Methodist Homes

Langholme

Inspection report

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Ratings

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

Overall summary

Langholme is a care home which provides care for up to 40 people. On the day of this inspection there were 37 people living at the service.

The registered manager for this service had retired recently. There was a new manager in post who was responsible for the day-to-day running of the home. This manager was in the process of applying to become the 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection on the 17 February 2015. We last inspected the home on the 9 October 2013. We had no concerns at that inspection.

We inspected the home over one day. The service comprised of two units. The ground floor unit supported people who were living with dementia. This unit had a large lounge/dining area with corridors running around the outside from which people's bedrooms were accessed. The doors to people's bedrooms and the rooms themselves were personalised. However the rest of the unit did not have any additional signage or prompts to help support the orientation of people to different parts of the unit. The first floor unit supported people

Summary of findings

who required residential care. Each unit had its own kitchenette which provided hot drinks and snacks for people throughout the day. There was a main kitchen in the service which provided main meals to both units.

We looked at the arrangements in place for the administration and recording of medicines at the home and found it was not safe. There were gaps on the medicine administration records (MAR) and two staff had not signed handwritten entries on the MAR to help reduce the risk of errors. Whilst there were quality assurance systems in place the medicines audit had not identified these concerns. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 12 (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

Prior to this inspection we received information of concerns regarding staffing levels at the service. During this inspection people told us; “We do have to wait sometimes if they (staff) are busy,” “There is not enough staff on duty.” The service had been through a period of low staffing numbers due to short notice staff sickness absences occurring on a regular basis. The manager had taken steps to address these issues with individual staff and was in the process of appointing new staff.

Healthcare professionals told us; “The communication in the home has improved dramatically recently, there is now much clearer leadership. They (care staff) always call me appropriately.”

Staff working at the home understood the needs of people they supported. Staff received training and support which enabled them to be effective in their care and support of people in the home. The new manager had been well supported during her induction. The service had robust recruitment processes in place to ensure new staff were safe to work with older people.

People were happy with the meals. They told us; “The meals are lovely” and “The food here is good.” One family told us whose relative chose to eat their meals in their own room told us “The food is often not as hot as it should be when it reaches (the person) it is a shame.” People could choose from a variety of activities at the service. People told us; “Keep fit and dancing is good” and “We go out in the garden in the sunshine, lovely garden.” There was a visiting chaplain who provided support and guidance for people, families and staff.

The service had good relationships with other external healthcare professionals who ensured effective care delivery for people whenever they needed or wanted it. Families and staff felt they could raise any concerns or issues they may have with the manager who was approachable. People felt their views and experiences were listened to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe. People did not always receive their medicines at the prescribed times.

The manager had taken action to address recent low staffing levels.

The service had safe recruitment arrangements in place. Robust checks were carried out on new staff to help ensure they had the necessary knowledge and skills and were safe to work with older people.

Is the service effective?
The service was effective. Staff were knowledgeable about how to meet people's individual needs.

Where people did not have the capacity to make decisions for themselves, the provider acted in accordance with the legal requirements.

People were supported to have their healthcare needs met by external professionals as necessary.

Is the service caring?
The service was caring. People were supported by kind and caring staff.

Staff respected people's privacy and dignity.

Families told us they felt their views were sought and acted upon

Is the service responsive?
The service was responsive. Information in care files guided and informed staff how to provide individualised care.

There were a variety of activities for people to enjoy if they chose.

People told us they could raise concerns, and felt they were listened to.

Is the service well-led?
The service was responsive. Information in care files guided and informed staff how to provide individualised care.

There were a variety of activities for people to enjoy if they chose.

People told us they could raise concerns, and felt they were listened to.

Langholme

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.

We visited Langholme on the 17 February 2015. The inspection was carried out by two inspectors. The inspection was unannounced.

Before visiting the home we reviewed previous inspection reports, the information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send to us by law. We reviewed the Provider Information Return (PIR) returned to us by the provider. This is a document completed by the provider with information

about the performance of the service and any improvements planned.

During the inspection we spoke with the manager, seven members of staff, nine people who lived at the service, a relative and one friend who was visiting. After the inspection we spoke with one healthcare professional and five relatives.

We looked around the service and observed care practices on the day of our inspection. We looked at four records which related to people's individual care. We also looked at five staff files and records in relation to the running of the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. However, we looked at the arrangements in place for the administration and recording of medicines at the home and found it was not safe. The service had robust arrangements in place for the recording and storage of controlled medicines (CD's). These medicines required additional secure storage and recording systems by law. CD's were stored in line with the relevant legislation. CD's were checked weekly by the staff to ensure the records of stock held by the home agreed with the CD's held by the service. However, it was not clear from the Medication Administration Records (MAR) if some people had received their prescribed medicines at the appropriate times. There were gaps in the records between the 12 February 2015 and 15 February 2015, where staff had not signed to show they had given a person their medicines at specific times of the day. We asked a member of staff about this and were told; "they will have had them it just hasn't been signed."

