

Southport Rest Home Limited

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Inspection report

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Merseyside
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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

An unannounced inspection took place on the 9 and 10 December 2014.

Southport Rest Home is owned and managed by Southport Rest Home Ltd and is a registered charity. The home provides personal care and support for up to 25 older people. Nursing care is provided by the local district

nursing care services when needed. The care home is located close to the amenities provided by the town and is adjacent to a local park. At the time of our inspection 17 people were living at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Throughout our inspection we observed staff supporting people in a discreet and sensitive way to maintain people's safety and dignity. People told us the staff were polite at all times. During our inspection we saw positive interaction between the staff and the people they supported. People's comments included, "The staff are wonderful" and "The staff are beyond good."

People said they felt safe living at the home and their support was given in a way that made them feel safe. People's comments included, "Yes, I feel safe living here, the staff are always around to help me", and "The staff take good care of me always."

Staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported.

Recruitment checks had been carried out to confirm staff were suitable to work with vulnerable people.

People informed us there were sufficient consistent numbers of staff to provide assistance when needed. People said they felt well looked after.

Risk assessments were centred around people's individual needs and aimed at promoting people's independence with staff support where needed. These included whether people were at risk of falls and also the use of bed rails to reduce the risk of falls from the bed.

Environmental risks assessments and health and safety checks had been undertaken of the premises to ensure people's safety.

Staff had a good knowledge about people's needs and how they supported them to keep well and active. People living at the home told us the care they received was provided in a way they liked and that met their needs.

Health professionals we spoke with were complimentary regarding the care and support people received. We saw that people were supported by external health and social care professionals to maintain their health and wellbeing. One person living at the home said, "You only have to ask and it is arranged. I get excellent help when I need it."

We observed the lunch time meal. This we found to be a very pleasant experience. People told us they enjoyed the meals and were provided with a varied menu. People had been consulted about the meals and their feedback listened to and changes made in accordance with people's requests. One person told us, "The chef is really good and makes sure we are happy with the food, the staff do the same."

Staff were skilled and trained to provide care to people at the home. A new training programme was being introduced and also supervision meetings with staff as part of staff development and learning. Staff told us they received good support from the registered manager. An induction was available for new staff.

The registered manager had a good knowledge of the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Staff supported people in a caring and sensitive manner. People and their family members told us the staff were approachable, helpful and considerate. Family members told us the staff communicated well with them about their relative's care and support. One relative said, "They (the staff) always keep in touch."

People could see their family members and friends when they wanted. There were no restrictions on when people could visit the home.

Staff, people who lived at the home and family members we spoke with were complimentary regarding the registered manager and the management of the home. People told us they had daily contact with the registered manager and had plenty of opportunities to talk with them. This we observed during the inspection. People informed us the service ran well and the registered manager was supportive and approachable.

Staff told us they felt they could speak up if they had concerns and they would be listened to. They told us they received the information they needed to support people in the home and also around how the home was operating. Staff had access to a whistle blowing policy thus ensuring an open culture existed.

Summary of findings

A process was in place for managing complaints and people who lived at the home told us they would speak up if they had a concern. The quality of the service was subject to review and people were able to share their views about the home. Feedback was sought from people and their family members though this tended to be on an informal basis rather than by attending meetings or completion of satisfaction questionnaires.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the care home not consistently following safe practice around administering medicines to people. This placed people's health and wellbeing at unnecessary risk.

You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

Our observations found the care home was not consistently following safe practice when administering medicines to people. This placed people's health and wellbeing at unnecessary risk.

Risk assessments had been undertaken depending on each person's individual needs

Recruitment checks had been carried out to confirm staff were suitable to work with vulnerable people. There were enough staff on duty at all times.

Staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported.

Measures were in place to regularly check the safety of the environment.

Requires Improvement



Is the service effective?

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and had a varied menu.

People had access to external health care professionals and staff arranged appointments when they needed them.

Staff received training and the registered manager had recently implemented supervision meetings with the staff.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care they received. During our inspection we saw positive interaction between the staff and the people they supported. One person said, "The staff are wonderful."

Staff treated people with privacy and dignity. This was confirmed through our observations and talking with people who lived at the home.

Staff supported people in a caring and sensitive manner. People and their family members told us the staff were helpful and considerate.

