

Greenleaf Healthcare Limited

# Livesey Lodge Care Home

## Inspection report

Livesey Drive  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 16 and 18 November 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to assessing and monitoring the quality of the service, providing person centred care, safeguarding people from abuse and receiving and acting on complaints. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements.

Livesey Lodge provides residential care for older people. It is registered to accommodate up to 24 people, there were 21 people using the service on the day of our inspection.

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.

People and their relatives told us that they felt safe. Staff were aware of their responsibility to keep people safe. Safe recruitment practices were followed. People told us that there were not enough staff to meet their needs.

Risk associated with activities of people's care had been assessed. Guidance was provided to staff to keep people safe from the risk of harm. The environment and equipment was checked and maintained in order to keep people safe. However, risks associated with hot radiators had not been assessed.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so. People's health needs were met and when necessary, outside health professionals were contacted for support.

People were supported in line with the requirements of the Mental Capacity Act (MCA). People's capacity to consent to their care had been assessed when there was a reasonable belief that they may not be able to make a specific decision.

People were supported to have enough to eat and drink.

People were supported by staff who understood that they should be treated with dignity and respect. People's independence was promoted and encouraged. People's relatives were welcomed to visit them without undue restriction.

People were supported to engage in activities that they enjoyed. People's relatives had been asked for feedback about the service. People themselves had not yet been offered opportunity to feedback about the service.

People received support that was centred on them as individuals. Records reflected that people's care needs had been met.

People's relatives felt that the service was well-led. They knew how to complain should they have needed to.

Staff felt supported and that communication between them and the registered manager was good. They were clear on their role, the expectations of them and the aims and objectives of the service.

The registered manager had taken action to address concerns raised at our previous inspection. Systems were in place to monitor the quality of the service being provided.

The registered manger was aware of their responsibility to report to CQC and external agencies events that occurred within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe

People told us that there were not enough staff to meet their needs.

People received their medicines safely.

Risks associated with people's care and the environment were assessed and managed to prevent harm to people.

Staff understood how to keep people safe from harm and their responsibility to report any concerns about people's safety.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective

Staff had received some training and support to meet the needs of the people who used the service.

People were supported to maintain their health and their nutritional and hydration needs were assessed and met. However we received mixed feedback about the choice of food that was provided.

People's capacity to consent to their care had been assessed. Where people lacked the capacity to consent decisions were taken in their best interest.

### Is the service caring?

**Good** ●

The service was caring

Staff treated people with kindness. People were supported by staff who understood that they should be treated with dignity and respect.

People's independence was promoted and encouraged. People felt that they were listened to.

People's relatives were welcomed to visit them without undue restriction.

### Is the service responsive?

Good ●

The service was responsive

The care needs of people had been assessed. Some people had been involved in planning and reviewing their care.

People had opportunities to engage in activities that were meaningful and of interest to them.

People's relatives had been asked for feedback about the service. People felt that they could make a complaint if they needed to and that action would be taken to address their concerns.

### Is the service well-led?

Good ●

The service was well led

Systems were in place to monitor the quality of the service being provided. Action had been taken to make improvements.

The staff team felt supported by the registered manager.

People felt that the service was well-led. People's relatives felt the registered manager was approachable and would address any concerns they may have.

# Livesey Lodge 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.

We carried out an announced comprehensive inspection of this service on 16 and 18 November 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to assessing and monitoring the quality of the service, providing person centred care, safeguarding people from abuse and receiving and acting on complaints. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements.

The inspection team consisted of two inspectors and an expert 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 spoke with eight people and five relatives or friends of people who used the service.

Before the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted health and social care professionals who have dealings with the service to gain their views of how the service was run and the quality of the care and support. We contacted the local authority who had funding responsibility for some of the people who were using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

We looked at the care plans and care records of five people who used the service at the time of our inspection. During our inspection we spoke with staff members employed by the service including the cook, the person who oversees the maintenance of the building, the deputy manager, as senior care worker and a care worker. We also spoke with the registered manager. During our inspection visit we spoke with a visiting social care professional to get their feedback about the service and how it is run. We looked at records associated with the provider's monitoring of the quality of the service and evidence of staff training. We also

looked at staff recruitment files to see how the provider recruited and appointed staff.