The service operated a procedure whereby each member of staff, who was responsible for administering medicines on a shift, counted the number of tablets remaining after having given a person their medicines. This was recorded on the MAR. We checked the gaps in the MAR to see if the totals of counted tablets demonstrated whether the person had been given their medicines at specific times. Staff had not always recorded when they had counted the tablets and there were gaps in these records. The MAR showed handwritten entries which had been transcribed by staff following advice and guidance from medical professionals. These entries were not dated and had not been signed by two staff in order to help ensure the risk of errors was reduced. This was contrary to the guidance set out in the medicines policy held at the home, which stated transcribed handwritten entries must be signed by two staff.

Some people were prescribed topical medicines such as creams. The MAR stated that staff should sign the topical cream charts in people's room when these had been applied. One person had been prescribed two creams to be applied at specific intervals from one another, for a period of seven days from the 14 January 2015. There were no records in people's rooms to demonstrate staff had applied these creams as directed. Staff were not completing topical cream records in people's care files. This meant it was not clear if people always received their medicines at the prescribed times. Creams were not dated upon opening. This meant staff were not aware of the period during which the cream was safe to use and when it should be discarded as expired. Medicine records were regularly audited by senior care staff. The issue of topical creams records not being completed by staff had been identified and an action to address this had been set for 21 February 2015 for this to be reviewed. However, the issue of handwritten entries on the MAR not being signed by two staff, had not been identified. This meant the audit process for medicine records was not always effective in identifying concerns.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We toured the building during our inspection. There were doors in the main corridors marked 'keep locked'. Some of these doors were not locked and easily opened to reveal cleaning products, some of which were marked with a bio hazard mark, continence products and activities equipment. A cleaning trolley, containing cleaning products, was seen unattended on three occasions in a main corridor. Some people living at the service were living with dementia and were seen walking independently in corridors. This did not help ensure people living at the home were protected from the potential risks of such products being accessible to them. Staff told us the cupboards were usually locked and this would be addressed immediately.

The cupboard containing continence products contained a list showing the names of people at the service and which product they had been assessed as requiring. However, we noted that not all the people's names, who used products, were on this list. This meant staff were not guided and informed to help ensure people were provided with the correct product to meet their assessed needs.

Prior to this inspection we received information of concern regarding staffing levels at the service. We asked people about the staffing at the home, responses were mixed; "I am lucky I can get myself about, other people are very dependent on staff," "We do have to wait sometimes if they (staff) are busy," "There is not enough staff on duty" and "They come when I need them, very good". Staff told us; "It

Requires Improvement

Is the service safe?

can feel as though we are neglecting people a bit with not having enough time to spend chatting and all" and "People have complained to us about things not always being done as well as they should, like nails etc."

We checked the staffing rotas for the past month. The rota showed there had been low staffing levels on some shifts. The management of staffing levels when short notice sickness absence had occurred in the past had not always been managed effectively. Staff told us; "They (senior care staff) won't let us have agency." The manager told us agency support was available and now used when needed. On the day of this inspection there were four care staff with one senior on shift in the morning and three care staff and a senior in the afternoon. Three staff worked at night.

During the inspection bells were heard ringing for periods between three and eight minutes. This meant people's needs were not always met in a timely manner. One member of staff told us "You get used to hearing the bells." The manager told us they were actively recruiting to cover 137 hours of staffing. People had been interviewed and the manager was in the process of offering posts to three new staff at the time of this inspection. Agency staff were available to cover unplanned absences due to short notice sickness, as well as leave and vacant posts. Staff had been consulted on a new shift pattern that was to be introduced at the beginning of April 2015, to help make more efficient use of staffing hours and meet people's needs more effectively. Staff would be required to work a two week rolling rota including alternate weekends. There would be an increase to two seniors on each shift, with one on the first floor and one on the ground floor. This had been agreed by most staff. This meant effective action had been taken to help address the staffing issues faced by the service.

The service had a safeguarding adults policy in place which held guidance and information for staff on how to contact the local authority with any concerns, should they need to do so. There was a 'Say no to abuse' leaflet available for staff to refer to if needed. Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with the management of the service. However, staff were not clear how they would raise concerns outside of the service and not aware Cornwall Council were the lead authority for investigating safeguarding concerns. The manager told us this would be addressed with staff at supervision to ensure all staff were aware of the procedure. Following the inspection we were sent the training records which clearly showed staff had undertaken safeguarding training and updates were arranged as necessary.