Family members told us the staff communicated well with them about their relative's care and support.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's care records showed they had been supported to attend routine appointments with a range of health care professionals.

People received the support they needed to optimise their health.

People's care plans were reviewed regularly to ensure they reflected the current care provision. The registered manager informed us that with the head of care they were reviewing existing care documents to ensure information held was sufficiently detailed and improve the quality of the information held.

A process for managing complaints was in place. People we spoke with told us would be confident speaking with the registered manager or a staff member if they had any complaint or concern.

Is the service well-led?

The service was well led.

A registered manager was employed by the home.

Staff spoke positively about the open culture within the home. Staff were aware of the whistle blowing policy and would use it if required.

Processes for monitoring the quality of the service were in place. This included a number of audits and checks on the environment and care practices.

Feedback was sought from people who lived at the home and their family members on an informal basis. People said their views were listened to and acted on.

Good



Southport Rest Home Limited

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 9 and 10 December 2014 and was unannounced. The inspection was carried out by a Care Quality Commission Inspector of adult social care services and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider completed a provider information return (PIR) which helped us to prepare for the inspection. 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.

Prior to the inspection we reviewed the information we held about the home, looked at the notifications the Care Quality Commission had received about the service and contacted the local authority who contract with the home. They did not hold any information about the service at this time.

The registered manager was present during the inspection and we also spoke with nine people who lived at the home, five relatives/visitors and three staff. We sought the views of a health care professional who was visiting the home at the time of our inspection. We looked at the care records for four people (to review people's care), three staff recruitment files, the staff duty roster for the month of the inspection, staff training and other records relevant to how the quality of the service was monitored. We looked around the home and conducted general observations in the communal areas. The areas we viewed included bathrooms, the lounge, conservatory, dining room and external grounds. A number of people who lived at the home invited us to see their bedrooms and we conducted some interviews in people's rooms.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and were supported by sufficient numbers of staff. People's comments included, "Yes, I feel safe living here, the staff are always around to help me", "The carers keep popping in", "The staff take care of me always" and "There are always people around."

Throughout our inspection we observed staff supporting people in a discreet and sensitive way to maintain their safety and dignity. For example, assisting people to the dining room for lunch and providing assistance with aspects of personal care. Call bells were answered promptly. A person told us they were never left waiting for help and this they found reassuring. Some people required the use of aids to help with their walking and the staff made sure they had these aids to ensure their safety when mobilising. Staff were present in the communal areas to offer people support when needed. During our inspection we noted that no one was left waiting for assistance.

We spoke with a visiting health care professional during our visit they told us the staff provided support in accordance with people's needs to maintain their safety and promote their independence.

Staff told us how they managed risks and also how they supported people with individual choices. Risk assessments were centred around the individual and aimed at promoting people's independence with staff support where needed. We looked at three people's care records and we saw people's dependencies had been assessed to help ascertain the level of support they needed to ensure their safety. These included whether people were at risk of falls and also the use of bed rails to reduce the risk of falls from the bed. Accidents were reported and actions taken where needed to help keep people safe.

The registered manager outlined with us the staffing levels in the home and these were confirmed with the staff we spoke with. During our visit, the registered manager was on duty with four care staff, a chef, kitchen assistant, maintenance person and two domestic staff. We checked the staffing roster for the month of the inspection and saw that this pattern of staffing was consistent. The registered manager said they adjusted the staffing numbers in accordance with people's needs and that the staff worked additional hours to cover sickness or holidays if required.

This helped to ensure people received support from a consistent staff team. People informed us there were sufficient numbers of staff to provide assistance when needed and they felt well looked after. Their comments around whether there were sufficient staff included, "Seems to be" and "They do look run off their feet."

We looked at the personnel files for three staff and this included a recently recruited member of staff. We could see that recruitment checks had been carried out to confirm staff were suitable to work with vulnerable people. This included a police check, references and a photograph for identification purposes. The majority of staff had worked at the home for approximately 15 years and therefore staff turnover was low.

We spoke with staff about safeguarding adults and the staff had a good awareness and understanding of abuse and the procedures to follow should they wish to report an alleged incident. Staff told us they would not hesitate to report an incident if they felt someone at the home was at risk of harm. They told us they had received safeguarding training and we saw records which confirmed this. This consistent approach helped to ensure people's safety. Contact numbers for the local authority and relevant agencies were displayed for staff to refer to should they need to report an incident.

