Scosa Limited

Rosewood Lodge

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

This comprehensive unannounced inspection took place on the 5 February 2018. Rosewood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has single and shared accommodation for a maximum of 20 older people, some of whom may be living with dementia. On the day of the inspection there were 17 people living at the service. 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 and associated Regulations about how the service is run.

At the last inspection the service was rated 'Requires Improvement' overall. We issued one requirement notice for a breach in Regulation 12, safe care and treatment. People's risk assessments and support plans were not always up to date and reflective of people care needs. They were not being followed to prevent people receiving unsafe care. You can read the report from our last inspection, by selecting the 'All reports' link for Rosewood lodge, on our website at www.cqc.org.uk.

The provider completed an action plan to show what they would do to meet the requirement of the regulation they had breached. They had prioritised some areas that needed immediate attention including: updating care plans and risk assessments and quality assurance systems. During this inspection, we saw evidence to confirm that the service had improved.

The registered manager and staff had worked to introduce new systems and procedures. Systems had been reviewed and changed; infection control practices had been improved; care plans and associated risk assessments had been updated; quality monitoring of the service had been developed. The registered manager told us this work was on going and during this inspection, we found this was the case.

Whilst improvements had been made with risk assessments and the guidance for staff to support people was now in place, we still found some shortfalls in the recording and storage of medicines and the associated audits.

Staff we spoke with knew how to provide the care and support that people needed.

People, their relatives and staff told us that the service had improved and that the registered manager, head of care and deputy manager were supportive and approachable. The registered manager had begun to seek feedback from people and their relatives. We saw people being encouraged to share their views about the service each day.

We found improvements had been made and people now had the opportunity to take part in a range of activities in-house.

We saw some improvement had been made to the environment to support people living with dementia.

People told us they were happy with the care they received.

Staff were observed to be kind and attentive and demonstrated a caring approach to people.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People's capacity to consent to care was considered and the service worked in accordance with current legislation relating to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Throughout our inspection, we saw that people who used the service were able to express their views and make decisions about their care and support. We observed staff seeking consent to help people with their needs.

People's health care needs were assessed, monitored and recorded. Referrals for assessment were made when needed and people received regular health checks.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. The registered manager told us, and we reviewed records, that demonstrated they had acted promptly when concerns were raised.

We found one 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 this 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

Some aspects of the service were unsafe.

Medicines were not always managed safely.

Recruitment systems were in place.

People were protected from the risk of harm by staff who had been trained in safeguarding adults at risk.

People's risks were identified, assessed and managed appropriately.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

People's needs and choices had been assessed when they started using the service.

Staff were trained and their skills and competencies checked by the registered manager.

People were supported to maintain a balanced diet.

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.

Is the service caring?

Good

People who used the service and their relatives were complimentary about the standard of care at Rosewood Lodge.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

The service was responsive.

People and their loved ones had planned their care with staff.

People received their care and treatment in the way they preferred.

People participated in a variety of activities and told us they enjoyed these.

Any concerns people had were resolved to their satisfaction.

People were supported to plan the care they preferred at the end of their life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Not all systems in place and were being utilised in order to monitor the quality of the service and demonstrate improvement.

The registered manager promoted a person centred approach to help make sure people's needs and preferences were met.

People who used the service, their relatives and staff spoke positively and expressed their confidence in the way the service was now being managed.

Rosewood 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 checked 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.

This was an unannounced, comprehensive inspection, which took place on 5 March 2018, undertaken by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used this information in our planning of the inspection

We observed care and spoke with people, relatives and staff. We did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us as most people could talk to us.

We reviewed seven care records, six staff files, Medication Administration Records (MAR), staff rotas, the staff training plan and other records relating to the management of the service. On the day of our inspection, we spoke with six people living at the service and four relatives. Most people at the service were able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the service. We spoke with the registered manager, the deputy manager, head of care and two members of staff.

Requires Improvement

Is the service safe?

Our findings

At the last comprehensive inspection of this service on 30 and 31 August 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Some aspects of the service were not safe. People did not always receive safe and appropriate care as people did not always have guidelines in place for staff to follow relating to their care. Where care plans did have guidelines in place we found they were not always being followed to ensure people received safe care and treatment. At this inspection we found improvements had been made and action was now being taken in relation to these.

