well-led. There had been staffing changes in the management team and processes to monitor the quality and safety of service were not always effective. People were satisfied with the service and were positive about the leadership of the service.

Thurlaston Meadows Care Home Ltd

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 17 and 18 December 2018. It was a comprehensive inspection and the first day was unannounced. The inspection was under-taken by two inspectors and an assistant inspector on the first day and by one inspector on the second day.

We used information the provider sent us in the Provider Information Return (PIR) to inform our inspection planning. 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 found the information in the PIR reflected how the service operated.

Prior to our visit we reviewed the information we held about the service. We looked at information received from local authority commissioners, members of the public and reviewed the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners had no serious concerns.

During our visit we used the Short Observational Framework for Inspection (SO-FI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us in detail.

We spoke with five people about what it was like to live at the home and eight visitors, including relatives. We also spoke with the manager, the deputy manager, the provider, two directors, three senior care staff, three care assistants, two laundry assistants, the catering manager, the receptionist, a cleaner and two

health care professionals about the service. Health care professionals are people who have expertise in areas of health, such as nurses or consultant doctors. We observed how care and support was delivered in communal areas and we observed how people were supported at mealtimes.

We reviewed five people's care plans and daily records to see how their care and support was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We last inspected this service in May 2016 and rated safe as 'Good'. At this inspection, we found improvements were required in recording events related to people's safety and ensuring risk assessments were detailed and accurate. Therefore, the rating has changed to 'Requires Improvement'.

We looked at whether risks to people's health and well-being had been properly assessed to ensure their safety. When people started using the service, an initial assessment of their care needs was completed that identified potential risks to providing their care and support. Electronic care plans included information about risks related to people's communication, memory, mobility, continence, fluid and nutrition, sleeping, health and skin integrity. In most cases where people needed support to mobilise, their care plan explained the equipment and number of staff needed to support them to mobilise safely.

However, we found some identified risks had not been properly assessed. For example, one person's safety when moving around within the home. In addition, we found some risk assessments did not contain sufficient information to provide clear guidance for staff. For example, one person had received specialist equipment to support them to transfer. The risk assessment recorded 'new equipment' but did not provide staff with guidance on what this was or how to use it. We discussed this with the manager and the deputy manager and they gave us their assurance everyone's care plans would be re-viewed as a matter of priority, to ensure appropriate risk assessments were included to keep people safe. Despite omissions in risk assessments, when we spoke with care staff they could explain how they supported people to ensure risks to their safety were minimised.

The provider had processes to manage some environmental risks, these included regular testing and servicing of the premises and equipment. Staff received training in fire safety and attended regular fire drills. However, we found some radiators in the home were extremely hot to touch and were not protected by a cover. This was a risk to people's safety. We discussed this with the provider and the manager who took steps on the first day of our visit, to ensure people were kept safe and gave us assurances all radiators would be protected by March 2019.

Staff understood the importance of protecting people from abuse but some staff had limited knowledge of local authority adult safeguarding procedures. The manager and deputy manager assured us they would arrange additional training for staff as soon as possible, to ensure their knowledge was updated. We found concerns had been reported by care staff to senior staff who took action straight away to keep people safe. However, not all concerns were recorded in a consistent way, making it difficult to see what actions had been taken to keep people safe. We raised this with the manager and the provider who assured us they would review their recording procedures of events going forward.

People had mixed opinions if there were sufficient staff. A health professional told us, "When looking for a carer, sometimes it's hard to find one." A member of staff said, "There's enough staff to meet people's basic needs, but people may have to wait to get up." In contrast, other people told us there were enough staff to provide support when they needed it. One member of staff explained staff worked well as a team, because

they were allocated specific responsibilities by the senior care staff on each shift. The manager and deputy manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service during that period.

People told us they felt safe at the home and explained who they would go to if they felt worried about something.

