

Alston Lodge Residential Home and Community Care Limited

Alston Lodge Residential Home Limited

Inspection report

Lower Lane
Longridge
Preston
Lancashire
PR3 2YH

Tel: 01772783248

Date of inspection visit:
29 January 2018
30 January 2018
06 February 2018

Date of publication:
11 April 2018

Ratings

Overall rating for this service

Requires Improvement ●

| | |
|----------------------------|-------------------------------|
| Is the service safe? | Requires Improvement ● |
| Is the service effective? | Requires Improvement ● |
| Is the service caring? | Requires Improvement ● |
| Is the service responsive? | Requires Improvement ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection took place on 29 and 30 January, and 6 February 2018 and was unannounced.

Alston Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Alston Lodge is registered to provide accommodation for up to 17 people who require 24-hour care. At the time of our inspection, 15 people were living at the home. The premises are an adapted house near Longridge. Accommodation is provided over two floors, with a stair-lift for access between floors.

At the last inspection in March 2017, we found the provider was not meeting legal requirements in relation to Good governance. At that inspection, we rated the service 'Requires Improvement'.

During this inspection, we checked and found the provider had made improvements in respect of good governance.

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.

At this inspection we found staffing levels were in breach of legal requirements of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not ensured a sufficient number of staff were deployed at all times.

We found the provider had not ensured activity provision at the home met people's needs and reflected their preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the detail in people's written plans of care was not always sufficient. Staff were able to confidently describe the steps they took to ensure people's needs were met, but important detail was not always recorded. We have made a recommendation about this.

Records we reviewed showed people or, where appropriate, others acting on their behalf had been involved in care planning and review, but not in all cases. We have made a recommendation about this.

We found confidential personal information was not always stored securely when not in use. We have made a recommendation about this.

Senior staff carried out audits and encouraged people to share their views on their experiences of the service. This helped to ensure the quality of the service was assessed and monitored regularly. However, these systems had not identified the shortfalls we identified during this inspection. We have made a recommendation about this.

We found the service had safe practices with regard to managing medicines. Staff who administered medicines had all been trained to do so safely.

Staff had assessed risks to individual people and risks posed by the environment. Plans to lessen risks had been developed. These had been kept under review and updated accordingly.

People told us they felt safe living at the home. The provider had systems to protect people against the risks of abuse or unsafe treatment. Staff we spoke with were aware of procedures to follow in order to help people to keep safe.

The service followed a robust recruitment process which helped to ensure only people of good character were employed to work at the home.

Staff had received training around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. However, we found the service had not assessed people's capacity in line with the MCA. By the third day of our inspection the provider had implemented new documentation to record assessments of people's capacity.

People's needs were met by a well-established and trained staff team. Staff received a good level of support from the management team.

People we spoke with told us staff were kind and caring. Staff respected people's privacy and dignity. People were treated as individuals and enabled to maintain as much independence and control as possible.

The service sought guidance and advice from external professionals when necessary, in order to ensure people's ongoing health needs were met.

The provider had a complaints policy. People knew how to make a complaint or raise concerns and felt they would be listened to. People told us they felt any concerns would be dealt with appropriately.

The service addressed people's wishes and preferences for care at the end of their life. Staff had received training in order to provide people with a good standard of care in their final weeks and days.

People we spoke with and staff told us they felt the home was well-led. They told us the registered manager was approachable and willing to make time to listen to people.

You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider had not ensured a sufficient number of staff were deployed at all times in order to meet people's needs safely.

Medicines management systems were safe and staff were trained to administer medicines in line with best practice guidelines.

The provider had systems to protect people against the risks of abuse or unsafe care.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had not ensured a sufficient level of detail was always recorded and kept up to date in people's written plans of care.

People were supported by a well-established staff team who received a good level of training and support.

People's ongoing health needs were monitored and managed appropriately. Guidance and advice from external healthcare professionals was sought when required.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People and their relatives were not always involved in reviews of care.

The provider had not ensured confidential personal information was always stored securely when not in use.

People's privacy and dignity was promoted by staff who were kind, caring and compassionate in their approach.

Staff knew people well, including their social histories and preferences.

Is the service responsive?

The service was not always responsive.

Provision of meaningful activities, in order to provide stimulation for people and to maintain their social health, was poor.

People's needs were assessed and care was planned to meet their individual needs.

The service had a complaints policy. People and their relatives were confident any complaints would be dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had systems to monitor the quality of the service provided and to seek the views and experiences of people who received a service. However, these systems had not identified some shortfalls we raised during this inspection.

Checks to make sure the premises and equipment were safe had been carried out. A schedule was in place to ensure this happened regularly.