# Is the service safe?

## Our findings

People and their relatives felt safe. One person told us, "I do feel safe here I didn't when I was back at my own home but the staff keep you safe here." Another person said, "Yes I do feel safe, knowing there is someone here to look after you." One relative told us, "I do think my (relative) is safe here. I know she has had a couple of falls as the staff always keep me informed." Another relative told us, "She is safe here, I have never noticed any raised voices."

People told us that there were not enough staff to meet their needs. A person who we spoke with told us, "Sometimes I do have to wait when they are very busy I don't think there are enough staff on." Another person said, "The staff are very nice but there are not enough they struggle sometimes. Being independent to a degree is a help so I don't depend on staff." One person did tell us that due to staffing issues they did not always have their preferences met. They said, "I don't get as many showers as I would like but they do their best." A relative told us, "Well they always seem very busy, they do seem short of staff sometimes perhaps it's when staff are off sick." None of the people that we spoke with felt that there were enough staff. Staff gave mixed views about whether there were enough staff to meet people's needs. One staff member said, "I feel there are enough staff, some days are slower than others. Some days you wish you had another 10 or 20 staff on. Each day is different." Another commented, "Sometimes there's not enough staff, it depends on which staff are in." During our inspection visit we observed staff present in communal areas throughout the day. Staff interactions with people were not hurried. The registered manager did not have a formal system for assessing people's dependency levels and ensuring that staffing levels were suitable to meet people's needs. They told us that they felt that the staffing levels were suitable for people's needs as the majority of people using the service did not have high support needs and people did not experience a high number of falls. Staffing levels remain the same as they had been at our last inspection when we reported that there were not enough staff to meet people's needs.

The provider had followed recruitment procedures. These ensured as far as possible that only people suited to work at the service were employed. The necessary pre-employment checks had been carried out. These included the Disclosures and Barring Service (DBS) checks. These are checks that help to keep those people who are known to pose a risk to people using Care Quality Commission (CQC) registered services out of the workforce.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would stop them and inform the senior and the manager I would also go to the Council and CQC if I needed to." Another staff member said, "I would report straight away, no messing. If they did nothing I would go over their head and talk to social services and the police if needed." The registered manager was aware of their duty to report and respond to safeguarding concerns. They had ensured that all staff had received training with regards to identifying safeguarding concerns and taking appropriate action if they had concerns. We saw that there was a policy in place that provided people using the service, their relatives and staff with details of how to report concerns and who to.



People could be assured that they would receive their medicines as prescribed by their doctor. One person told us, "Staff bring my tablets in the morning and always ask me if I am in any pain, I haven't had any tablets for pain but I know I could have them should I need them." Another person told us, "Yes my tablets are on time and if I need anything for pain I just ask for it. Staff tell me that I can ask for tablets any time of the day if I am in pain." Medicines were all stored securely and administered by staff who were trained and competent to do so. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. On the day of our inspection we saw that a recording error had taken place. The person administering the medicines was made aware and then took action to ensure that the record was amended to accurately reflect which medicines had been dispensed. Where people required medicines on an 'as and when' basis, staff were provided with guidance on the circumstances under which people should be offered the medicines. This was important as it means that staff only offered medicines when people needed them.

Checks were carried out to ensure that the environment was safe. One person said, "The property is safe." Fire safety checks were carried out weekly and monthly as required by the person who oversees the maintenance of the building. We also saw that external contractors were employed to carry out specialist safety checks on equipment used to support people with their mobility. The help that people would need in case of an emergency, such as a fire had been assessed and plans put in place to guide staff to support people in these circumstances. Radiator surface temperatures were checked monthly. We saw that there were occasions when the surface temperature had been recorded as being too high. This meant there was a risk to people's skin from burning. We asked the registered manager to assess the risks associated with uncovered radiators and take action to reduce the risk of burning to people. They told us that they would.