The service held monies for people to pay for hairdressing, toiletries and outings. The service had robust arrangements in place to manage, record and store people's monies. These arrangements were audited monthly to ensure the money held agreed with the individual person's financial records, we saw these balances agreed with the records.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were monitored by the manager. Whilst there was no record of regular analysis of such events the manager assured us this did occur when the individual had their care plan reviewed. The manager assured us this would now be formalised and recorded. This meant that any patterns or trends would be recognised, addressed and helped ensure re-occurrence was reduced. Where necessary appropriate professionals were involved to support staff in addressing the needs of individuals who had fallen.

The service had a safe recruitment process. All new staff had been thoroughly checked to help ensure they had appropriate skills and knowledge and were suitable to work with older people who may be vulnerable.

Good

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision using our Short Observational Framework for Inspection (SOFI) to help us understand the experiences of people who used the service. It enabled us to observe people's care and treatment and staff interactions. This was helpful where people were not able to fully describe this themselves due to their healthcare needs.

Following the inspection we spoke with a visiting healthcare professional who told us; "The communication in the home has improved dramatically recently, there is now much clearer leadership. They (care staff) always call me appropriately." Care staff were good at noticing when a person may becoming unwell and knew how to address the issue in the most effective and timely manner. We also spoke with families who told us; "She always seems very settled" and "They communicate well with us and always let us know when she is not well."

The ground floor unit of the service was used by people who were living with dementia. There was personalisation on people's bedroom doors to assist them with recognising their own rooms. However, the corridors which went around the central lounge/dining area in a square did not display additional supportive signage to guide and support people with orientation to various parts of the unit. During the morning and lunch time there was music playing in the lounge/dining room area as well as a television on at the same time. This meant it was difficult for people to hear either clearly. However, staff were present in the communal areas at all times to assist people with their needs. One person was receiving one to one support from a carer at all times to ensure their needs were met. The first floor unit provided residential care support for people.

People were asked for their consent to care being provided. There were signed consent forms in people's care files. Staff had received training in the Mental Capacity Act 2005 (MCA) and although staff demonstrated a good knowledge of people's needs and told us how they cared for each individual, some staff were not clear on the legislation laid down in the MCA. However, staff were aware of people's rights to make decisions for themselves and told us of situations where they had facilitated people's wishes and choices where possible. For example, what time people wished to go to bed at night or get up in the morning and when people wished to go outside or take part in an activity. Staff told us they always sought the consent of people before providing care and support. The manager had a clear understanding of the MCA and knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. There was evidence of capacity assessments and best interest meetings having taken place to support specific decision making for some people. The manager told us staff knowledge of the MCA legislation would be addressed at supervision with individual members of staff.

The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant . The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements.

Following the inspection the manager sent us training records relating to each member of staff. This record enabled the manager to easily see when staff had attended specific training and when this would be due for updating. Staff told us the majority of the training they received was in the form of e-learning, some did not find this method of training helpful and had not retained the information following the course. The manager told us they were addressing the different ways people could be provided with training to ensure they met the learning needs of all staff. Staff had attended training in safeguarding adults, infection control and medicine administration. Staff had also undertaken a variety of further training related to

Good

Is the service effective?

people's specific care needs, such as dementia care and end of life care. In the hall a white board displayed various training that had been arranged and showed the names of staff who were due to attend the session. This meant staff were supported to gain knowledge and skills that helped support people's individual needs.

From staff files we were able to see there was an induction programme and support provided for all new staff. Staff shadowed experienced staff until they felt confident to work alone. There was a programme of supervision for staff at the home. Staff told us; "It can be a bit hit and miss but we do get supervision" and "Yes I get it (supervision) regularly, we have a chat about training it's good." Staff told us they were able to access management support when needed. The senior carers had the responsibility of providing regular supervision for the care staff. The senior care staff were provided with supervision by the manager. Appraisals were offered annually to staff. Appraisals are an effective process whereby the manager can spend protected time with staff to give them feedback on their performance throughout the year and identify training or career progression.

Each unit had its own kitchenette providing hot drinks and snacks for people throughout the day. The main kitchen cooked meals for people which were delivered to both units. People told us they were happy with the meals. They told us; "The meals are lovely" and "The food here is good." One family told us whose relative chose to eat their meals in their own room told us "The food is often not as hot as it should be when it reaches (the person) it is a shame." People's needs to remain well hydrated had been considered and there were drinks available for people in their rooms, in corridors and in the lounge areas. In the dining areas of both units the tables were prepared with table cloths, cutlery and condiments along with floral table decorations. There were menus available on the tables to prompt people to recall what was available at the meal. There were choices offered at meal times. Upstairs, people told us the dining experience was not rushed and very relaxed. People on this unit did not require any other support at lunch time other than their meals being served. Downstairs, people required more support with their meals. We saw this was provided by staff who sat with people in a calm manner. People told us; "My food is always hot by the time it gets to me." Some people preferred to eat in their rooms and we saw trays were prepared and provided for people. In the morning we saw people had been provided with fresh fruit, cereal and toast. The cereal had been provided in a bowl with a separate jug of milk. This meant the person could add the milk to their cereal when they were ready to eat it and it would not become soggy.