We had a look around the building and observed that it was well-lit, clean and clutter free. On the first day of the inspection we found the lounge and dining room were not warm, the radiators were cold to the touch. Several people who lived at the home told us they felt these two particular rooms were cold. We brought this to the attention of the registered manager so that checks could be undertaken of the room temperature. On the second day of the inspection we found the rooms to be warm and people told us they were happy with the temperature. The registered manager said they would continue to monitor the temperature of the rooms.

We saw environmental risks assessments and health and safety checks had been undertaken to ensure people's safety. These included checks on gas and electrical safety and completion of a fire risk assessment. We saw safety checks for fire prevention equipment, such as fire alarms and a Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home.

Is the service safe?

We found the home to be clean and tidy. In September 2014 the home had been awarded a five star food hygiene rating by the local council. In respect of the laundry room there was segregation of clean and dirty linen. We did however observe the laundry room being used for general storage and this was brought to the attention of the registered manager. Action was taken to rectify this during our inspection.

We spoke with the registered manager about the safe management of medicines in the home and we reviewed six Medicine Administration Records (MARS).

Medicines were kept secure in a locked medicine trolley. The majority of medicines were administered from a blister pack (medicines dispensed in a sealed pack). During the medicine round at lunch time we observed three people being given their medicines and their medicines were left with them to take. We observed them not being taken straightaway. One person's medicines were left on a table for up to two hours and we did not see any staff checking to make sure they had taken them. For one person who had not taken their lunch time medicines we saw their medicines on their walking trolley later in the afternoon. The person concerned informed us they had not taken them. A staff member confirmed these were their lunch time medicines. Staff had signed people's MARS which indicated they had administered people's medication and that people had taken them. One person told us they had trouble swallowing their tablets and a tablet was left in the bottom of a medicine pot. We brought our findings to the attention of the registered manager during our visit, as we were concerned that people were not being safely supported to take their medicines.

The registered manager informed us six people at the home were administering their own medicines. For one person the staff informed us they had recently started to administer a topical medication for them as the person needed some assistance. The staff had not signed the person's MARS to evidence this administration. We brought this to the attention of the registered manager and the

person's risk assessment was updated and staff made aware of the need to sign the person's MAR. For one person a plan of care was not in place outlining the staff's responsibilities to support the person administer their own medicines. We found people were not safely supported to administer their own medicines.

We looked at the home's medicine policy. The policy did not record any information to support the safe administration of 'as required' (referred to as PRN) medication. Some medicines, such as painkillers, were prescribed to be taken PRN. People living in the home were able to ask for these when they needed them and told us the staff were prompt in giving them when required. We saw a plan of care which provided staff with information to support a person with their medicines. This information was brief and lacked detail.

We found appropriate arrangements for the safe handling and storage of controlled drugs (medicine liable to misuses) and medicines that needed to be refrigerated.

Medicine audits carried out by the staff and registered manager were regularly completed and appropriate actions had been taken where issues had been identified.

We talked through our findings with the registered manager and also the arrangements for managing medicines in accordance with NICE guidance for managing medicines in care homes. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care. This document was not available at the care home at the time of our inspection. Staff told us that previously they had received medicine training.

Our observations however found the care home were not consistently following safe practice when administering medicines to people. This placed people's health and wellbeing at unnecessary risk.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service effective?

Our findings

People told us they received good support from the staff and advice and appointments were made with external health professional at the right time. One person said, “You only have to ask and it is arranged. I get excellent help when I need it.” When looking through the care files we saw people had access to health care professionals, such as their GP, the district nurse, chiropodist, dietician or optician. This helped to keep people in the best of health. Staff had a good knowledge about people’s needs and how they supported them to keep well and active. Family members told us they felt their relative received good care and support and the staff communicated well with them. Their comments included, “Treat my (relative) like a real person” and “Nothing is too much trouble for the staff.”

People at the home told us they were able to make their own decisions and choices. We discussed this around meals, activities, personal support and family involvement. People told us the staff sought their opinions and views and did not proceed with anything without gaining their consent or approval. Care records we looked at showed that the person had signed to indicate they were in agreement with their plan of care. A family member told us if they consulted around decisions about their relative’s care. One relative said, “They (the staff) always keep in touch.”