Staff were recruited safely. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

Medicines were managed safely by senior care staff who were trained in safe medicines management. Most medicines were supplied in colour coded blister packs, to indicate the frequency and time of day they should be given. This minimised the risks of medicines being given in error. Where medicines were supplied in boxes, staff kept a record of how many were administered and how many were left at each administration. Liquid medicines were marked with the date they were opened, to minimise the risks of administering medicines beyond their effective date. Senior care staff regularly counted the amount of medicines in stock compared to the written records, to make sure medicines were stored and administered safely.

Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. When people were prescribed skin creams, their MAR records included a body map to show where the creams should be applied. Where people were prescribed pain relief patches, their MAR were marked to show which day they should be changed. Staff kept a record of exactly where each patch was applied and changed the position at every application, to minimise the risks of sore skin from contact with the patch.

Everyone we spoke with told us care staff did all they could to prevent and control infection. The home was clean and tidy. A cleaner showed us the written schedules for daily, cleaning tasks, to ensure nothing was overlooked. Where specific issues were identified, cleaning tasks were undertaken more frequently and a full deep clean was scheduled for each bedroom. The toilets were clean and supplied with toilet paper, soap and paper towels.

Staff had received training in infection control and demonstrated a good understanding of how to follow good hygiene practices to reduce the risks of infections spreading. For example, the laundry assistant explained how they minimised cross infection by using a coloured coded system to ensure any soiled linen was washed separately.

Requires Improvement

Is the service effective?

Our findings

We last inspected this service in May 2016 and rated effective as 'Good'. At this inspection, we found staff training was not up to date and there were gaps in staffs understanding of their responsibilities in relation to the Mental Capacity Act 2005 [MCA]. Therefore, the rating has changed to 'Requires Improvement'.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The manager told us four people had an approved Deprivation of Liberty Safeguards (DoLS) and they had submitted 12 applications to the local supervisory board for consideration, where they felt people's liberty needed to be restricted.

The manager and deputy manager told us most people had capacity to make decisions about how they lived their daily lives, but some people lacked the capacity to make complex decisions, for example how they managed their finances. These people had an appropriate person, either a relative or a legal representative, who could support them to make these decisions in their best interest. Records showed these people had been assessed for their understanding and memory, to check whether they could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. The provider told us they were currently in the process of clarifying is some people had legal representatives. Records showed some people's relatives had signed people's consent forms for decisions such as agreeing to receive care and treatment from the service. However, it was not clear if relatives had the legal authority to make decisions on behalf of people, so there was a risk peoples legal rights may not be up-held.

Decisions made in people's best interest were not consistently recorded, it was not clear why decisions had been made and who had been involved in making the decisions. Senior management acknowledged there were gaps in their understanding of their responsibilities under the MCA and made a commitment to improve their understanding by attending further training and researching the subject. They assured us they would act straight away to ensure care plans were updated and people's rights were protected in accordance with the MCA.

Some staff told us they had not had training in the MCA and discussion with them demonstrated they had limited knowledge and understanding. However, we saw staff worked within the principles of the Act by obtaining people's consent before they supported them. One member of care staff told us, "Staff understand 'consent'. We explain why something is important (if people decline assistance)."

Staff received an induction and refresher training. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This meant the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care. However, we found staff training contained gaps and refresher training was not always up to date in accordance with the provider's policy. For example, some staff had not received timely re-fresher training in moving and handling people. We observed one

member of staff did not follow best practice when supporting one person to transfer within the home. We raised this with the manager and deputy manager who told us, "No-one has been monitoring staff training for a few months. Training has not been done where it needs to be." They explained they were aware training was out of date and had obtained support from a local authority training advisor to help them secure training for staff. They started to take steps during our inspection visit to identify the gaps in their training schedule and gave us assurances training would be secured for staff in these areas during January 2019.

Staff told us they had meetings with senior staff to discuss their work and identify any areas for development. Some staff said these meetings were not held regularly, however they told us they felt supported by senior staff ad could request a meeting if they wished.