At our last inspection we saw that people were not protected from risks relating to their day to day care. At this inspection we found that the provider had made the necessary changes in order to address these issues. We found that risk assessments had been completed on areas such as moving and handling, nutrition and skin care. The information within these included assessments and guidance from external health professionals where appropriate. For example a speech and language specialist (SALT) had advised that a person be provided with meals that were of a softer texture to prevent the risk of them choking. Where people displayed behaviour that could cause harm to themselves and others staff were guided on how to support people to minimise the risk of harm. We saw that when people's needs changed staff guidance had been updated to reflect people's current needs. This meant that staff had the information they needed to minimise the impact of the risk.

## Is the service effective?

### Our findings

People were supported by staff who had the skills and knowledge to meet their needs. A person said, "Staff do know what they are doing, well they should do shouldn't they?" One relative commented, "Delivering care, yes I do think they know what they are doing."

Staff had received training in order to prepare them for their role and attended refresher courses to ensure that their knowledge remained current and reflected best practice. One staff member told us, "I've done all sorts of training, Moving and handling, fire, safeguarding. We do on line training at home." Another staff member said, "I have had moving and handling training and fire training and safeguarding training and there are on line courses as well." Staff who we spoke with told us that they had not had training around supporting people who were living with dementia. The registered manager confirmed that some staff were booked on a course that covered this area in the coming months. Staff supplied from an agency were employed at the home to cover night shifts. The registered manager had ensured that these staff had received the relevant training in order to complete the role. They had invited the agency staff to attend the same training courses that staff permanently employed by the service had access to. The registered manager told us that only staff from the agency who were familiar with people using the service were offered shifts.

The registered manager told us that staff completed an induction to the service in order to ensure that staff understood their role and how to complete it. One staff member confirmed this. They said, "They went through everything they expected me to do. Using equipment etc." The provider explained that an in house induction had been completed and some staff were completing the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Staff had not received formal supervisions since our last inspection. The registered manager told us that they had planned to conduct these over the coming months. The registered manager had started to assess staff competencies in all aspects of their role. This was to check that they had the required knowledge and skills. We saw that these had been completed for some staff but not all. The registered manager told us that they intended to complete these with all staff over the coming months.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people were being supported in line with the MCA. The registered manager had requested a DoLS authorisation for people who may require them. We saw that a capacity assessment had taken place for one person and decision had been made that was deemed to be in their best interest's when it was evidenced that they no longer had capacity to make the decision for themselves. We saw that the least restrictive option had been considered. The people who were best placed to make the best interest decision on the persons' behalf were involved. For example, their relatives and their GP. Where people retained the capacity to make some decisions such as what to wear and what to drink, this was recorded. Staff had an understanding of the MCA and how it applied to their role. One staff member said, "It is to safeguard and protect people who cannot make appropriate decisions and to make sure they get the care that is in their best interest." Another staff member said, "You don't just assume that someone does not have capacity. They might not have capacity in one area but be bright as a button in another area." Training records indicated that not all staff had received training about the MCA however the registered manager told us that training had been booked for all staff to attend over the coming months.

Where people had capacity to consent to their care this had been sought. One person told us, "The staff always ask me if I need help they never just do it and that seems to work" Another person said, "Staff ask me what help I need they don't just do it." Staff understood that they needed people's consent before supporting them. One staff member told us, "We talk thorough what we are going to do and explain what we are doing step by step. We don't rush them." Some people had signed consent to care forms within their care plan to say that they consented to the care that they received. Other people had not signed consent forms but we saw within care plans that people had been asked and their consent verbally obtained.

