

St. Martin's Care Limited

# Woodside Grange Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 21 and 28 November 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The service was last inspected in October 2017 and was rated requires improvement. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that inspection, in relation to medicines management, risk assessments, staff training, supervision and appraisal and governance processes. We took action by requiring the provider to send us plans and timescales for improving the service. At this inspection we saw improvements had been made to risk assessments, staff training, supervision and appraisal, and governance but that the provider was still in breach of regulation in relation to medicines management.

We have made a recommendation about the provider's quality assurance processes.

Woodside Grange Care Home 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. Woodside Grange Care Home accommodates up to 121 people across five separate units, each of which have separate adapted facilities. One of the units specialises in providing support to up to 12 people with learning disabilities, one supports people with nursing needs and the others accommodate people with residential care needs or people living with a dementia. The care service for people with learning disabilities had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of our inspection 88 people were living at the service across all five units.

The service had a 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. The registered manager joined the service in February 2018 and was registered in May 2018.

We identified a breach of regulation in relation to medicines management which meant continuing and sustained improvements in governance processes were needed.

Risks to people were assessed and plans put in place to reduce them occurring. The premises and equipment were monitored to ensure they were safe for people to use. Plans were in place to keep people safe during emergencies. Accidents and incidents were monitored to see if lessons could be learned to help keep people safe. People were safeguarded from abuse. The provider had effective infection control policies

and procedures. Staffing levels were monitored to ensure enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

Staff received a wide range of mandatory training to support them in their roles and were supported with regular supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's physical, mental health and social needs were assessed to ensure the correct support was made available to them. People were supported to manage their food and nutrition and to access healthcare professionals. The premises were adapted for the comfort and convenience of people living there.

People and relatives spoke positively about staff at the service. People were treated with dignity and respect. Throughout the inspection we saw numerous examples of kind and caring support being delivered. People's cultural, spiritual and sexual needs were considered when they moved into the service, and steps taken to maintain and promote them. Policies and procedures were in place to support people to access advocacy services.

People's support needs and preferences were assessed before they started using the service. Most of the care plans we looked contained detailed information on how people wanted to be supported. Some care plans lacked detail on how people should be supported and the registered manager said action would be taken to address this immediately. People were supported to access information in as accessible a way as possible. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. Nobody was receiving end of life care at the time of our inspection, but policies and procedures were in place to provide these when needed.

Staff spoke positively about the leadership of the registered manager, who they said had improved the service and promoted positive values of care. People and their relatives also spoke positively about the management of the service and changes made by the registered manager. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Feedback on the service was sought from people, relatives and staff. The registered manager and staff had developed a number of community links that benefited people living at the service.

This is the second time the service has been rated requires improvement.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to medicines management. You can see what action we took at the back of the full version 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?

The service was not always safe.

Medicines were not managed safely.

Risks to people were assessed and action taken to address them.

Policies and procedures were in place to safeguard people from abuse.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were supported with training, supervisions and appraisals.

People were supported to have maximum choice and control of their lives.

People were supported with food and nutrition.

**Good** ●

### Is the service caring?

The service was caring.

People and relatives described staff as kind and caring.

People were treated with dignity and respect.

People were supported to access advocacy services were needed.

**Good** ●

### Is the service responsive?

The service was responsive.

People received person-centred support.

People were supported to access activities they enjoyed.

The provider had a clear complaints procedure.

**Good** ●

## Is the service well-led?

The service was not always well-led.

Continuing and sustained improvements in governance processes were needed. We have made a recommendation about the provider's quality assurance processes.

Staff spoke positively about the culture and values of the service and the leadership of the registered manager.

Feedback was sought from people using the service and their relatives and was acted on.

**Requires Improvement** 

# Woodside Grange Care Home

## **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.

This inspection took place on 21 and 28 November 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of two adult social care inspectors, a medicines inspector, a specialist advisor nurse and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. 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 contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Woodside Grange Care Home.

We spoke with 17 people who used the service and six relatives of people using the service. We looked at 10 care plans, 14 medicine administration records (MARs) and handover sheets. Some people who used the

service were not able to communicate with us verbally so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 members of staff, including the registered manager, the head of care, a director from the provider, a quality manager, the clinical lead, two senior care assistants, three care assistants, kitchen, housekeeping and maintenance staff. We looked at six staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

## Is the service safe?

### Our findings

At our last inspection in October 2017 we found breaches of regulation in relation to medicines management and risk assessments. We took action by requiring the provider to send us plans and timescales for improving the service. At this inspection we found that improvements had been made in relation to risk assessments but the provider was still in breach of regulation in relation to medicines management.

