

Meridian Healthcare Limited

# Roby Lodge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 November and 06 December 2017. The first day was unannounced.

The last inspection of the service was carried out in March 2017 and during that inspection we found breaches of regulations in respect of infection prevention and control, management of medication, records and assessing and monitoring the quality and safety of the service. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, caring, responsive and well-led, to at least good.

Roby 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. Roby Lodge accommodates up to 42 people in one adapted building over two floors. There were 32 people accommodated at Roby Lodge at the time of this inspection.

The service has 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.

Improvements had been made to minimise the risk of the spread of infection. The environment was clean and hygienic and smelt pleasant throughout. Staff followed safe practices when handling and disposing of clinical waste.

Improvements had been made to the management of medication. There was clear guidance in place for staff to follow on the use of PRN medication. PRN medication is prescribed for use when it is needed, for example for pain relief. Protocols in place for the use of PRN medication included important information such as the signs staff needed to look out for which indicated that a person needed their medication.

Improvements had been made to systems for checking on the quality and safety of the service and for making improvements. The service was assessed and monitored in line with the registered provider's quality assurance framework. Where risks to people's health, safety and welfare were identified action plans for improvements were developed and followed through promptly so that risks to people and others were mitigated.

Improvements had been made so that people received effective care. Care records reflected people's needs and the care they received. Charts were in place to monitor aspects of people's care such as fluid intake, skin integrity and weight. The charts recorded what the expected outcome was for the person, for example the amount of fluid people needed to consume in a 24 hour period and required settings for air flow mattresses.

Improvements had been made so that people's personal belongings were treated with dignity and respect.

A system had been put in place to ensure that items of unmarked clothing were promptly returned to people.

Improvements had been made to how complaints and concerns were dealt with. Complaints received were listened to and acted upon in line with the registered provider's policy and procedure. A clear record of complaints received was maintained which showed that they were acknowledged and actioned to achieve a satisfactory resolution.

We have made a recommendation about the environment. Although improvements had been made to the environment to make it more dementia friendly, further improvements were required. There was a lack of stimulus for people living with dementia, particularly for those who enjoyed keeping themselves busy around the environment.

Allegations of abuse were acted upon to ensure people were safe from abuse or the risk of abuse. People were protected by staff who knew about the different types of abuse and how to recognise indications of abuse. Allegations of abuse had been reported to the relevant agencies in a timely way.

Safe procedures were followed for recruiting new staff. Staff had provided details of their qualifications, skills and experience and they underwent a series of pre-employment checks to assess their suitability for the job. Staff entered onto an induction programme when they started work at the service and relevant training was provided to all staff on an ongoing basis.

People were treated with kindness and compassion and their privacy, dignity and independence was respected and promoted. Staff provided people with comfort and reassurance when they were anxious or upset and people responded positively to this. People received intimate care in private and they were encouraged to be as independent as possible.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Safe procedures were followed to minimise the risk of the spread of infection. The environment was clean and hygienic and free from hazards.

The management of medication was safe.

Safe recruitment procedures ensured staff were suitable to work with vulnerable people.

People were safeguarded from abuse and the risk of abuse.

### Is the service effective?

Good ●

The service was effective

People received the right care and support in line with their care plan.

People's needs were met by staff who received appropriate training and support.

People's rights were protected in line with the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and their independence was promoted.

People's emotional needs were understood by staff and they were treated with kindness and compassion.

People were encouraged and supported to express who they were and how they felt.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Complaints were listened to and acted upon in a timely way.

Care plans were developed basis of assessments and kept under review in consultation with people and those acting on their behalf.

People's needs were understood by staff and met in a timely way.

### **Is the service well-led?**

**Good** ●

The service was well led.

Systems in place for checking on the quality and safety of the service were effective which resulted in risks to people being quickly mitigated.

People, family members and staff acknowledged improvements in the way the service was managed.

The leadership of the service was described as having a positive and open culture.

# Roby Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 30 November and 06 December 2017. The first day was unannounced.

The inspection team on the first day consisted of one adult social care inspector 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, their area of expertise is dementia care. One adult social care inspector carried out the inspection on the second day.