However during this inspection, we found medicines were not always managed safely in relation to storage, administration or disposal. We observed staff administering medicines to people.

Staff who had undertaken medicine management training were responsible for the administration of medicines in the home.

Medicines were supplied by a local pharmacy in individual boxes. The majority of medicines were stored in an appropriate medicine trolley. Excess medicines were stored in a locked cabinet in the medicines room. However, there was a large quantity of medicines that were due to be returned to the pharmacy in the registered manager's office, where the door had been left open. These remained there throughout the inspection. We spoke with the registered manager and deputy manager about this and they assured us that the door was usually locked and could not understand why it was open. The registered manager explained that the medicines would have been returned the previous week but the extreme weather conditions the area had experienced, including heavy snowfall had prevented the medicines being collected.

The temperature of the medicines room, medicines trolley and medicines fridge were not always being recorded daily. For example, there were eleven gaps in the fridge temperature record since 1 February 2018, and nine gaps in the medicine trolley temperature records. This meant that the service could not evidence that medicines were being stored at the required temperature in order to maintain their efficacy. The deputy manager told us that they were going to support staff members to do this in the future.

MARs were pre-printed by the pharmacy. The MAR folder contained separate sheets with details of any allergies people had, along with their full name, room number and date of birth. Photographs to aid identification were not available for everybody.

A member of staff stated that the quantity of medicines received from the pharmacy was being recorded on people's MAR. We looked at people's MAR and found that this was not always the case. When people were no longer being prescribed a medicine, these were returned to the pharmacy were recorded in a separate book.

We found many MAR had hand written entries. This was when staff had transcribed details of a prescription or alteration onto the MAR. We found examples where hand written amendments had not been signed by

the person who did the transcribing; or where they had, witness signatures had not been obtained. Signing hand written amendments and getting them witnessed is seen as good practice as it reduces the risk of transcription errors. We looked at the provider's policy and it stated that two signatures were needed when MARs were handwritten.

Handwritten entries did not always fully state the dose of the medicine required; for example 'Vitamin B compound Strong' and 'Alondronic Acid every Thursday' were two entries seen.

One person's MAR indicated that they had not received some prescribed medicines and they were recorded as unavailable. They had not received one medicine for Vitamin D deficiency since 16 February, and another medicine for Parkinson's disease since 23 February 2018. There were also three gaps in administration records of another of the person's medicines. This placed people at risk as they had not received the medicines they needed at the time they needed them.

Individual protocols for the use of, 'When required' (PRN) medicines were not always available. This is seen as good practice as it directs staff as to when, how often and for how long the medicine can be used, improves monitoring of effects and reduces the risk of misuse. For example; protocols were not available for one person who had been prescribed codeine phosphate for pain and Glycerine Tri Nitrate (GTN) spray for angina.

The system in place for the recording of prescribed topical medicines, such as creams and lotions, did not provide clear instructions for their use or evidence that staff had administered them at the required frequency. For example one person had been prescribed an anti-inflammatory gel; but there were no records of it being applied. One topical medicine had been prescribed, 'As required.' There were no protocols available for its use.

Medicines that required extra security were kept securely and administration was recorded in an appropriate register. Two signatures were evident for each administration. The stock levels of two medicines were checked and found to be correct. However, there was evidence of poor record keeping and a lack of regular audits of these medicines. For example, we found that there were two bottles of analgesic that had been prescribed for one person. One bottle was in use, but the other had not been recorded as received in the register or the MAR chart.

Another person had been prescribed an analgesic. The quantity administered had been recorded incorrectly for a period of five days before staff had noticed the mistake. In addition, the paperwork indicated that a quantity of the person's medicine (100.5ml) remained in the service. However when asked, a senior member of staff stated that the person had taken it with them when they returned home. This had not been recorded and the staff member was unable to say whether it had been recorded elsewhere.

Records showed that one medicine had last been administered on the 13 September 2017, but further stock checks had not been carried out. Staff then produced a record in the returns book that indicated the medicine was returned to the pharmacy on the 5 December 2017.