People were supported to have enough to eat and drink. One person said, "Yes I have plenty to eat and drink; sometimes too much tea!" Throughout our inspection visit we saw that people were offered drinks and biscuits. Most people told us that they enjoyed the meals. One person said, "The food is alright I am satisfied with what I have." Some people told us that there was a lack of choice at meal times. One person said, "The food, sometimes it's very good, it's a good cook but it's the same thing all the time. I've never asked for anything different, but it might cause uproar if everyone would want something different." Another person commented, "Very often you can have something different, but not always they seem to be running on a shoe string." A staff member confirmed that the menus were in need of review in order to reflect people's preferences and that there were times when stocks of food limited choice. On the day of our inspection we saw that at the end of the meal a lot of residents had left the meat. We did not observe staff enquire why residents had left their meat.

At lunch time we saw the tables had been set with cutlery, serviettes, beakers and condiments. There was relaxed atmosphere in the dining room. Staff engaged with people throughout the meal offering drinks and a choice of pudding. We observed one person being assisted with their meals. Staff member offered assistance at a pace that was acceptable to the person. Throughout the meal the staff member offered encouragement to the person and explaining what the food being offered was.

At the time of our inspection the service had a five star (the highest) food hygiene rating from the Food Standards Agency following an inspection they carried out in January 2017. Where necessary, people's food and fluid intake was recorded on forms which made it possible to monitor and check that people were eating and drinking the recommended amounts. Records showed that people were offered drinks throughout the 24 hour period.

People were supported to access health care professionals when they needed to. One person told us, "Yes you can see a doctor very quickly if you're not feeling too well you just have to tell the staff." Another person told us, "I can see a doctor when I am not feeling well and someone comes to do my feet." We saw that

people had regular appointments with a variety of health professionals. People were referred to the relevant health professionals in a timely way. We saw that a referral had been made to the speech and language therapists (SALT) when staff had noticed that a person experienced coughing when they drank. As a result of this the SALT had recommended that the person's drinks were thickened to prevent the risk of them choking. We also saw that where people needed emergency health care this was called for in a timely manner.

## Is the service caring?

### Our findings

People told us that staff were caring. Comments included, "The only way I can describe the staff is they are brilliant you only have to ask and they will do anything for you. I can't believe it really, I want to stay here." "Yes the staff are very caring and kind they talk to me as if I am just a normal person." "The staff look after me well, I do think they know what they are doing they are so kind that's all I can say." People were treated with care and compassion. One person told us, "I hated it here when I first came but with the help from the staff and some of the residents, one of whom I have made a real friend of things have felt a lot better." Staff understood what was important to people and how to make them feel comfortable and at ease.

During our inspection, we witnessed staff talking kindly to people, as well as kneeling to their level if seated, resting a hand on their back and asking them if they needed anything. We observed staff offering people choices; for example if they wished to wear a clothing protector while they had their meal. Staff explained what they were doing and how they intended to support people in order to prepare them and ensure that they understood and were happy with the care they were receiving. For example, while people were being assisted with their mobility or with their meals. One staff member told us, "When I am hoisting, I always ask if it is alright to do so first and I say, do you mind and can I. I always ask." We observed people being supported with their mobility during our inspection and saw that staff informed people of what they were intending to do and offered reassurance throughout.

People felt that they were listened to and that their opinions mattered. One person told us, "The staff are very good, yes they do ask me how I would like them to help me they are kind and treat me with dignity and respect." Another person told us, "Staff do listen to me but then again I am fortunate I have my faculties where some residents are not so fortunate." We saw that details of advocacy services were on display. An advocate is a trained professional who can support people to speak up for themselves.

People's privacy was respected. One person told us, "A resident used to come into my room they didn't mean any harm, but I lock it now." Another person told us, "When the nurse visits the staff help me to my room they say it is more private, that's good isn't it?" however one person did comment, "Staff do protect my privacy and dignity but it depends on time sometimes they have to rush it but they don't do it nastily." Staff demonstrated that they understood the importance of maintaining people's privacy. One staff member said, "I make sure the doors are closed and when I am washing someone I put a towel over them so they don't feel exposed."

People's independence was promoted. One person said, "I am fairly independent but staff do help me with my bath and they definitely treat me with dignity and respect. They don't just do tasks they ask, I can't fault them in that respect I have no grumbles." Another person told us, "The staff cut my food up so I can eat it myself." A staff member told us that their aim was, "To promote (peoples) independence and to support them to do as much as they can for as long as they can." People's care plans guided staff on people's levels of independence and ways to support people to maintain these.