We used information that we held about the service and the service provider. This included notifications we received and the provider information return (PIR). The PIR 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 requested information about Roby Lodge from the local authority commissioners and safeguarding team, they raised no concerns about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people living at Roby Lodge. We spoke with a total of 11 people living there, six visiting relatives and 11 members of staff including the registered manager, the deputy manager, the activities co-ordinator, a member of domestic staff, six care staff and an area director. We also spoke with a visiting health professional.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service and checked a selection of records, which included care plans for four people, medication records, policies and procedures; staffing rotas; risk assessments; complaints; four staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

# Is the service safe?

## Our findings

At our last inspection in January 2017, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure people were protected from the risk of the spread of infection. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

People told us that they felt safe living at the service, family members also told us that they had no concerns about their relatives safety.

Improvements had been made to minimise the risk of the spread of infection. The service was clean and hygienic and smelt pleasant throughout. Staff followed good infection control practices. For example, they used personal protective equipment (PPE) such as disposable gloves and aprons, when providing people with personal care and when handling soiled laundry and clinical waste. Yellow bags were in use for the disposal of clinical waste and these were placed in bins which were located in bathrooms and toilets. Linen and clothing which was soiled with bodily fluids were placed into red bags to keep it separate from all other items, thus minimising the spread of infection. A colour-coding system for cleaning equipment such as cloths, mops and buckets was in place at the service along with guidance for staff on its use. The service achieved a Gold Certificate of Excellence for achieving 99 per cent in infection prevention and control following an audit carried out in September 2017 by the local NHS infection prevention control team.

Improvements had been made to the management of medication. Protocols were in place for the use of PRN medication. This is medication which is to be given when required. The protocols instructed staff on the use of the medicine, for example how and when it should be used and intervals between doses. They also provided a description of the signs and symptoms people who were unable to verbalise exhibited when they are in any pain or discomfort.

Medication was administered only by staff that had completed up to date training and underwent regular checks on their competency. Each person had a medication administration record (MAR) which listed each item of medication prescribed to them. Instructions about how medicines were to be used and the times they were to be given were also recorded onto MARs. MARs displayed a recent photograph of the person and included details of any known or unknown allergies. This information was in line with current guidance to help reduce the risk of medicines being given to the wrong person or to someone with an allergy. MARs had been signed or coded to show people had received their prescribed medication at the right times. Specific codes were used for circumstances when a person did not receive their medication, for example when they had refused or were in hospital. Where this had occurred the details of the circumstances were recorded on the back of the persons MAR. Staff had access to information which guided them on when and what action they needed to take should a person continue to refuse their medication.

Medication was securely stored in dedicated rooms on each of the two floors. Both rooms had appropriate facilities for the safe storage of medication. This included lockable cabinets and medication trolleys, fridges and air conditioning. The temperature of the fridges and rooms were monitored daily to ensure that they

were within the range required so that medicines remained effective and safe to use. There were secure facilities for the storage of Controlled Drugs (CDs) (medicines controlled under the Misuse of Drugs legislation and subsequent amendments) and appropriate records were in place for their use.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. A dependency tool was used to help determine safe staffing levels. Staffing rotas were developed well in advance and each shift was covered by a team of suitably skilled and qualified staff. For example there was a senior carer on each shift and they had specific responsibilities such as administering medication and coordinating and overseeing the work carried out by a team of junior care staff. All staff had access to the names and contact details of other more senior staff including the management team, should they need to contact them outside of their usual working hours. The use of agency staff was low however they were called upon when required to ensure staffing levels were maintained at a safe level.

Safe recruitment practices were followed to ensure that people were cared for by suitable staff. Applicants were invited to attend interview as part of the process of assessing their suitability for the job. Prior to an offer of employment successful applicants were subject to a number of checks including; their previous work history and their criminal background and it was only on receipt of satisfactory checks that they were allowed to commence work at the service.