We discussed this with the registered manager and deputy manager and they explained that they had changed some staff roles and created new ones with more responsibility especially around medicines but they acknowledged that more support was needed by staff to enable them to perform their new roles. The deputy manager told us that they would now support staff administering the medicines. The registered manager also told us that they were in the process of changing their medicines provider, which should reduce the need for any handwritten MARs.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014

We looked at staff files and at the recruitment processes that were followed when new staff came to work at the home. The registered manager said, "I recruit depending on when I have a vacancy, but we don't often have vacancies". Staff were checked on their suitability to work in care through checks with the Disclosure and Barring Service and references obtained. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. However, for one new staff member, although the registered manager had noted that two references had been received, only one reference was on file. The registered manager explained that the second reference had been requested and chased prior to the inspection and the referee was on holiday. They had permitted the new member of staff to start work because the registered manager had satisfied themselves that the candidate was fit and proper person for the job, in line with the provider's policy.

People were protected from avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what action to take. We asked people whether they felt safe at the service. One person said, "Yes, I think so. I don't know, I'm just safe. I'm quite safe from other residents". A second person told us, "I've never met anyone bad. I feel quite safe. We are well looked after". A relative said, "It's the best thing for her because I know she's safe". Another relative told us "There's nothing to worry about here and I don't feel worried when I leave." A staff member, when asked about safeguarding explained, "We talk about helping people to feel safe and valued, to end up with person centred care". The deputy manager told us about the different types of abuse and signs that might indicate abuse. In addition to mandatory training in relation to safeguarding, staff also engaged more interactively in training at team meetings.

Risks to people were managed so that people were protected. We asked people whether they were involved in making decisions about any risks they might want to take. One person said, "I do some things for myself you know. They do their best to make sure the place is safe and the security is good. I am very careful." A second person told us, "If I need help I ask. I'm quite happy indoors".

We looked at a range of risk assessments contained within people's care plans. These included people's risk of malnutrition, pressure areas, moving and handling, medicines, falls and health issues. Plans had been drawn up to provide information to staff on what action to take should people need to be evacuated in the event of an emergency. The registered manager told us they had an agreement with the care home next door should people require a safe place to be evacuated to. Risk assessments in relation to premises and safety of equipment had all been completed appropriately.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager told us they never needed to use agency staff as permanent staff could work flexibly when required. People felt there were enough staff to meet their needs. One person said, "The staff are dedicated and there are enough of them". A second person told us, "Normally they are quite good. If I want the toilet in the night I just ring and they are there". Staff too felt staffing levels were sufficient. The deputy manager explained, "[Named registered manager] is really responsive when it comes to staffing levels. We try and offer a home for life and people's conditions change". The registered manager told us "Staff can come to me if they feel more staff are needed and I will try and get someone to cover or I go onto the floor. At busy times of day there are always staff around".

We looked at staffing rotas over a four week period. These confirmed that there were three staff on duty

during the morning and three staff in the afternoons. At night, two staff were on duty. The registered manager said, "I don't believe in very long shifts, However, some staff will do a long day and I don't use agency so people are always supported by staff they know."

Staff received hygiene and infection control training. We were told that no one using the service had any condition that required specific infection control measures to be used. However, personal protective equipment such as gloves and aprons were readily available for staff when carrying out personal physical care tasks.

Systems were in place to ensure that all equipment was maintained and serviced. A regular programme of safety checks was carried out. For example, gas safety, fire alarm detection and warning systems, electrical safety and day-to-day building safety checks were all carried out. There were arrangements in place to deal with foreseeable emergencies.

The service recorded any incidents that had occurred and very few, if any, had taken place. The service responded appropriately to incidents or other events that had occurred and followed these up with action required to minimise the potential of further occurrences.

Good

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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. People's rights had been protected and staff were acting in accordance with the Mental Capacity Act 2005. The registered manager had carried out MCA assessments and liaised with the local authority appropriately. Staff had an understanding of the MCA. One staff member told us, "We always ask for consent before giving care because it can be scary for people if they don't know what is happening."

One person was receiving a medicine covertly. A letter from the person's GP relating to this was available in the MAR folder, however there was no evidence that this had been the subject of a best interest meeting, or that the pharmacist had been informed. The registered manager explained that the person's doctor had simply sent them the letter after discussion with the family. The registered manager told us that the person's relatives were visiting the next day and they had Lasting Power of Attorney (LPA) for Health and Welfare and they would ensure the correct process would be followed. We found that this was the only example found that did not follow the correct procedures. The registered manager told us that they recorded what LPA relatives had because a number of them only had LPA for finances and therefore certain decisions could not be made by relatives.