We looked to see if the service was working within the legal framework of the Mental Capacity Act (MCA) (2005). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager was aware of the need to hold ‘best interest’ meetings if a person needed support in making choices and decisions.

The registered manager had completed training around the MCA and Deprivation of Liberty Safeguards (DoLS). The registered manager knew about DoLS and the procedure to follow to help protect people. We were told the home does not currently support anybody who is on a DoLS authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager informed us there were no restrictive practices in place at the time of our visit.

We asked people at the home to tell us about the menu and meal times. People told us they liked the meals and that observance was paid to the Jewish culture around the preparation and serving of meals. A person told us “The chef is really good and makes sure we are happy with the food; the staff do the same.” With respect to the times meals were served we received mixed comments. One person said tea was served too early and they got hungry later on. Another person told us the times of the meals were just right. We passed these comments on to the registered manager during the inspection. People we spoke with told us they received a supper before bed time as well as three other meals during the day. They told us they were offered a varied menu, good choice of meals and could always ask for something that was not on the menu. People told us they had breakfast in bed which they really enjoyed.

Lunch was served in the dining room. The tables were attractively laid for lunch and there was a glass of water at each setting or some people had fruit juice. People were provided with condiments to accompany the meal. Everyone was served the same meal though staff informed us there was a choice if people did not wish to have the main meal of the day (on this occasion, fish, chips and peas). The portions were generous and lunch appeared to be enjoyed by everyone. Both the soup and main course were very hot and the main course also served on a very hot plate. Staff did not warn people about the temperature of the food or plate, only when assisting one person with their meal. We brought this to the attention of the registered manager.

The atmosphere during the lunch time meal was relaxed and staff interacted with people in a respectful manner. When assistance was needed this was carried out at a pace to suit the individual.

A four week menu was displayed for people in the main hallway. We saw the print was quite small though no one raised any concerns about not being able to read it. A ‘lighter meal’ was served at tea time.

People’s nutritional needs were assessed and people’s likes, dislikes and any allergies had been recorded in their care file. Some people required a special diet, for example, a diabetic diet. This was catered for. People were weighed to monitor any weight gain or loss and the registered manager told us everyone was eating well at the time of

Is the service effective?

our visit. A family member advised us how the staff provided adapted cutlery to help their relative eat independently. They informed us this had been really helpful.

The registered manager told us that a number of staff now required training updates and courses were being arranged for January 2015. Following the inspection we received confirmation of the course details and dates. This included medication, protection of vulnerable adults, fire prevention, health and safety, infection control, food hygiene, communication, diversity and equality, dementia and death and dying. A head of care had been appointed to oversee the training programme for the staff. Staff told us they had previously received training but welcomed the new training programme. Staff said they felt they had the 'right' training to support people's needs. New staff received an induction when they commenced employment

at the home; a staff member told us the induction had been informative. The majority of staff had attained a National Vocational Qualification (NVQ) in Care/Diploma and formal training was on-going for care staff, as part of their professional leaning.

The registered manager informed us staff supervision sessions were required as these had lapsed. They informed us a supervision programme had commenced and a member of staff told us they had recently attended a supervision meeting. We saw staff receiving support through informal discussions and staff handovers. Staff told us they had good support from the registered manager. The registered manager had not completed any staff appraisals however they were looking to undertake these along with the staff supervisions. We saw the dates when three staff supervision meetings had taken place.

Is the service caring?

Our findings

Throughout our inspection we saw the staff supporting people in a caring and sensitive manner. We saw this in respect of staff support with meals, social activities and helping people with their walking. We asked people if they thought the staff were polite, helpful and caring. People made the following comments, “They are really nice”, “Yes they are”, “The staff are wonderful”, “They are very good” and “So caring and kind to me.” A number of people we spoke with had prior knowledge about the service because they had visited relatives there previously. One person told us “We always said if we had to go into a home it would be this one.” A regular visitor to the home told us “The staff are beyond good.” People and their family members were complimentary regarding the caring attitude of the staff.

We asked people at the home to tell us how they were involved with their care and support. People said the staff had chatted with them about their care needs and they had been given explanations as to why they needed support at certain times. Not everyone we spoke with could remember details about their care plan though all said they were very happy with the care they received. One person said, “I’ve been involved with my care plan and I’ve seen it. Family members told us they were kept informed about their family member’s care.