Risks to people were assessed and their safety was monitored and managed so they were supported to stay safe. Hazards which posed a risk to people's safety were assessed to measure the level of risk and how it should be managed to keep people safe. A hazard is something that can cause harm, a risk is the chance, i.e. high, medium or low, that any hazard will actually cause somebody harm. Risk assessments were carried out on the environment and people's individual care needs. For example; falls, eating and drinking, moving and handling and use of equipment. Risks identified through assessments formed part of the person's care plan which detailed the hazard/s associated with the risk and the measures in place to minimise any risk of harm. For example, a care plan for one person who was assessed as being at high risk of developing pressure ulcers instructed staff to support the person with regular positional changes when they were in bed. A care plan for another person who was identified as being at high risk of falls provided instructions on the use of a sensor mat next to their bed. This alerted staff to so that they could attend to the person to ensure their safety.

Processes were in place to ensure incidents and accidents were recorded, reported and reviewed. Staff were aware of their responsibility to report and record all incidents or accidents such as falls and skin injuries. Incidents and accidents records included a description of the incident and the immediate action taken for people's safety. The registered provider had implemented an electronic system for recording all incidents and accidents which was reviewed regularly. This helped to identify any patterns or trends and to plan for any action needed to minimise any further risk to people. For example, where records showed that a person had experienced an increase in falls a referral was made to the community falls team for assessment.

There was a visitor's book near to the main entrance which all visitors to the service were required to fill in on entering the building with details including their name, date and time of arrival and the time at the point of leaving. This helped to monitor who was in the building.

The systems, processes and practices in place safeguarded people from abuse. Staff were provided with safeguarding training as part of their initial induction and they completed refresher training annually in the topic. Information about safeguarding people was also communicated to staff through documentation which was held on each of the floors. This included copies of the providers and the relevant local authorities safeguarding policies and procedures. Staff knew what was meant by abuse and they described the different

types of abuse and possible signs and symptoms which may indicate abuse is or had taken place. Staff understood the process for reporting any concerns they had and they told us they would not hesitate to do so. The registered manager understood their responsibilities for ensuring that any allegations of abuse were reported onto the relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). The provider had a whistleblowing policy and procedure which staff were familiar with. They said they would whistleblow if they became aware of any concerns regarding poor practice. Whistleblowing is when staff report concerns in confidence and their disclosure is protected in law.

Equipment used at the service was regularly maintained and serviced to make sure it was safe to use. Certificates were in place which showed that equipment and systems had been checked by a suitably qualified person and deemed as safe. This included gas and electricity systems and appliances, hoists and slings, passenger lift, fire alarms and emergency lighting and firefighting equipment. Visual checks were also carried out daily on the environment and equipment for signs of any faults, wear or tear which could impact on the safety of people.

People received care from staff who received effective training in safety systems, processes and practices. All staff had received training in topics of health and safety including; fire awareness, evacuation procedures and basic life support. Staff were confident about supporting people in an emergency. They knew where to locate emergency equipment such as first aid boxes and fire extinguishers and they were familiar with emergency escape routes. Visual checks took place daily to ensure that escape routes were clear from any obstructions.

Each person had a personal evacuation plan (PEEP) which was kept under review and updated when there was a change in their needs. Each person's PEEP included details about the support and assistance the person needed such as any equipment and number of staff to help during an evacuation of the building. A copy of each person's PEEP was held on the relevant units and near to the main entrance of the building making them easily accessible to staff and others who may need them such as the emergency services.

People's records were maintained and kept securely. Each person had their own care file which contained their care plans and other information and guidance about how to safely meet their needs. The files were stored in locked cabinets and available to relevant staff. Care records were kept up to date with current information about each individual's needs. Supplementary care records which were in use for recording outcomes for people such as food and fluid intake charts and positional change charts were kept discreetly in people's rooms or in communal areas making them easily accessible to staff for completion.

## Is the service effective?

### Our findings

At our last inspection in January 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure accurate records in respect of people's needs were maintained. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

People told us that the staff did a good job. They told us they enjoyed the food and got enough to eat and drink.