We looked at how the service managed application of topical medicines such as creams. We looked at ten records and found eight did not have sufficient information in place to guide staff on the safe application of creams. We looked at one person who had been prescribed a regime for a skin condition by a tissue viability nurse. Staff were advised to apply one cream either daily or twice daily for seven to ten days however we found this had only been applied on three occasions. Another cream in this regime was to be applied after each incontinence episode, however records showed this has not been applied in the last month despite staff informing us this person was regularly incontinent. We looked at how the service managed the application of patches and found they were not following their current medicines policy. For example, one person was prescribed a patch for dementia, which required rotation. Whilst the home was rotating this patch and recording it they were not following manufacturer's guidelines for this patch meaning therefore we could not be sure of the efficacy of this medicine.

We looked at how the home managed medicines to be used on a when required basis. We checked eight records and found four were not in place. We also found on one occasion despite a when required protocol being in place, staff had not followed prescribed instructions; for example, one person was prescribed a medicine for anxiety to be administered once in the morning and then on a when required basis throughout the rest of the day. We found on two occasions that staff had documented a when required non-administered code for the morning dose despite this being a regular medicine.

We looked at one person who was receiving their medicines covertly (medicines disguised in food or drink). Whilst all documentation was in place to support this we found staff had administered a medicine for pain covertly that was not listed on the covert paperwork. Post inspection the home gained authorisation to administer this and provided us with evidence to support this. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored appropriately and signed in the register when administered. Stock checks were completed in line with policy.

Medicines which required cold storage were stored securely and safely however the home did not always follow their medicines policy. For example, we found on one unit no minimum or maximum temperatures were recorded. On another unit we found three occasions in November where the fridge had exceeded the recommended range but no action had been taken.

We looked at the processes for auditing medicines within the home and found that whilst some had taken place they were not for all units. Audits had picked up some issues but not all we found on inspection.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2009 (Regulated activities) Regulations 2014.

Risks to people were assessed and plans put in place to reduce them occurring. For example, one assessment had identified a person as being at risk of choking, which led to a dietician being contacted for advice regarding appropriate food consistency for them. Recognised tools such as the Braden scale were used to assess and manage risks to people. The Braden scale helps to assess a person's risk of developing a pressure ulcer. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

The premises and equipment were monitored to ensure they were safe for people to use. Regular checks were made of these, including of window restrictors, wheelchairs and water temperatures. Required test and maintenance certificates were in place, including for gas and electrical safety.

Plans were in place to keep people safe during emergencies. Firefighting systems and equipment were monitored and regular fire drills took place. People had personal emergency evacuation plans (PEEPS). PEEPs are documents that are designed to give staff and emergency services an overview of people's support needs in emergency situations. The provider had a contingency plan to ensure people received a continuity of care in situations that could disrupt the service, such as loss of equipment.

Accidents and incidents were monitored to see if lessons could be learned to help keep people safe. A detailed investigation into the causes of accidents and incidents was carried out to see if any underlying patterns or trends were repeating themselves. Records showed that action was taken to reduce the risk of reoccurrence.

People were safeguarded from abuse. Staff received safeguarding training and had access to the provider's safeguarding policy. This provided guidance on how issues could be raised. Records showed incidents were appropriately investigated and referred to safeguarding agencies. Staff we spoke with said they would not hesitate to report any concerns they had. One member of staff told us, "I'd report any safeguarding concerns straightaway."

The provider had effective infection control policies and procedures. Staff received infection control training, and had access to written guidance if they wanted to refresh their knowledge. Personal protective equipment such as gloves and aprons was widely available and used, and we saw staff washing their hands and applying infection control principles throughout the inspection. A relative we spoke with said, "The place is clean, clean sheets, the bathrooms clean."

Staffing levels were monitored to ensure enough staff were deployed to support people safely. Across all units, 22 staff worked during the day, including nurses, senior care assistants and care assistants. 13 staff worked during the night. Staffing levels were based on the assessed levels of support people needed, which were regularly reviewed by the registered manager. Additional staff were made available to support people with learning disabilities to access community services. We saw during our visit that people's requests for support were met quickly and that staff had time to chat with people as they moved around the building.

People and their relatives did not raise any concerns about staffing levels. One person we spoke with said, "There are enough staff to help me." A relative told us, "There are enough staff." Staff also spoke positively about staffing levels. One member of staff said, "We have enough staff. Sickness and holiday always covered by staff picking up shifts."