People were supported to maintain their nutritional health with a choice of meals and snacks, which met their dietary requirements. People agreed consistently that the food was of a high standard, that there was plenty of it, and there was choice. People were asked about their dietary needs, preferences and any allergies before they moved into the home, and these were included in their electronic care plans, which all care staff had access to. People's dietary requirements, such as soft or diabetic meals, and drinks were listed in a folder in the dining room, to make sure the cook and care staff understood and minimised risks to people's nutrition.

Staff worked together at lunch time to ensure everyone in the communal dining room, could have their meal at the same time and to enjoy the mealtime as a sociable occasion. We saw dining tables were laid with a cloth, cutlery, glasses and flowers, which enhanced people's mealtime experience. People could eat in the dining room, lounge or their bedroom, according to their preference on the day. We saw people who needed assistance to eat, were supported effectively by staff who understood and cared about the individual's emotional and physical needs for support with meals. At lunch time staff cut up one person's meat, so they could eat independently. Some people used adapted cups to help them drink independently. People were offered a choice of drinks throughout the day.

Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition.

People were supported to maintain their health through regular appointments with healthcare professionals. Health care professionals we spoke with told us staff acted on their recommendations and called them for help as appropriate when people were ill. People's care plans included their medical history, which ensured staff understood risks to their health and the signs of ill-health. A senior member of care staff told us a GP did a regular round at the home, which enabled them to access healthcare advice promptly for people. People's weight was monitored and recorded to help staff identify if there were at risk of malnutrition. However, some people's weight had not been recorded properly and the information was not reliable. We discussed this with the manager who explained staff had not used a consistent approach to how they weighed people. Following our inspection visit, the manager confirmed people had been weighed again and records were now accurate.

The layout of the building was a two-storey building containing 39 bedrooms, 28 of which had en-suite facilities, including four with wet rooms. Some areas of the home had been newly refurbished and included two ground floor bedrooms with direct access to the garden area. Bedrooms were located on the ground and first floors. There were communal bathrooms and toilets, a kitchen, a laundry, a communal lounge, dining room and newly built conservatory. Hallways and doorways were wide enough to allow people to use

specialist equipment, such as wheel-chairs. The upper floor was accessible by a lift or stairs. There was an extensive communal garden where people could socialise and spend time if they wished.

Good

Is the service caring?

Our findings

At this inspection, people received the same level of care and support as at our previous inspection. The rating remains 'Good'.

People felt staff cared about them and valued them as individuals. People told us, "The owner printed out some pictures for me, they didn't have to do that, it was so kind" and "We felt settled as soon as we came here." A relative told us, "[Name] seems so much happier here." A health professional told us, "Staff are very compassionate and treat people in a dignified way."

People were respected and their dignity was promoted through staff's behaviour and attitude towards them. Staff spoke to people by name and listened to their views. Staff responded with courtesy and kindness towards a person when they became anxious. Staff sat next to the person, spoke reassuringly and encouraged them to read and re-read some cards they had received, until their mood changed and they became less anxious.

We saw people in the communal lounge who looked relaxed and were engaged in activities supported by staff. For example, we saw people enjoyed singing seasonal songs together.

The manager told us person centred care meant tailoring care to meet people's needs. Staff shared the manager's caring ethos. Two members of staff told us, "It's giving people what they need, helping them and listening to them" and "The managers are always drumming into us that the most important people here are the people who live here, they come first."

People's independence was promoted. One person told us, "Staff encourage me to be as independent as possible, I potter around and do what I want." We saw people used the many communal spaces around the home throughout our inspection visit. People were encouraged and supported to maintain their mobility, for example, by using a frame to walk with. Staff were patient with people and let them move from place to place at their own pace.

Staff encouraged people to develop and maintain relationships with people who were important to them. Staff understood how important it was to people to enjoy time with their family and how this had a positive impact on their life. We saw visitors were welcomed and made to feel at home.

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. Staff understood some people might need particular support to make them feel equally confident to express themselves. One member of staff told us, "I feel comfortable talking to people. I would share any new information with senior staff, for example, if people wanted support with religion or a hobby."