Improvements had been made to care records to show that people received effective care. People's needs and choices were assessed and planned for and they received effective care in line with their plan of care. Prior to a person moving into the service or within 48 hours of admission in an emergency situation an assessment of their needs was undertaken in line with the registered provider's procedures. In addition, assessment documentation was obtained from other health and social care professionals. A care plan for each person's identified needs was developed on the basis of assessments carried out.

Care plans were clearly titled with the area of need, what the intended outcome was for the person and how this should be achieved. As part of their care plan some people required staff to carry out regular care interventions throughout the day and night and monitor the outcome of the care given. For example, encouragement with food and fluid intake, assistance with positional changes and checks on skin integrity and air flow mattress settings. At the last inspection we found that people were at risk of not receiving effective care because monitoring records failed to provide the required information about people's care need requirements. However at this inspection we found that the records had been completed with the required information. Fluid monitoring records which were in place for some people who were at risk of dehydration had been improved and included details of the actual amount of fluid the person needed to consume in a 24 hour period to remain hydrated. In addition the amount of fluid people had consumed had been calculated and recorded onto the chart at the end of each 24 hour period as required. This information helped to assess whether the person had achieved their fluid intake target. The charts instructed staff on what action they needed to take if a person failed to meet their fluid intake target.

Weight monitoring charts were in place for people who were at risk of malnutrition. These showed that people had been weighed at the required intervals and that appropriate action had been taken where a significant weight loss had been identified, for example referral to a dietician. Care plans for people who required an air flow mattress on their bed to reduce the risk of developing pressure ulcers, recorded what the setting should be. This information helped to ensure that people received effective care to meet their needs.

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 so that they can 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 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. At the time of our inspection a number of people had a DoLS in place and application had been made to the relevant local authority for a number of other people. Copies of the applications were held in people's care files. The registered manager maintained a record to keep abreast of any DoLS authorisation and when they needed to be renewed.

Before providing any kind of care and support staff asked people for their consent. Staff explained the support they were going to give in a way that people could understand. The registered manager and other staff were clear in their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people's best interest and how to support people who were able to make their own decisions.

People received care and support from staff that were appropriately trained and supported for their role. New staff entered onto an induction programme when they first started work at the service. The initial induction consisted of an orientation of the building, introduction to the registered providers policies and procedures and a period of shadowing more experienced staff. New staff then went on to complete training in line with The Care Certificate (TCC). TCC is a nationally recognised qualification introduced in April 2015 for health and social care workers which set out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current and good practice.

Staff told us that they had completed a lot of training which they found informative and beneficial. Staff completed training either on line training or by attending classroom based training delivered by accredited trainers. Each member of staff was provided with their own unique password which enabled them to access on-line training at any time either in or outside of the workplace. Following each training session staff were required to complete a competency check which they had to pass before being credited with the training. Training completed by staff included topics such as moving and handling, safeguarding, dementia care and aspects of health and safety including fire training and first aid. The registered manager had access to data which enabled them to monitor staff training and plan for any future training needs.

## Is the service caring?

### Our findings

At our last inspection in January 2017, we found improvements were required to ensure people were treated with dignity and respect.

People told us that the staff were caring and respectful towards them. Family members told us that their relatives were well cared for and treated with kindness.

People's privacy, dignity and independence was respected and promoted. Improvements had been made so that people's personal belongings were treated with dignity and respect. During the last inspection unnamed clothing was left piled up in the laundry for some considerable time and no effort had been made to return them to people. However a system had since been put in place to ensure that clothing was promptly returned to people. People and where appropriate family members were encouraged to ensure each item of clothing was personalised with names and where this was not done or when names had been lost from items staff consulted with people and family members in an effort to return items.

Improvements had been made so that information about people was treated confidentially. Personal information about people was locked away when not in use and staff were careful not to be overlooked when completing records in communal areas. Discussions with people about private matters took place in the privacy of their own bedroom or in the office with doors closed. The registered manager invited family members and visiting professionals into the office or took them to a quiet area when discussing the care and welfare of people. Staff approached people close up when discussing personal and sensitive matters with them.