The provider's recruitment process minimised the risk of unsuitable staff being employed. Applicants were

required to complete an application form setting out their employment history and attend an interview at which any gaps in this were explored. Written references were sought, proof of identify established and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. For nursing staff, checks were made with the Nursing and Midwifery Council (NMC) to ensure staff were entitled to practise. The NMC is the professional regulatory body for nurses and midwives in the UK.

## Is the service effective?

### Our findings

At our last inspection in October 2017 we found breaches of regulation in relation training, supervisions and appraisals. We took action by requiring the provider to send us plans and timescales for improving the service. At this inspection we found that improvements had been made and the provider was no longer in breach of regulation.

Staff received a wide range of mandatory training to support them in their roles. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. This included training in moving and handling, pressure care and dementia. Specialist training was also arranged when people moved into the service with specific healthcare needs, for example dysphagia. Training was regularly refreshed to ensure it reflected the latest guidance and best practice. The registered manager and provider monitored staff training on a training chart. This showed that most training was either up to date or planned. Nurses were supported to retain and revalidate their professional registration.

Newly recruited staff were required to complete the provider's induction programme before they could work without supervision. This included completing mandatory training, learning about the provider's policies and procedures and working alongside more experienced members of staff.

Staff spoke positively about the training they received. One member of staff told us, "The training is very good now. [The registered manager] and [deputy manager] are on top of everything. It was lackadaisical before, great now." Another member of staff said, "The training is pretty good. When it's required they arrange it. It's in-depth and gives us all the knowledge we need."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to discuss knowledge and training, staff development and any issues staff wished to raise. Staff spoke positively about the supervisions and appraisals they received. One member of staff told us, "They listen to us if we have any problems and try and work around them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the time of our inspection 63 people were subject to DoLS authorisations. Information on these were clearly recorded in people's care plans. At the last inspection in October 2017 we saw that 'best interests' decisions had not always been consistently made or recorded. We made a recommendation that the provider should update all the care files to make the MCA assessments more relevant to people. When we returned for this inspection we saw that MCA and 'best interests' decisions had improved and were now clearly recorded.

People's physical, mental health and social needs were assessed to ensure the correct support was made available to them. These assessments included information from other professionals working with people and reflected current best practice.

People were supported to manage their food and nutrition. People's nutritional support needs and preferences were assessed before they started using the service, and plans drawn up to meet these. Kitchen staff were knowledgeable about these, including details of people's specialist diets, such as Halal or pureed.

We saw people enjoying their lunch in three different units during the inspection. People with specialist diets were given these, and everyone was given a choice over what they wanted to eat. People who were supported with eating received this at a slow and steady pace, with staff being attentive to whether they were enjoying their meal. Menus were made available in formats people could access to ensure they had information on the choices available. One person told us, "The food is good here. I enjoy it and they do offer me choices. The other day I didn't want what I'd ordered and they changed it straight away." A relative we spoke with said, "It's much improved and I want it to stay that way. [Named person] used to complain about the food and the food was awful, rock hard. The food is better and there is variety. He loves his Sunday dinners here."

The service worked with external professionals to monitor and improve people's health. Care records contained evidence of the involvement of professionals such as GPs, dieticians, advanced nurse practitioners and speech and language therapists (SALT). A relative we spoke with said, "They're good at taking him to and supporting him to his appointments."

The premises were adapted for the comfort and convenience of people living there. Each unit had a variety of communal spaces in for people to enjoy, and appropriate signage was in place to help people move around the building. Areas used by people living with a dementia had been customised to help people orientate themselves. People's rooms were customised to their own taste and with personal possessions. One person told us, "I like my room. It's comfortable."

## Is the service caring?

### Our findings

People spoke positively about staff at the service, saying they provided kind care and support. One person we spoke with said, "The staff are very nice. I feel looked after here." Another person said, "The staff are always there for a chat when I want one." A third person we spoke with told us, "It's a home from home, really. I'm well looked after."

Relatives also gave positive feedback about staff and the support they provided. One relative told us, "The staff team are brilliant." Another relative said, "Staff do the very best that they can." A third relative told us, "I know my [named person] is well looked after."

People were treated with dignity and respect. One person told us, "We're all treated with kindness here. Staff go on courses here and they do treat us with dignity and respect." We saw that staff had close and friendly, but professional relationships with people living at the service. Where people requested support, staff approached them and asked discreetly how they could help. When staff wished to discuss people's, support needs they ensured they did this away from communal areas to ensure people's confidentiality was protected. Staff used people's preferred modes of address and knocked on their doors and waited for a response before entering their rooms.