People and their relatives told us their needs were met and staff were skilled in carrying out their roles. One person said, "Can't fault them." One relative told us, "By the way the staff talk to and handle resident's shows that staff are extremely knowledgeable about the different needs of the residents." Another said, "Staff do a good job and never rush her. She relates to the staff and there seems to have a good rapport between them." People's needs and choices were assessed when they moved into the service. The assessments took into account the persons mental, physical and social needs, and included details on how the person wanted to be supported, and contributions from family members and other professionals.

People were protected from discrimination. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment and staff had received training on Equality and Diversity which they told us helped them in their role. One staff member told us, "We're taught to value people's differences." The registered manager explained that the whole staff team had just had their Equality and Diversity training.

Staff were trained and their competencies were checked by the registered manager. Each new staff member received an induction and completed two weeks shadowing before being assessed as competent by a senior staff member. The registered manager used a training plan to ensure staff were knowledgeable on the provider's core subjects such as safeguarding, infection control and moving and handling. Staff members' knowledge was tested at the end of the training. Staff were also supported to undertake other

recognised health and social care qualifications relevant to their roles. One staff member told us, "We have a lot of in-house training, its good quality and I feel prepared for doing a good job." Staff told us they received regular supervisions from their senior and they offered an opportunity to discuss work issues and development needs.

People were supported to maintain a balanced diet. People's care plans showed what people liked to eat, and when and where they wanted to eat it. One relative told us, "Prior to moving to the home Mum was not eating properly. Now she's eating much better and has gained weight. She eats things that she never ate before, like pasta and curry". Information about dietary requirements, such as people with allergies to specific foods, or those who needed a low sugar diet was easily accessible to kitchen staff. People were included in making decisions about what food was on offer. For example, minutes of a resident's meeting showed people contributed to what food was prepared for the Christmas meal.

People were supported to access healthcare services and advice. One person said, "The staff acted very promptly when I was poorly. I didn't feel it but they said I looked unwell and called an ambulance for me and I'm glad they did." People attended routine health visits and were getting support from the dentist, chiropodist and the GP. The district nurse, falls team and speech and language therapy team visited when needed, and feedback from health professionals was positive. One health professional told us, "They call us appropriately and are responsive to direction and requests by both myself and the residents." One person who was an insulin dependent diabetic was having their blood glucose levels recorded daily. There was information available on the recording chart indicating the action staff should take in response to high and low recordings. Their initial care plan had sparse information relating to their diabetes; however, the registered manager was currently re-evaluating the care plan using the person centred software recently introduced and showed us that this information would be available.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Rosewood Lodge. One person told us, "I like living here, the staff are lovely" and another person said, "They're all very nice. I'm looked after well." One relative told us, "Nothing is too much trouble and I cannot stress how pleased we are." Another relative said "We get the same welcome every time we come here, it's like a home from home, they are just one big family" and "Well looked after and that staff treated them kindly". We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring manner. The atmosphere within the service was pleasant and jovial and staff had the utmost respect for people. We observed staff talking and listening to people and being very courteous and polite towards them. A person told us, "Staff are very friendly and caring, there is no one miserable here".

Staff knew people's names and spoke with people in a kind and caring manner. People were well presented and looked comfortable in the presence of staff. A relative told us, "Care is tailored towards my mum; she always likes to look smart and she likes to have her clothes matching and they wash her clothes overnight so she doesn't have to worry about what she is putting on the next day".

We saw staff assisting people to access the lounges, bedrooms and dining rooms. Staff supported people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. Staff interacted with people at every opportunity and were polite and respectful. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. One person said that they sometimes liked to stay in their room, "For a bit of peace" and that staff respected this. Staff worked well as a team giving individualised care and attention to people. They were professional in their work and kind and respectful to people. Two people confirmed that staff asked their permission before offering support with things like personal care. One person said, "Oh yes, I'm very much in charge."