People's friends and relatives were able to visit them at Livesey Lodge without undue restrictions. We saw

from the visitor's signing in book that relatives visited the home throughout the day and evening. Visitors we spoke with also confirmed they could visit any time they wanted to. One person's relatives said, "Yes you can visit when you like and the staff make you feel welcome." Another visitor told us, "You are always made welcome and what we have seen so far is fantastic, our friend is well cared for."

People's relatives were kept informed and made aware of changes in their loved ones wellbeing or care needs. One relative told us, "They contact us straight away if there are any issues." We saw that people's relatives had been contacted when a person had fallen.

## Is the service responsive?

### Our findings

People received care that was personalised and responsive to their needs. One person told us, "When I first came here I was poorly and I could not walk and the staff have helped me to walk again, it's marvellous." A relative told us, "The staff are fantastic, they are helpful and will do anything for you. Nothing is too much trouble." Staff that we spoke with were aware of people's individualised needs and how to meet these.

As part of our last inspection we found that people did not always receive personalised care that was responsive to their needs. During this inspection we saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to them, details of their life history and information about their hobbies and interests. Some people had been involved in the planning of their care and where appropriate their relatives had been asked to provide information that would support care planning. One person's relative told us, "We were involved in the assessment, there were a lot of forms filled in and we were asked what help she needed."

People's care plans were regularly reviewed to ensure that they remained current. Where people's care needs had changed this was reflected in their care plans. For example, we saw that one person required additional support from staff following their health deteriorating. Staff were required to record the support that they provided in people's daily notes. We saw that these records were detailed to reflect the support that people had received. For example, we saw that the support that someone had received to reposition themselves to prevent their skin becoming sore was recorded.

Important information about changes in care needs for people were shared with carers via the communication book and during a formal handover meeting. This was important so that staff coming on to a shift were made aware of the wellbeing of each person and any important information relating to their care. On the day of our inspection the communication book was not locatable however staff informed us that they did use it and have access to it on a regular basis. The registered manager told us that they would locate it and ensure it was used by staff.

At our last inspection we found that people were not supported to follow their interests. During this inspection we found that this had improved and people had opportunities to participate in activities. One person told us, "I do word search and in the afternoons I go to my room I have my T.V. and my telephone so I can talk to my family and friends when I want and they can phone me as well. You can get bored but I try to keep myself busy." Another person said, "A member of staff takes me shopping and I have my T.V. and I like to draw cartoons. I don't get bored." A relative told us, "Activities are very good." The service employed an activities co-ordinator who took a lead in organising activities for people to take part in if they wished.

During our morning observation we saw the activities co-ordinator encourage people to participate in arts and crafts activities. They engaged well with people, assisting them to participate in the activity. One person found a task difficult and the staff member suggested an alternative activity. The person was able to complete this task and appeared to enjoy the success of their achievement. In the afternoon we observed a

staff member accompany a person into the garden. We heard them talking about the flowers and the sunshine and the person enjoyed the opportunity to spend some time with the staff member.

People did tell us that there were still times when they were inactive. Comments included, "I do get bored just sitting here all day it's a long time from dinner to bedtime." "Well nothing, just sit here. The mornings aren't so bad but the afternoons are long." "I read my paper in the mornings but get bored in the afternoons." The activities co-ordinator told us, "It really varies in what people want to do. They have a lot of different abilities." They told us that their shift pattern had recently been changed so that they were working in the afternoons and evenings as well as mornings in order to provide activities throughout the day.

At our last inspection we found that the provider had not established an effective system for handling complaints. During this inspection we found that people felt that they could make a complaint if they needed to and that action would be taken to address their concerns. One person said, "If I was unhappy about anything I would see (name) senior member of staff, she has the right personality to sort things out". A relative said, "I have no problem about complaining if I saw something I was not happy with, I would go and see the manager." We saw that the complaints procedure was on display in the foyer. The provider told us that they had not received any formal complaints.