Throughout the inspection we saw numerous examples of kind and caring support being delivered. Staff clearly enjoyed spending time and chatting with people. One person who was living with a dementia enjoyed walking into the care office and speaking with staff there, often repeating the same story. Each time they did this staff engaged with the person in a supportive and interested way, and we saw the person looked happy when they walked away. We saw staff joking with another person about the choice of pudding they would like for lunch and how they must have two stomachs as they were always able to finish a cake. We saw a member of staff completing some paperwork in a communal lounge, and using the opportunity to catch up with a person they hadn't seen for a couple of days. The staff member asked if they would like a game of dominos later in the day. The person responded, "Oh that'd be great. You know the cupboard they're in in my room". "Don't cheat though!"

Staff knew the people they were supporting well, and were able to chat with them about their families, life stories and interests. We saw lots of conversations taking place about how people would like the building decorated for Christmas, and when they would like this to start. Staff regularly asked how people's relatives were and when they would next see them. Throughout the inspection we saw lots of examples of staff laughing and joking with people.

Staff said they had time to get to know the people they were supporting, and enjoyed this aspect of their job. One member of staff told us, "We can interact and get to know people. We always have a giggle. We're all in the Christmas spirit now." Another member of staff said, "We have time to get to know people now. Before you'd come in and it was one mad dash. The manager has changed it. So today, we've finished all the jobs and we've been able to go around and have a natter with people. You can find out a lot, they have some lovely stories to tell." The registered manager had introduced a 'stop at 2 o'clock' scheme, whereby staff

stopped what they were doing at two o'clock to, 'dedicate time to all residents.' We saw this happening, and people enjoying chatting with staff as a result.

People's cultural, spiritual and sexual needs were considered when they moved into the service, and steps taken to maintain and promote them. For example, one person who was at high risk of falls had a care plan in place that balanced the need of staff to monitor them for their safety with their desire for privacy when practising their faith.

Policies and procedures were in place to support people to access advocacy services. Advocates help to ensure that people's views and preferences are heard. At the time of our inspection one person at the service was using an advocate and two others were waiting for an advocate to be appointed.

## Is the service responsive?

### Our findings

At our last inspection in October 2017 we found breaches of regulation in relation to the inconsistent reviewing of care records to ensure they were up to date and relevant. We took action by requiring the provider to send us plans and timescales for improving the service. At this inspection we found that improvements had been made and the provider was no longer in breach of regulation.

People's support needs and preferences were assessed before they started using the service. These assessments involved people, their relatives and other professionals involved in people's care. When a support need was identified plans were drawn up that reflected the care people wanted and needed. This helped to ensure care plans were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. Care plans covered a wide range of support needs, including mobility, nutrition, personal care and communication. Care plans were regularly reviewed to ensure they contained current information on people's support needs and preferences.

Most of the care plans we looked at contained detailed information on how people wanted to be supported. For example, one person's sleep care plan contained lots of guidance on how their bed should be positioned and how they liked pillows to be placed for them to sleep.

However, some care plans lacked detail on how people should be supported. For example, one person with a health condition did not have a specific care plan in place relating to it. Another person's care records did not contain all relevant information about a wound they had. We spoke with the registered manager, who said action would be taken to address this immediately.

In addition to information on people's health support needs, care plans also contained details of people's life history, family, likes and dislikes and hobbies and interests. This helped staff who had not met the person before to get to know them as a person and not just through their healthcare needs. One member of staff we spoke with said, "We can look at their care plans to see about their background, and speak with their families."

People were supported to access information in as accessible a way as possible, and the provider followed the principles of the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Care plans contained information on how people could be supported with communication and to express themselves. For example, one person's care plan contained guidance to staff on how they communicated non-verbally and how staff should present information to them. Makaton training was planned, and this had been opened up to relatives and people at the service to help them communicate with people who used it.

People were supported to access activities they enjoyed. The provider employed full-time two activity coordinators, who worked across all units, and was in the process of recruiting an additional two part-time coordinators to increase activity provision. The provider was also creating an 'activities room' that everyone

living at the service could access. This would be staffed by an activities co-ordinator and would provide options for people who did not want to take part in the daily group activities.