There were clear lines of responsibility and accountability within the service. The staff team received a good level of support from management.

Requires Improvement ●

Alston Lodge Residential 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.

Alston Lodge Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation for up to 17 people who require 24-hour care. At the time of our inspection, 16 people were living at the home. The premises are an adapted house near Longridge. Accommodation is provided over two floors, with a stair-lift for access between floors.

As part of the inspection 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.

This inspection took place on 29 and 30 January 2018, and 06 February 2018 and was unannounced on the first and third days.

The inspection was carried out by two adult social care inspectors on day one and one inspector for the remaining two days.

During the visit we spoke with a range of people about the service. They included five people who lived at the home and three visiting relatives. We also spoke with the registered provider, the registered manager, one senior carer, three care staff and two cooks. We gained feedback from two visiting healthcare

professionals. We also observed care practices and how staff interacted with people in their care.

We looked at care records of four people, the staff training matrix, personnel records of three staff and arrangements for meal provision. We also looked at records relating to the management of the home and medication records. We reviewed staffing levels and also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and in the care of staff who supported them. One person told us, "I feel safe here, they support me." Another person said, "Yes, I feel safe here. The staff do the best they can."

We looked at how the provider ensured a sufficient number of staff were deployed at all times. People who used the service and their relatives gave us mixed feedback about staffing levels. Comments we received included, "The staff are always available if I need them." And, "There could be more staff, but I've never been concerned." Other people we spoke with were less positive. They told us, "There's not always as many staff as I would like to think." And, "The staff are good, they just don't have the time to spend with people."

We asked staff whether they felt staffing levels were sufficient. Again, we received mixed responses. One staff member told us, "We manage with the staffing levels." However, this member of staff went on to explain they found the lunchtime service very difficult as they had to clean up, serve puddings and provide support to one person who needed support to eat their meal. We observed the person did not receive the one-to-one support they should have, as documented in their written plan of care. Another staff member told us, "We definitely do not have enough staff." They gave us an example where one person had been requiring three staff members for safe moving and handling. They explained this left no care staff available anywhere else in the home.

During our observations, there were periods of time where there were no staff present in communal areas. At one point, the inspector had to go and find a member of staff to assist one person who was trying to get up from a chair and was on the verge of falling. This showed staffing levels had put the person at risk of suffering a fall.

We discussed staffing levels with senior staff and the provider. The provider told us no concerns had been raised with them about staffing levels within the home. Senior staff told us they had not raised concerns but had continued to try to provide the care people needed alongside managerial responsibilities, such as reviewing and updating care plans. Senior staff were tasked with providing oversight of the home when the two care staff on duty were 'off the floor', for example, providing personal care. This left three communal areas for senior staff to cover on their own, as well as answering the telephone, dealing with visiting professionals and answering call bells. Additionally, care staff were expected to clean the home five days per week when domestic staff were not on duty and to organise activities at the home. People we spoke with and visiting relatives told us there were limited activities provided at the home.

The provider explained they had introduced a tool to help assess whether staffing levels were adequate. We reviewed the tool with them and found it did not take into account the needs of individual people within the home. Additionally, people who lived at the home had not been asked for their opinions about staffing levels. Following our inspection visit, we received assurances from the provider they were reviewing staffing levels at the home. They told us they were carrying out a detailed analysis of the numbers of staff required to ensure the service met people's needs safely.

The above matters were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured sufficient numbers of staff were deployed at all times.

When we last inspected the service in November 2016, we made a recommendation to the provider they should seek and implement best practice guidance in relation to the safe management of medicines. This was because during that inspection we found gaps in administration records for creams and unreadable labels on creams containers. During this inspection we checked to see what improvements the provider had made.

We found the provider had introduced a system for creams so they were all kept separately, out of people's bedrooms. We also found recording of administration of creams had improved as charts had been completed as required.

While reviewing medicines administration records, we noted there were no documented protocols for medicines prescribed for use 'when required'. We discussed this with the registered manager who told us anyone who was prescribed these medicines could ask for them when they needed them. The provider confirmed documentation was available should it be needed, for someone who could not ask for their medicines.

We discussed management of medicines with senior staff. They described the process they followed in relation to receipt, ordering and disposal of medicines. We found the systems they operated helped to ensure the proper and safe management of medicines.

When we last inspected the service in November 2016, we made a recommendation to the provider they should seek and implement best practice in relation to the consistent review and documentation of risk assessments. During this inspection we found the provider had made improvements.