During our inspection we saw positive interaction between the staff and the people they supported. There was a quiet period during the afternoon when a number of people were resting in their rooms. A staff member told us some people liked to have some ‘quiet time’ and this was respected. People told us they could get up in the morning and retire at night at a time that suited them. They told us the staff respected their wishes around this.

All of the people we spoke with told us their privacy was respected by closing doors when any care was being carried out. We saw staff knocking on people’s bedroom doors and waiting to be given permission before entering. A person we spoke with said the staff would never enter before asking. Likewise someone else told us how the staff made sure they were comfortable and settled before leaving to help someone else. They told us this was reassuring. Everyone we spoke with commented on the very polite nature of the staff.

A person told us the staff always checked to make sure they were happy to receive visitors before permitting them to enter. People told us there were no restrictions on visiting and that family members were always made welcome. People’s comments included, “We can have visitors any time” and “No way will they stop you having visitors, they always ask you if you want a visitor and give you their (the visitor’s) name.”

Information about advocacy services was available, however the people we spoke with told us they had family members to help them and this service was not required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

We were able to see some bedrooms during our conversations with people at the home. These were personalised with individual items and appeared comfortable and homely.

We saw that people’s care records and other personal confidential information was held securely in the registered manager’s office.

Is the service responsive?

Our findings

During our inspection we observed staff responding to people's requests and needs in a way that was individual to them. People living at the home told us the care they received was provided in a way they liked and that met their needs. People said the staff asked them first before providing assistance. For example, with getting dressed or taking part in social activities. During our inspection a person living at the home required support from an external health care professional and this support was sought immediately. People received the support they needed to optimise their health. A visiting external health care professional informed us the staff were prompt in seeking medical advice and staff worked well with them to ensure treatment plans were followed. We asked people if staff responded quickly to support them to see a doctor or other health professional and people told us they did. This was also confirmed when we spoke with relatives.

There was a definite culture of ensuring that the people who lived in the home were supported in a person centred way that gave them the opportunity to have a good and fulfilled life. For example, we saw this in respect of supporting people with their faith. People we spoke with advised us they were able to practise their own religion and staff were very respectful of this.

Staff told us they were there to make sure people were supported to live as independently as they could. We saw staff offering assistance to people with their walking and also answering call bells promptly which enabled people to receive support when they needed it.

In respect of social arrangements an exercise/dance class was well attended in the lounge. People were given a choice about whether they took part in the class. Later on during the day people were listening to music with the staff. We asked people how they spent time during the day. People's comments included, "Crosswords and I'm going to the exercise class", "They always make sure I do what I want to do, read the papers or watch TV", "Watch TV sometimes", "Sadly watching TV, there's nothing else to do", "We could do with a snooker table", "I go out to meet friends" "Not a lot, I stay in my room."

There was a notice in front of the television saying 'the residents were not allowed to touch it only staff'. We discussed this with the registered manager in respect of

people being able to choose what they would like to watch at any time. The provision of a snooker table was requested and we also brought this to the registered manager's attention for consideration. There had been a singer the day before the visit and we were told that some 'non residents' had been invited to listen to the singer.

A number of people told us they went out with their families and we were also told the staff asked people if they would like to go out. A trip to the ballet had been organised for a person at the home who was being accompanied by the member of staff. Some people thought there were not so many trips arranged as there used to be. The home had a friendship club where people (friends outside of the home) were invited to have lunch with people living at the care home. The provision of talking books was also available should people wish to use them.

Discussion with the staff confirmed their knowledge of people's care needs and the support they needed. We saw some information recorded about people's hobbies, preferred social arrangements, medical history and care/support needs.

We found however the care provision was not fully reflected in the care documents we looked at. The care plans were not as person centred (focusing on the needs of the individual) as they could be. We noted this around the level of support with personal care, supporting people with their mobility and also a medical condition that had required the input of a district nurse. The registered manager informed us that with the head of care they were reviewing existing care documents to ensure information held was sufficiently detailed and they took on board the comments we made to improve the quality of the information held.

We saw in people's records that they had been supported to attend routine appointments with a range of health care professionals such as their GP, chiropodist, optician and hospital visits. A person told us, "The carers will always get the doctor for me."