Activities were promoted in communal areas around the building. In addition to posters the provider had a display board with photographs of the activity planned with a written explanation of what it would involve. This helped people to access information about the activities on offer. Recent and planned activities included visits to the local hydrotherapy pool and sensory room, exercise sessions, trips to a local pub, themed meal nights and an upcoming Christmas pantomime. People with a learning disability were encouraged and supported to take part in communal activities as well as being supported with individual hobbies they enjoyed.

Some staff told us they felt more activities could be arranged for people living with a dementia or receiving nursing care. The registered manager said those areas would be a priority when the new activity co-ordinators were in place.

People and their relatives spoke positively about activities at the service. One person told us, "I take part in the activities. I've played dominoes this morning. We do exercises on chairs and the singers are very good. The school children come and sing." Another person told us they liked to take part in the exercise sessions and enjoyed visiting the local pool, as a result of which their swimming had improved. They said, "I got a certificate last week and then I'll get a trophy." A relative we spoke with said, "They have a lot of activities but [named person] can't really do much. The staff team do put a lot of effort into it though."

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy that set out how issues could be raised and the process for investigating and responding. Records showed that where issues had been raised they had been dealt with in line with this policy and outcomes sent to the parties involved. People and their relatives said they knew how to raise issues at the service. One person told us, "I haven't complained but if I had to I would tell the staff I think."

Nobody was receiving end of life care at the time of our inspection, but policies and procedures were in place to provide these when needed. Staff received training in end of life care, and we saw complimentary thank you cards and letters from relatives of people who had received it.

# Is the service well-led?

## Our findings

At our last inspection in October 2017 we found breaches of regulation as quality assurance processes carried out by the provider and registered manager were not always effective. We the provider to send us plans and timescales for improving the service. At this inspection we found that improvements had been made and the provider was no longer in breach of regulation. However, we did identify a breach of regulation in relation to medicines management which meant continuing and sustained improvements in governance processes were needed.

The service had a 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. The registered manager joined the service in February 2018 and was registered in May 2018.

Staff spoke positively about the leadership of the registered manager, who they said had improved the service and promoted positive values of care. One member of staff told us, "[The registered manager] has done marvels. She's made a massive difference. She's turned the place around. Staff are happier, she acts straightaway, she protects confidentiality." Another member of staff said, "I think since [the registered manager] and [deputy manager] came, I think this place is outstanding. I think they've moved things 100%. I don't think there are many things wrong here, [the registered manager] has turned it around." Staff also said senior managers from the provider visited the service regularly and supported staff. One member of staff told us, "[Named manager] always comes on our unit and says hello to the people. You don't see that in a lot of care homes. [Named manager] always has a conversation with them. To me it shows they care. Every time [named manager] is here."

People and their relatives also spoke positively about the management of the service and changes made by the registered manager. One relative said, "It's much improved to what it was. We had a bit of a nightmare. That was down to the management. It's much, much better now. We have had issues in the past, but it's now stabilized."

The provider had recently reorganised its leadership structure and was in the process of reviewing its governance processes. This included reviewing how it monitored services and supported registered managers. The provider's 'heads of care' and a 'quality manager' were working with the registered manager on reviewing and improving quality assurance audits. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Audits carried out included care plans, accidents and incidents and medicines. While audits had not identified all of the issues we found during our inspection we saw that once these were raised by us action had been taken to identify shortfalls in the audit process and improve it so issues were identified in future. Where issues had been identified in the provider's and registered manager's audits clear timescales were in

place for taking remedial action.

We recommend that the service seek advice and guidance from a reputable source about their quality assurance processes.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Feedback on the service was sought from people, relatives and staff. A feedback questionnaire had been sent to relatives in October and November 2018, and the results of this were being analysed. A questionnaire for people using the service was planned. We saw the questionnaire the provider planned to send to people, which included formats accessible to people living with a dementia and for people with learning disabilities. Regular meetings were held for people, relatives and staff. People and their relatives said they were aware of these meetings and could attend if they wished. Staff spoke positively about staff meetings, and said they were used to discuss best practice and any issues they wished to raise. One member of staff said, "We have staff meetings. Everything gets resolved at them." Another member of staff told us, "I feel involved in the service now."

The registered manager and staff had developed a number of community links that benefited people living at the service. The provider participated in a working party for the NHS Leadership Programme, and the registered manager and deputy manager were starting this programme in December 2018. Pupils at local schools visited people, including at a recent reminiscence session where people were asked about their life and background. Clergy from local churches visited for regular services. People were supported to access local facilities and community activities, including those provided for people living with a dementia.

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 managed safely. Regulation 12(1).