The registered manager had taken steps to get feedback from people's relatives. We saw that a survey of relatives had taken place in January 2017. The registered manager had collated the feedback from the questionnaires and provided responses to the points raised. Most of the points raised were positive. We did see that relatives had raised concerns regarding the food choices available including issues regarding shortages and staffing levels. The registered manager had provided an explanation to these points. The registered manager told us that since our last inspection they had met with people's relatives to discuss the concerns that we had raised. We received mixed feedback about this meeting and not all relatives were aware that it had taken place. One relative said, "No I haven't been to any meetings and can't remember ever filling in a questionnaire." Another relative told us that the meeting had not been 'properly held' as they felt they had not been given all the information that they wanted. The registered manager told us that they had arranged a further meeting to inform people's relatives of the progress that the service had made. At the time of our inspection this meeting had not taken place.

At this inspection we found that people had not been consistently asked for feedback about the service that they received. One person said, "I would also tell who was in charge (of any concerns) but I don't know who they are. It's not like anyone comes round and ask how you are or is everything alright." The registered manager told us that they had not yet arranged a residents meeting but that this is something they planned to do. They told us that they would ask a senior staff member to chair the meeting as they felt that people using the service would be most likely to feedback to this person.



## Is the service well-led?

### Our findings

At our last inspection we found that the service did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. At this inspection we found that the necessary changes had been made to address these failings.

People told us that they felt the service was well led. Comments included, "Yes it is well run I like everything about it. You get a cooked meal every day and it's like 5 star." "Well led, oh yes its lovely and clean. Ten out of ten no problem compared to what you see on T.V. no concerns at all." "Well I think it is well run, if it gets cold you just have to say and they turn the heating up it is a friendly home."

People's relatives told us that they regularly saw the registered manager at the service and that they were approachable. One relative said, "(Registered managers) is approachable and she is always around when I come." Staff told us that they felt supported. One staff member said, "I do feel supported, I can ring or text even when (registered manager) is at home." Another staff member said, "(Registered manager) is very good, her door is always open." They told us that the registered manager was present more often in the service since our last inspection. Staff confirmed that they felt that the registered manager was approachable and if they had a concern they could raise it with her and be confident that she would address their concerns.

The registered manager had ensured that staff were kept aware of developments in the service and required changes to working practices through team meetings. One staff member told us, "We have team meetings, communication is good." Another staff member told us, "Staff know what's going on." The registered manager told us that they had conducted a team meeting following our last inspection. They said, "I had one soon after the inspection because staff needed to know what was going on." Staff understood the provider's aims and. One staff member said, "To make their life as happy and comfortable as possible and to keep them safe." Another staff member told us, "To make sure they are clean and fed, to get the GP when needed and make sure they are well looked after. We know their needs."

At this inspection we saw that the registered manager had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed monthly audits of systems within the home such as medication systems. The registered manager also conducted regular informal 'checks' of the kitchen and cleaning processes to ensure that systems were in place and were working appropriately.

The provider demonstrated that there was a drive to improve and make changes to the service for the benefit of people using the service and staff. Since our last inspection the service has received support from the local authority quality improvement team (QIT) to help ensure that positive changes had occurred and that they were sustainable. We saw that improvements had been made to the care planning and reviewing process and the implementation of the MCA. The registered manager told us that they would not accept new referrals for people to live at the home until they were satisfied that the service had made the required improvements that it needed to make and that these were sustainable.

The provider has a legal duty to ensure the rating of its performance by CQC is shown at the service. We

noted that a CQC report for Livesey Lodge was on display in the service but it was not the most recent inspection report. We raised this with the registered manager who told us that they had made the report available but suspected someone had taken it to read. A copy of the overall performance rating was displayed by the end of our inspection visit. The registered manager told us they would display the rating on the wall so that it could not be removed. The registered manager was aware of their responsibilities to inform CQC and other agencies of significant events that take place in the service.