We observed carers assisting people to their tables during lunch and helping people transfer to their chairs. We saw safe transfers using equipment to help people stand. A relative told us, "My Mum is a bit unsteady and used to fall at home but staff are very confident when supporting her and she has had no falls in a long time." People were supported by staff in a patient and friendly way. People had a good rapport with staff. Staff knew how to support people and understood people's individual needs.

People's bedrooms were individualised, some with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. A member of staff was available at all times throughout the day in most areas of the home. People received help from staff without delay. A relative told us, "Staff are really good, I feel confident that she is ok here. Mum has a sensor mat on the floor in case she tries to get up. If she does have a fall or slip staff always phone me straight away, she is very happy here."

We saw staff supporting people to maintain their independence. One person told us, "Staff went out of their way to find me a bedroom nearer to the dining room so that I could still walk independently".

People were encouraged and supported to maintain their relationships with their friends and relatives. There were no restrictions on visiting times. One relative told us, "Staff here have time for us; relatives without a doubt get support, over and above support." Another relative said, "I sometimes have my lunch with [Name] family member."

People had access to information about the service in the provider's 'Statement of Purpose' and 'Service User Guide' which contained information about the facilities, services, safeguarding, meals, fire procedures, spiritual support and complaints. Information about health and local services was also prominently displayed on notice boards throughout the home. We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in planning and reviewing their care with staff. One person confirmed that they had been asked about their needs when they first arrived in the home and they felt staff were, "Doing all they could" to meet them. People's relatives commented, "I am totally involved with my [loved ones] care and the planning and support required. The staff always chat and ask how [my loved one] likes things done" and "I have seen my relative's care plan and there is nothing I could add or alter".

People had detailed care plans, which had been written by the new registered manager, which contained information for staff about their needs and the support they required. These were being transferred on to an electronic system. They included what people were able to do for themselves and how they preferred their support provided by staff. Staff provided support in the way described in people's care plans. For example, one person chose not to eat in the dining room during our visit. Staff followed the guidance in their care plan and supported the person to eat in another room they chose. Any changes to people's needs or areas to be monitored were recorded in the staff communication book and handover sheets as well as people's care plans. Staff told us this ensured they were fully informed when they returned from leave or days off.

Routines were flexible to people's daily choices. One person told us, "I come and go to the lounge when it pleases me". We observed staff offering people choices and providing the support they required. For example, people were offered a choice of drinks throughout the day and staff checked how much milk and sugar people would like. Staff knew people's preferences and offered these to them if they were having difficulty making a choice. One person's relative told us, "My [loved one] can decide when they want to get up and when they want to go to bed. They are good like that, very caring".

Staff planned people's end of life care with them, including consideration of any advanced decisions and their cultural and spiritual preferences. The registered manager kept people's advanced decisions, including decisions not to be resuscitated under review and supported people to change their decisions when they wanted. People and their relatives had informed staff about some of the decisions they had made for the end of their life including funeral arrangements. The registered manager was in the process of having more detailed conversations with people about their end of life wishes and was writing care plans with them. Records showed the people who had chosen to receive their end of life care at Rosewood Lodge had been supported to do so by staff and health care professionals. Arrangements had been put in place to make sure people had the pain relief they needed. People's relatives had complimented the registered manager and staff on their kindness and care.

People told us they had enough to do each day and were offered a variety of leisure activities. People chose which activities they took part in and were free to peruse pastimes they had enjoyed before they moved into the service in their bedroom, for example, one person told us they enjoyed watching television in their bedroom. Another person told us, "I keep busy during the day and sometimes I go to join in with the music or exercises". An activities coordinator was deployed during the day and supported people with group and one to one activities. There was an activities programme displayed on the wall, this was planned around

people's needs and was flexible to people's requests. During our inspection people took part in armchair exercises to help them remain as mobile as possible. Some people liked to go out to clubs during the day and staff supported them to do this. The new electronic recording system being rolled out at Rosewood Lodge enabled each person to have a private on line area for relatives to post photos and message for their loved one and the registered manager had discussed this with relatives and they told us all of them were enthusiastic to start using it and staff would support their loved ones to access it.