Some care plans provided care staff with guidance about how to communicate with people who had individual communication needs. For example, one person's care plan explained they were no longer able

to communicate verbally, but stated the person 'does laugh', which might be a sign of understanding, and ensured staff continued to try to engage the person verbally. A member of staff explained how they communicated with people with complex communication needs. They said, "One person has no verbal communication skills, so I monitor the expressions on their face and their body language. For example, if they rock, this means they need the toilet. I know them well and I share this information with other staff."

Staff understood the importance of treating people with dignity and respect. People told us staff asked them how they wanted to be supported. One person explained staff gave them choices, they gave an example, "Staff ask me what I want to wear, they show me the clothes so I can choose."

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be 'Good'.

People told us they were happy with the care and support staff provided. One person told us, "The staff have a hard job to do and they do it well."

Care plans had recently been recorded on a new electronic system which staff maintained in 'real time' on hand sets. Care plans were easy to understand and personalised. They included details of how staff could encourage people to maintain their independence and where possible, make their own choices. However, we found information was not always up to date. For example, there was a section for people's 'social needs', (culture, religion, daily routine, likes, dislikes, hobbies, child-hood, working life, later life), this section had not been completed for one person we looked at. We saw another person's health needs had not been recorded accurately and information was inconsistent on their care plan. However, staff were able to tell us how they supported these people to meet their needs. We discussed this with the manager and deputy manager and they assured us they would review people's care plans as a matter of priority to ensure they were accurate.

People led fulfilling lives because they were engaged in activities that were meaningful to them. One person explained they liked to sit and read quietly and staff respected this. A relative told us, "[Name] has stiff fingers, so staff encourage them to knit to keep them from getting so stiff." The day before our inspection visit, there had been a Christmas party at the home where friends, relatives and people from the local community had been invited. We saw the home was decorated to celebrate the festive season and we saw people enjoyed looking at the decorations. One person told us how much they had loved the party, they said, "Last night you could hardly get a seat in here, staff made it really special."

On the first day of our inspection, a festive pantomime was performed in the conservatory. People enjoyed this and we saw they tapped their feet or sang along. There was evidence of people joining in lots of other activities at the home, such as birthday parties, baking and creative art classes. There were visits to places of interest in the local community such as a local gardening centre.

The home was actively involved in building links with the local community. A visitor told us they felt staff were trying to strengthen and build relationships within the local community, by inviting local people to events at the home and by inviting members of the community to provide musical entertainment in the home.

There was a communal room close to the entrance of the home which displayed information in different formats to help people understand important events. For example, there was an electronic screen which displayed information about the home including menu choices. There was a photo board which displayed pictures of staff members, so people could familiarise themselves with staff who supported them. However, the manager and provider told us they were not aware of the NHS's Accessible Information Standard. This is

a standard set to ensure people with a disability receive accessible health and social care information and care providers are required by law to follow the standard. The provider told us they would ensure information was always made accessible to people with different needs.

People told us they were asked for their views and were involved in planning their care and support. People were initially assessed by senior staff before they used the service. A meeting was held with people and their representatives and they were asked for their views on how they would like to be supported. The manager told us, "Families are asked to attend resident's meetings. We have a good rapport with families."

People and their relatives said they would raise any concerns with staff. Staff understood the complaints process and knew how to support people if they had a concern. The complaints policy was accessible to people in a communal area. The manager confirmed there had been two complaints made in the last 12 months. Records showed one complaint had not been managed in accordance with the provider's policy. This was because there was no information about what actions had been taken or the outcome of the complaint. We raised this with the manager and the deputy manager, who explained what action had been taken to resolve the complaint. The manager assured us they would improve their complaint recording process going forward.

Multiple compliments had been recorded during the previous 12 months, which included compliments about the standard of care. For example, one relative wrote positively about how staff had encouraged their family member to join in activities and said, 'It was wonderful to see [Name] so involved.' The manager explained all compliments were shared with staff to recognise good practice and boost staff morale.