We saw each person had individualised risk assessments which, for example, covered areas such as mobility, nutrition, pressure areas and physical health. We saw evidence the risk assessments were reviewed on a monthly basis, or when someone's needs changed. Staff we spoke with were able to describe confidently the steps they took to reduce risks to people. For example, referring people to external healthcare services for guidance and advice, as well as monitoring people carefully, when required.

When we last inspected the service in November 2016, we made a recommendation to the provider to seek and implement best practice with regard to documenting agreed actions from multi-agency working. During this inspection, we found the provider had made improvements.

We spoke with visiting professionals and reviewed people's written plans of care in order to assess whether the provider had documented agreed actions. Professionals we spoke with told us staff were good at following directions. We saw care plans contained instructions for staff which were based on guidance from professionals. However, we found one person's plan of care had not been fully updated with regard to advice received from professionals about the consistency of their diet. We raised this with the registered manager who addressed this and updated the person's plan of care during our inspection.

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the service's whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. Staff told

us they would not hesitate to raise concerns if they witnessed abuse or poor practice. The service's policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equalities Act 2010.

We looked at how the service recorded and analysed accidents and incidents. The provider showed us their systems which recorded details of such events, along with details of any investigations they had carried out. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of recurrence.

Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

We reviewed documentation related to the recruitment of staff. We found the provider had carried out checks to ensure staff were suitable to work with people who may be vulnerable. This included checks with the Disclosure and Barring Service as well as references from previous employers. This showed the service followed a safe recruitment process.

Is the service effective?

Our findings

People who lived at Alston Lodge and visiting relatives told us people were looked after well, by staff who knew how to care for them. Comments we received included, "They know what they're doing." And, "The staff are brilliant, they are really good. They appear well trained."

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 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.

The provider had policies and procedures to assess people's mental capacity and to support those who lacked capacity to manage risk. Staff we spoke with had an awareness of the MCA and were able to explain how they supported people to make decisions about their day to day lives. People were able to choose what they wanted to do and were supported by staff.

However, we found the service had not assessed anyone's capacity to make decisions related to their care. We found several examples where family members had signed to say they gave consent to care and other decisions without the person's capacity having first been assessed. The provider's policies around care planning and the MCA clearly stated assessments of people's capacity should be undertaken and recorded. However, this had not taken place. We raised this with the registered manager and the provider. By the third day of our inspection, the provider had begun work to implement new documentation for recording capacity assessments and assured us these would be carried out as soon as possible. Following our inspection visit, we received confirmation from the provider they had completed assessments of people's capacity, where required.

Before anyone moved into the home, staff completed a full assessment of people's individual needs. Written plans of care were developed to ensure those needs were met. Care documentation contained evidence people or, where appropriate, others acting on their behalf had been consulted and were involved with developing plans of care. A relative commented, "I was involved in the care plan as were [mental health professionals]." However, we found the detail in people's written plans of care was not always sufficient. Staff were able to confidently describe the steps they took to ensure people's needs were met, but important detail was not always recorded. Additionally, we found care plans were bulky documents and current information about the care planned for people was not always easy to find.

We recommend the provider seeks best practice guidance in relation to recording information in written plans of care so that staff have clear, up to date guidance to follow.

We looked at each area of the home to make sure it was a safe and suitable environment for people to live in. The registered manager showed us around the building. The premises were clean, tidy, warm and well decorated. We reviewed the maintenance log for the home which showed ongoing work to maintain the premises.

People received care from an established and trained staff team who had a good understanding of their assessed needs. We were able to establish through our observations people received care which met their needs and protected their rights. All staff had achieved or were working towards recognised care qualifications. This helped to ensure people were supported by staff who had the right knowledge, qualifications and skills to deliver care and support effectively.

Staff we spoke with told us and records we looked at confirmed staff received regular supervision sessions. These were a one-to-one meeting between senior staff and the staff member where performance and development was discussed. Staff we spoke with told us they felt well supported by the registered manager and senior staff.

We saw documentation which showed people were supported to see other health professionals as required. For example, we saw people were referred to doctors and district nurses if there was a need to do so. We noted care records were updated to reflect the health professional's advice. This showed information was communicated to ensure people received care and support which met their needs. The registered manager explained information was shared with other organisations when necessary. For example, if someone was admitted to hospital, information about their current health and care needs was shared, in order for people to receive care that met those needs effectively.

We reviewed people's care documentation which showed their nutritional needs were assessed and monitored on an ongoing basis. People's weight was monitored in line with their assessed need in order to highlight and lessen any risks. The registered manager explained if they were concerned about someone's nutritional intake or weight loss, they would refer them to the appropriate healthcare professionals for guidance and advice.