A process was in place to receive and respond to complaints and was understood by the registered manager and staff. People and their relatives told us they had not needed to make any complaints but were confident to raise any concerns they had. People and their relatives commented, "If I am worried I won't hesitate to call someone, I go straight to the manager if I am really worried" and "I don't have any worries about it here but if I did I would feel most confident to raise a concern of any nature with the manager and staff". The register manager kept an oversight of any complaints and concerns and completed a monthly check. Information about how to make a complaint was displayed at the service and the registered manager was developing a more accessible version to make sure everyone had the information they needed. The registered manager spoke with people often and checked if anything was worrying them. Any minor concerns people or their representatives raised were resolved quickly.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in August 2016, we identified that the provider had a quality assurance systems to monitor the quality and safety of the service and to identify any areas for improvement. The audits undertaken however did not identify the specific shortfalls found during that inspection, For example, lack of specific support plans and risk assessments around anxiety and modified diets and there being no plan for the building that identified the layout, fire extinguishers and zones. At this inspection, whilst comprehensive audits had taken place by the provider's compliance manager and addressed the issues found at the last inspection, not all the issues we identified in this inspection had been found. We spoke with the registered manager. We found that the medicines weekly audit had been signed by the registered manager but it had been carried out by another member of staff and the registered manager had checked it for accuracy. The registered manager assured us that they would be having a comprehensive review of how medicines were administrated and recorded by staff in order to prevent further issues with them. The registered manager was new to post and had recently changed how the medicines were administered.

Staff, people using the service and relatives confirmed the registered manager was always present at the service and that the provider's compliance manager visited frequently. All of the people we spoke with made positive comments about the registered manager and the staff team and felt their needs were being met by a sufficient number of competent staff. People said, "Of course the staff are very busy, but they always have time to spend with us" and "You only have to ask and they will help us." A relative spoken with said, "You can always speak to the manager, anything I want to know they will tell me."

Staff we spoke with understood their role and responsibility to the people living at the service. Staff told us they had confidence in the registered manager and found them to be approachable and supportive. Staff said, "If you have a problem [Name of registered manager] will help you", and "They are supportive although we don't see as much of them as we used to", "The manager knows what's going on and keeps a check on things", "We've got more staff now which was needed and the manager has more time to run the home" and " [Name of registered manager] will go out of her way and she's got to know people well."

Whilst the registered manager was still part of the working staff team, they were introducing systems to oversee that good practice and quality of the service was maintained, such as regular observed practice conducted by another senior staff member. The staff team utilised a communications book to share information and a staff handover system was in place. This meant there was effective communication between staff, which ensured the sharing of pertinent information and instruction between themselves about the people and the service.

The registered manager had identified areas where additional staff training was required, and had taken steps to ensure training that met specific learning needs was provided. A staff learning and development matrix was in place. The matrix identified what training care workers had undertaken and the training topics scheduled for the coming months. We saw that all staff were listed to receive ongoing and refresher training in appropriate topics associated with caring for older people. Records were now in place to monitor the

competency of staff responsible for administering medicines. This meant risks associated to the management of medicines were reduced. A checklist to make sure staff were following the protocols in relation to cross infection had now been implemented. The registered manager carried out spot checks to ensure best practice was always maintained to prevent cross infection. Staff, domestic and kitchen staff were aware of the importance of good hand hygiene and knew to use disposable gloves provided for them. These systems helped to protect care workers, people using the service and visitors from the risk of cross infection. We found that health and safety checks records and audits were completed and up to date.

Meetings for people and their relatives had been reinstated and were planned in advance. These meetings helped to gather people's views and opinions. Different methods were used to gather information such as, individual discussions during people's care reviews and chatting to people at mealtimes. We saw that notes of these discussions were recorded in people's care records. Plans for people and staff to participate in quality surveys were in progress. The registered manager had circulated surveys to people, relatives and staff and the results were still being analysed and collated by the provider.

Before this inspection we checked our records to see if appropriate action had been taken by management to ensure people were kept safe. We saw that the registered manager had made appropriate notifications to the Care Quality Commission as required. The registered manager shared with us copies of the services policies/ procedures such as, complaints and suggestions, safeguarding, accidents/ incidents, medicines management and staff recruitment. Policies and procedures help the provider to guide the actions of all individuals involved in the service and provide consistency in all practices carried out in the home. Policies we looked at were being kept under review.

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 12 HSCA RA Regulations 2014 Safe care and treatment medicines were not always stored or recorded correctly