People were supported at the end of their lives. The manager explained care staff worked alongside other organisations, such as district nurses, to provide end of life care to people which was responsive to their needs. A member of care staff told us, "When someone passes away we support each other and we give the young care staff extra support." Senior care staff were proud to tell us one person who had been diagnosed as 'at the end of life', had appeared to make a good recovery and was eating, drinking and communicating as they did prior to their diagnosis.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection 'Well led' was rated as 'Requires Improvement.' This was because systems to assess the quality of the service were not always effective in identifying where action was needed to make improvement. During this inspection we found positive changes had been made, however improvements did not reach the required standards and further changes were still needed to assure us care was delivered effectively to meet people's needs. Therefore, the rating remains 'Requires Improvement'.

We found care plans contained gaps and were not accurate. For example, they contained no clear record of people's legal representatives, so there was a risk their human rights may not be upheld. Risks to some people's health and safety had not been properly assessed, so they may be at greater risk of falls. For example, risks to one person's safety when moving within the home, had not been fully assessed since they had returned from hospital. Important events relating to people's safety were not always recorded consistently. For example, one complaint had not been managed in accordance with the provider's policy and did not record what actions had been taken or the outcome of the complaint, so it was difficult to see if any learning had taken place to improve the service. There were gaps in staff training, which meant some staff had limited knowledge in some areas and best practice was not always followed, which could increase risks to people's safety. For example, some staff had limited knowledge of local authority adult safeguarding procedures. The provider did not fully understand their responsibilities under the MCA. They agreed there were gaps in their knowledge about this area and assured us they would act straight away to ensure care plans were updated to ensure people's rights were protected in accordance with the MCA.

Processes to monitor the quality of service were not always effective. The manager and deputy manager explained various ongoing checks were made by staff, for example, care plan audits were done by care staff and infection control audits were completed by cleaning staff. However, the checks had not been reviewed by a senior member of staff to see if any actions were required. The deputy manager told us they had carried out some audits in the absence of a manager, from October 2018 onwards. However, they had not been supported to carry out audits as set out in the provider's policies, such as reviewing incidents which may affect people's safety. This meant there had been a lack of oversight by the provider when the former manager left the service and processes to monitor the quality of service had not been managed properly.

Following support from an external 'care home coach, employed by the provider, new checks had been introduced. For example, a 'daily walk round' by the manager to get daily feedback about the standard of the service. However, the checks were not all effective because they had not identified issues we found during our visit. For example, the daily walk round had not identified many of the radiators had not been covered with a protective cover, to minimise the risk accidental burns.

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

People were happy with the quality of the service. One person told us the staff were all approachable and when they had made suggestions for changes to the service, they felt staff acted. Staff told us senior staff

were approachable. One member of staff said, "[Manager's name] is very approachable and nice."

All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by senior staff. Staff told us communication was good within the home and they were encouraged to suggest improvements and share information during staff meetings. Staff explained they also shared information about people's changing needs during daily shift handovers.

Statutory notifications about important events and incidents that occurred at the service had been provided to the CQC by the management team. They notified other relevant professionals about issues where appropriate, such as the local authority. The manager and deputy manager told us they kept up to date with best practice by working closely with the local authority and health professionals.

The provider and directors told us they had employed an external 'care home coach,' to support senior staff to manage the home following the previous manager leaving in October 2018. This demonstrated the provider had made a commitment to improving the standard of the service. The coach had supported management staff to write an improvement plan, which the manager shared with us.

The provider encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys and by attending meetings at the home. We saw the last survey was completed in 2017 and surveys were sent to people, their relatives and staff members. One person had commented about how meat was cooked. Action had been taken following this feedback and the cook explained to us how they now cooked meat in a different way which was more popular with people.

People told us they valued meetings held in the home, where they could share their opinions. We saw the provider had asked people about many aspects of their care and had made improvements following people's feedback. For example, people asked for more fruit to be made available and we saw during our inspection visit, it was available to people in communal areas.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that systems or processes were established and operated effectively to assess, monitor and improve the quality of the service provided.