We looked at menus which showed a variety of food was available to meet people's preferences. We spoke with the person responsible for preparing the food on the day of our inspection. They explained they were passed information by care staff which highlighted people's specific dietary needs, such as if the person was diabetic or required a fortified diet. Food was all freshly prepared and home cooked to ensure people's dietary needs were met. This helped to ensure people were provided with sufficient amounts to eat and drink in order to meet their needs.

Is the service caring?

Our findings

People we spoke with were complimentary about staff and their approach. One person told us, "The staff are out of this world, they can't do enough for you. The staff that come to help me are so caring and definitely protect my dignity." Another person said, "The staff do a good job for me." Another commented, "The staff are really helpful." We also received positive comments from relatives about how caring the service was. For example, "The staff are great. Nothing is too much trouble." Another relative said, "The communication with staff is great. They involve us in care planning and decisions."

We looked at how the service involved people or, where appropriate, others acting on their behalf in reviews of their care. We found in some cases there was evidence the person, or their relatives, were involved in reviews. However, in other cases there was no evidence to suggest people were involved. One person we spoke with told us, "I have never seen my care plan. I don't get asked about it." This showed there were some inconsistencies with regard to peoples' involvement in care planning. Additionally, when we looked at the tool the provider used to assess staffing levels, we found people's views about staffing had not been sought.

We recommend the provider seeks best practice guidance around involving people in decisions about their care and how the service is delivered.

We noted confidential personal information was not stored securely when not in use. Written plans of care and other documentation were kept in and around a cabinet in the entrance at the home. This was behind the managers desk, which meant when staff were in the area the records were kept safe. However, when staff were not in this area, records were freely accessible. Similarly, we found medicines administration records were kept in a folder which was kept on top of the medicines trolley in the dining room. This room was not regularly staffed and so the records were freely accessible the majority of the time.

We recommend the provider seeks best practice guidance around managing information.

We observed staff took a kind and caring approach when delivering support to people. For example, we saw staff patiently helped one person to walk while offering positive and reassuring comments. However, due to staffing levels, staff did not get much time to spend with people, other than while providing care and support.

During the inspection we saw staff respected people's privacy when delivering care and support. For example, we observed bedroom and bathroom doors were closed when personal care was delivered. People who lived at the home confirmed this took place and told us they felt staff respected them and helped to preserve their dignity.

Staff had received training around equality, diversity and human rights. Staff we spoke with told us the ethos at the home was to treat each person as a unique individual. This showed the provider had regard to ensuring staff upheld people's rights and people were not discriminated against when receiving a service.

This was in line with legislation such as the Human Rights Act 1998 and the Equality Act 2010.

The registered manager explained they spent time during initial assessments to assess people's communication needs so they could ensure people understood information to make informed choices. The registered manager also explained how they would ensure people with communication difficulties, such as poor eyesight or poor hearing would be supported so they could access information.

We discussed the provision of advocacy services with the registered manager. They explained at the time no one was accessing advocacy services, but this would be arranged if required. This showed the service supported people to access external services to act on their behalf if and when required.

Is the service responsive?

Our findings

People who lived at the home and visiting relatives told us they received care and support that met their individual needs. This was with the exception of activity provision, which people and their relatives told us needed improvement. Comments we received from people included, "The staff are brilliant. If I need anything I feel comfortable asking the staff for anything." Another person told us, "The staff make sure I have everything I need. They know how to look after me." A Relative we spoke with commented, "The staff are great. They nip to [local supermarket] if [relative] needs anything."

We looked at what activities the home provided in order for people who lived there to receive stimulation and to maintain social health. People we spoke with, visiting relatives and staff all told us about events such as a Christmas party, summer parties and groups who occasionally visited the home to provide entertainment. However, everyone we spoke with also confirmed there was very little provision in terms of activities on a day-to-day basis. Comments we received included, "[Relative] is finding it hard here. It's nothing to do with the staff, there is just no-one for him to chat to." And, "There are no activities, well there is one next week, but not a lot during the days." Another person told us activities was an area they and their relative had highlighted in the past as an area for improvement. They said, "There isn't a lot going on." Another person we spoke with told us, "There's nothing to do here. I can't go out on my own." A relative we spoke with explained the service held a Christmas party and a bonfire party, but could not recall any other activities on a day to day basis.

During the course of our inspection, we observed what activities took place in the home. On the third day of our inspection, a local group visited to provide entertainment. We also observed staff helped people to paint their nails if they wished. Additionally, a hairdresser visited during the first day of our inspection and we saw some people took advantage of this. However, we did not witness any other activities during the inspection, other than two people playing dominoes.