The home had a complaints policy available. However this lacked detail around the response timescale and where to go should a complainant be unhappy with the investigation of their complaint. The registered manager advised is they would update the document to reflect this information. People we spoke with told us would be confident speaking with the registered manager or a staff member if they had any complaint or concern. People said

Is the service responsive?

they had never had to make an official complaint but if they did they were confident their concerns would be listened to and resolved. People's comments included, "I would speak before it became a complaint", "I would complain to one of the nurses on duty", "I would mention it (the complaint) to a member of staff" and "I have no complaints and know the

manager would listen to me if I needed to raise something." A relative said they would not hesitate to speaking with the manager." The registered manager informed us they had not received any complaints but they would be investigated if received and feedback and lessons learnt shared with the staff.

Is the service well-led?

Our findings

The care home had a registered manager in post and they were supported by a full complement of staff. The registered manager and staff were clear as to their roles and responsibilities and the lines of accountability across the organisation. People told us they had daily contact with the registered manager and had plenty of opportunities to talk with them. This we observed during the inspection.

Staff were complimentary regarding the registered manager and the management of the home. They informed us the service ran well and the registered manager was supportive and approachable. This was confirmed when talking with people who lived at the home and their family members. Staff said the registered manager was 'on call' for advice and support at all times.

We discussed with the registered manager the overall management of the service. It was evident that staff and registered manager respected and valued the people they supported. Staff had developed long standing relationships with people and they told us people's needs came first.

Staff told us they felt they could speak up if they had concerns and they would be listened to. Staff had access to a whistle blowing policy thus ensuring an open culture existed. The registered manager advised us that information was shared with staff on a daily basis rather than through staff meetings though they were considering holding meetings to conduct group supervision with the staff.

Staff said they received support from the registered manager and welcomed the role of the newly appointed head of care. Staff told us they received handovers at shift changes and that daily records were updated with regards to the care provision. They told us they received the information they needed to support people in the home and also around how the home was operating.

Feedback we received from outside professionals who visited the home indicated that there was good partnership working between the home and other health and social care agencies.

We saw a number of records which recorded people's daily care. One record held collective information about people

rather than keeping an individual record for each person. We discussed with the registered manager ways of developing more person centred records which would ensure confidentiality of the information held.

Systems were in place for assessing and monitoring the quality of the service and for making improvements and developing the service. With regards to medicine management, we identified areas that required improvement. Therefore the system for auditing medicines was not as robust as it could be as these failings had not been identified. This was discussed with the registered manager during our inspection. We saw care documents were subject to on-going review. This helped to ensure the information held was accurate and in accordance people's needs. Accidents and incidents were reviewed to identify any trends of patterns and to reduce the risk of re-occurrence. This meant the registered manager was monitoring incidents to identify risks and to help ensure the care provided was safe and effective.

People told us they were able to share their views on a daily basis with the registered manager and staff. They told us they did not however attend residents' meetings. People said, "You can talk to the carers", "They used to have residents meetings twice a year, but 90% of the meetings are about the food in the dining room", "Is it well run?... yes", "We don't have meetings, they ought to have them" and "We have discussions in the dining room but you can always talk to staff." The registered manager informed us they had not held any recent residents' or relatives meeting or sent out any general satisfaction questionnaires to seek people's views about the service provided. They agreed to consider existing arrangements and whether the service would benefit from more formal ways of seeking people's feedback about the how home was run. People had been consulted about the meals and their feedback listened to and changes made in accordance with people's requests. For example, new puddings had been introduced and a more varied selection of meals at tea time.

People and family members had mixed views about whether there was a need for satisfaction surveys. One person however thought it would be beneficial. Family members we spoke with told us they were able to share their views about the home with the registered manager when they needed to.

We asked the registered manager to tell us about a key priority for the service which they had identified on the

Is the service well-led?

provider information return. This was around staff training and we saw evidence of the new training programme which was being rolled out for the staff. This showed a commitment to staff learning and development.

The home's service user guide was available for anyone moving into the home. This provided details about the service including practical information to help people decide where the home was right for them.

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 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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of Medicines People were not protected against the risks associated with medicines because safe practices were not consistently followed when administering medicines to people. Regulation 13