People received personal and intimate care in the privacy of their own room, bathrooms and toilets with doors locked. Staff knocked on door before entering bathrooms, toilet and bedrooms and they waited to be invited in before entering. People and family members told us this was usual. Each person had their own personal toiletries which they preferred to use and staff respected this. Staff ensured that personal items were used exclusively for the people they belonged to and they made sure they were returned to the person's bedroom after they were used when assisting people in communal bathrooms and toilets. People were provided with clean towels at the beginning of each day and bed linen was checked daily to ensure it was clean and fresh.

Care plans were written in a person centred way which aimed to give people as much choice and control over their lives as possible. For example, one person's care plan stated; 'Like to look nice' 'Like to choose own clothes' and 'Prefers to use particular brand of toiletries'. The person liked to express their femininity in how they looked. We met with this person and saw that they were dressed and presented in their preferred way. Other statements recorded in care plans which aimed to promote choice and control included; 'I make my own choices' 'I can wash myself but need staff to help with hard to reach areas' 'I Prefer a shower', 'Prefers female carer' and 'Preferred name'.

People were encouraged to do as much as they could for themselves. This included eating drinking and

keeping busy around the environment. For example, one person liked to help with washing dishes after meal times and staff encouraged and supported the person with this. Staff cut up food for another person and placed their cutlery in their hand so that they could eat their meal independently. A number of people particularly enjoyed keeping busy by walking around the environment meeting and chatting with other people, visitors and staff. Throughout the inspection we observed those people moving freely around at their leisure and staff supporting this.

People were treated with kindness and compassion and given emotional support when they needed it. The care and support people needed when they became anxious and upset was clearly recorded in their care plans. For example, one person's care plan instructed staff on how to provide them with comfort and reassurance during periods of anxiety. We saw examples where staff provided care and support in a kind and compassionate way. For example, one person became distressed on hearing a loud noise in the dining room and a member of staff who was sat next to the person, held their hand and gently reassured the person by saying "It's ok, it's nothing to worry about". The member of staff then offered the person to take part in an activity which they knew the person enjoyed. The person responded with a smile and left the room with the staff member. Other examples included staff spending time with people and sharing memories about their past. Staff supported one person who recently moved into the service to research a particular interest they had from their past. Staff supported the person to access a computer and print off information and pictures about their interest which they displayed in their bedroom.

People's preferences, interests, important relationships, personal histories and backgrounds were reflected in their care plans and understood by staff. Discussions with staff and observations made showed staff were knowledgeable about people and what was important to them. For example, staff initiated conversations with people about their past employment and family members and people reacted positively to this. A member of staff introduced us to a person and told us how they liked to sing. The person went on to sing a favourite song of theirs and invited staff to join in with them. Family members and friends were welcomed at the service whenever they visited and they told us that they could visit at any time and stay for as long as they liked. Visitors were offered refreshments and spent time with people either in the privacy of their bedrooms or in communal areas amongst others.

The registered manager was aware of the circumstances of when a person may need the help of an independent advocate and they held details of services which they would share with people who may require assistance from an independent advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

## Is the service responsive?

### Our findings

At our last inspection in January 2017, we found the provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure complaints received were listened to and acted upon. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

People told us there was things to do and that they felt listened to. Family members told us that their relative received all the care they needed and that they would complain if they needed to.

Improvements had been made to the way concerns and complaints were listened to and dealt with. The registered provider had a complaints policy and procedure which clearly described their process for complaining and managing complaints. A copy of the procedure was displayed in areas around the service including on the back of bedroom doors. The process assured people that their complaints would be acknowledged, listened to and dealt with within a set timescale. At the last inspection we found that complaints were not listened to and dealt with in line with the registered provider's procedure. However at this inspection we found that the registered manager maintained a complaints log which recorded two complaints received since the last inspection. The records showed that each complaint was dealt with in line with the registered provider's complaints procedure. They included details of the complaint, the date it was raised, who raised it, action taken and the outcome. Family members reported to us that they felt able to approach the registered manager or other staff with any concerns they had and were confident that they would be listened to and that their concerns would be dealt with. One family member told us that they had met with the registered manager in the past to raise minor issues and they were quickly dealt with to their satisfaction.