We discussed activities with senior staff and the provider. They told us staff were expected to organise activities each day and they kept a record of this. The service did not employ a dedicated activities coordinator. We looked at activity records and found limited recording of activities and no activity records were available after December 2017. The activity records that were available to review showed there was little activity provision at the home. The provider confirmed they had identified activity provision as an area for improvement but had not yet begun work to find out what activities people would like provided or how they could be provided. The provider explained they had considered taking on a volunteer in an activities coordinator role and this was something they would explore further.

The above matters were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured activity provision within the service met people's needs and reflected their preferences.

We looked at care documentation which included assessments of people's needs and written plans of care. Within the documentation we saw evidence people or, where appropriate, others acting on their behalf were

consulted and involved in the care planning process. However, this was inconsistent. We saw staff had taken time to discuss and record important details about people, where possible, such as people's preferences, social histories, hobbies and interests. This helped to ensure the care and support people received was in line with their wishes and preferences and showed people were involved in planning their care.

We saw care documentation which showed end of life care had been discussed with some people who lived at the home. This helped to ensure their wishes for their final days were recorded so they could receive the care and support they wanted at that time. We saw some people had chosen not to discuss their wishes with staff and this had been respected. We looked at the service's training matrix which showed some staff had received training in end of life care. This helped to ensure staff were confident and competent to provide a good standard of care to people at the end of their lives.

The provider had a complaints procedure, which described the response people could expect if they made a complaint about the service. Staff we spoke with told us they would assist people in making a complaint if required and would raise and concerns with the registered manager. This showed there was a clear process to handle complaints. People we spoke with had not raised any complaints but told us they felt any concerns would be addressed. One person told us, "I know how to complain and I think [registered manager] would listen. She got me a new floor when I asked." The provider had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People we spoke with, visiting relatives and staff all told us they felt the service was well-led. One person commented, "The Manager [name removed] is the next best thing to a mother. She's brilliant." Another person told us, "There are no residents' meetings, but they do ask for feedback. This could be more often." Staff we spoke with told us they felt well supported by senior staff.

When we last inspected the service in November 2016, we found the provider was not meeting legal requirements in relation to Good Governance. This was because quality assurance systems were not effectively operated to assess, monitor and lessen risks. At that time, we found there was no legionella risk assessment for the service and gas safety checks had not been carried out as required. Additionally we found auditing of medicines, accidents and incidents had not been completed. During this inspection we found the provider had made improvements.

The provider had revisited their quality assurance systems and introduced new audits and checks. They had also implemented a schedule for required testing and certification with regards to the environmental safety. We reviewed the audits and found they were comprehensive and, when regularly carried out, would identify any concerns or issues. Audits we looked at included accidents and incidents, medicines, care planning and environmental safety. The schedule for testing and certification, when followed, provided assurances that the electricity, gas and water systems were safe for people who lived at the home, staff and visitors.

The audits we reviewed showed, where shortfalls were identified, staff took corrective action. For example, we saw it had been identified care plans and risk assessments for a person required review and updating. We saw action had been taken by senior staff to ensure this was carried out. This showed the provider had improved their quality assurance systems. However, the audits and checks carried out had not identified some of the shortfalls we raised during this inspection. For example, the care planning audit had not identified the lack of recorded mental capacity assessments.

We recommend the provider seeks and implements best practice guidance with regard to systems used to assess, monitor and improve the quality of the service.

Staff we spoke with all told us the management team were visible, supportive and available to provide guidance and advice. The management team spent time working alongside staff to monitor the culture and performance of staff. Staff told us they also had regular staff meetings where they discussed any concerns, training and any developments to the service. Staff felt they were involved in shaping how the service was delivered and could make suggestions or raise concerns at any time. Staff we spoke with were clear about their roles and responsibilities. This showed the service had clear lines of responsibility and accountability and the staff team were well supported by management.

The registered manager explained and records we looked at confirmed they worked with other agencies to ensure they were providing care in line with best practice. The registered manager explained they sought guidance and advice from external professionals including speech and language therapists, dieticians,

district nurses and GPs.

The registered manager told us they encouraged and sought feedback on the service provided from people who lived at the home and relatives. We saw minutes of 'resident's meetings' which had taken place since our last inspection. The provider also used questionnaires to gain people's views about the service they received. However, they had found the response rate to questionnaires was poor and were looking to simplify them. In addition to formal methods, the registered manager spent time with people on a day to day basis to seek their views on the service they received. People told us they felt they could approach the registered manager at any time and she would make time to speak with them.

From the 01 April 2015 it is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured activity provision at the home met people's needs and reflected their preferences. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured a sufficient number of staff were deployed at all times. |