People and relevant others with authority to act on their behalf such as family members contributed to the development and reviewing of care plans. This helped to ensure that people received care and support which was personalised and responsive to their needs. Care plans were developed from information taken from assessments and through initial and ongoing discussions held with people and relevant others. People's physical, mental, emotional and social needs were planned for and kept under review and where a change in a person's needs was identified, care plans were updated to reflect this. People who were able or those acting on their behalf had signed care plans and review records to show that they were fully involved and agreed with them.

People were supported and encouraged to take part in activities of their choice. People had been invited to share information about their preferred interests, hobbies and favourite pastimes and this was recorded in their care plan. An activities co coordinator who was employed at the service used this information to help plan activities which were meaningful to people. People told us that they had enjoyed a variety of activities and events including sing a longs, art and crafts and seasonal parties. During the first day of the inspection we saw some people enjoying watching a film and eating popcorn which they had made. There was a beach theme sensory room at the service and during the inspection two people were seen enjoying this facility.

There were a number of people who liked to busy themselves by walking around the environment; however it was noted that the environment lacked items of stimulus and wayfinding for those people. There was a lock and latch activity board on the floor of a corridor. These are designed to help trigger memories about house-hold tasks, DIY and trade skills and encourage conversation and discussion with people living with dementia. However they were not used to their full potential because staff did not fully understand their purpose. This use of lock and latch boards and the use of other items to stimulate and engage people living with dementia were discussed with the registered manager on the first day of the inspection. On the second day of the inspection we saw people putting on hats and coats from a stand which the registered manager had placed on a corridor. People clearly enjoyed this and the banter and laughter it triggered with other people and staff. The registered manager confirmed that they had begun to research other ways of developing the environment to make it more dementia friendly.

We recommend that the registered provider refers to best practice guidance on dementia friendly environments.

## Is the service well-led?

### Our findings

At our last inspection in January 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure effective systems were in place to assess, monitor and improve the service that people received and protect them from the risk of harm. The registered provider also failed to ensure records in respect of people were kept secure, maintained and complete. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

Improvements had been made to how the service was managed. A new manager was appointed at the service following the last inspection and they were registered with CQC in August 2017. The registered manager had the support of deputy manager and a team of senior care staff who managed the day to day running of the service in her absence. An area director with responsibilities for overseeing and monitoring the management of the service was appointed to the service.

People, their family members and staff told us they had noted a lot of improvements in the way the service was managed. Staff told us that there had been a marked improvement in the morale amongst the staff and that they felt well supported by the registered manager and deputy manager. Family members and staff told us that communication had improved and that they were better informed of changes and developments within the service. Staff told us that they felt valued and positive about their work. One staff member commented; "I love my work and the residents here; I can't imagine working anywhere else". Another member of staff told us "The manager is really good and cares a lot about the residents".

The registered manager promoted a positive culture within the service. There was an open door policy operated at the service so that people, family members and staff felt empowered to approach the registered manager at any time should they need advice or support. The registered manager held a 'Managers surgery' in addition to regular relative and resident meetings and staff meetings. These gave people the opportunity to ask questions about the service, put forward their views and ideas for improvement and be kept up to date with any future developments or changes.

Improvements had been made to how the quality and safety of the service was monitored and improved. The registered provider had a comprehensive system in place for checking on the quality and safety of the service and making improvements. At the last inspection we found that the system was ineffective because it had not been followed in line with the requirements of the registered provider. However our findings of this inspection showed that the required checks had been carried out at the right times on the quality and safety of the service. This included checks on the environment, medication, care plans, staff performance and training. Action plans were developed for areas which were identified as requiring improvement and they included who was responsible for ensuring the actions were completed and when. Action plans were monitored by the area manager to make sure that they were followed through. This meant that risks to people and others were promptly identified and mitigated.

The registered provider had a range of policies and procedures for the service which were made available to

staff and kept under review. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through a web based system, which was reviewed by the registered provider each month. Information held on this system helped the registered provider to identify any patterns or trends and plan for any additional measures which needed to be put in place to reduce the risk of further occurrences.

The registered provider had notified CQC as required of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care when an event had occurred.