Care records evidenced the on-going involvement of community health professionals. People could choose which GP they saw from two local practices. We saw the practice nurse from a local practice had visited to give people the treatment they required. People saw chiropodists and other external practitioners as needed. We were told by a staff member; "(the person) gets on very well with the community matron, the relationship has been very useful and supportive to us all."

Good

Is the service caring?

Our findings

People told us “I am happy here the staff are lovely” and “I alright here no complaints, they (staff) are kind.” People, staff, visitors and external healthcare professionals all told us staff were very kind and attentive to people’s needs at the home.

Some families raised concerns about the laundry service provided to their family member at the service. We were told there had been a concern regarding the ironing of some people’s clothing. At the time of this inspection the laundry was not staffed as the two laundry staff were both on leave. There were bags of soiled laundry waiting to be washed both in the machines and upon the floor of the laundry. The manager told us care staff and night staff provided laundry services during the laundry staff absence. People were dressed in clothing that had been ironed at the time of the inspection.

Despite some concerns with low staff ratios in the recent past, people told us they were satisfied with the care provided and the manner in which it was given. Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer a good service to people. Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. Relatives told us; “I am happy with the care my mother receives” and “This is a lovely home, don’t detect any offensive odours.” They told us they were involved in the care and treatment of their relative. We saw families and pets arrive to visit people at the service. During the inspection we saw staff assisted families to dress people warmly in wheelchairs so that families could take them out in to the town for lunch. Families told us they felt their views were sought and were acted upon and they felt listened to.

Staff were respectful and protected people’s privacy. Staff ensured doors and curtains were closed when providing personal care to people. People’s bedrooms had been personalised with their own belongings, such a furniture, photographs and ornaments to help people to feel at home.

One person who had been sleeping in a chair in the lounge, had clothing that had risen up and was exposing their upper legs. Staff passing by noticed this had happened and carefully pulled the clothing back down to cover the person without disturbing them. This showed staff were aware of the need to protect people’s dignity.

Staff were heard speaking calmly and quietly to people before providing them with support. Staff assisted people in a sensitive and reassuring manner throughout the inspection. People were dressed in clean clothing and appeared well cared for. Some women wore jewellery and make up and had their nails painted. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided.

Staff had been provided with training to help ensure they were aware of how to care of a person at the end of their life and ensure their wishes are respected. Staff were encouraged to spend time with people at the end of their lives and provide support to them and their families. The service had a visiting chaplain three mornings a week. They offered support to people, their families and staff regarding people’s wishes around end of life care and support.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received from staff. Some people required equipment to be used by staff to help ensure they were moved and handled in a safe manner. Some people required a hoist for this purpose. We saw hoists and slings in the corridors of the home, the slings did not have people's names clearly marked upon them. We asked staff and the manager if slings were communally shared. We were told that at the time of the inspection slings were being shared. However, the manager agreed this was not acceptable and an appropriate sling for each person would be named and used for their sole use only in the future. The manager was confident the service already had sufficient numbers of slings to allocate to each named person who required this equipment, and if necessary further slings would be ordered.

The care files contained daily care records completed by care staff following the provision of care and support. These records contained details of tasks that had been carried out by staff and did not contain details of how the person spent their time socially. This meant the service could not monitor if people's social and emotional needs were being met.

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. We saw people's preferences were clearly recorded in their own care file. For example, one person had been assessed as having lost weight and was in need of encouraging with their food intake. Their care file it stated; "Does like a boiled egg and weetabix with sugar" and "likes tea with sugar." This meant staff were able to tempt the person to eat with food and drink they knew the person would accept. In other files it clearly guided and informed staff how and when people wished to have their care provided. For example, we saw in one file; "Prefers to get up at 7.30." We saw from the daily care notes this was respected and carried out by care staff.

Care plans were held in wall mounted boxes in each person's room. The files were large and contained a great deal of past and present information relating to the person. The files were not indexed. This meant it was always easy for staff to access current information. However, the care plans were informative and personalised to the individual and gave clear details for staff about each person's specific needs and how they wished their care to be provided.

These plans were regularly monitored and updated to reflect any changes in the person's needs. For example, one person's file stated they had lost weight due to having suffered from a temporary illness, so their weight should be checked and monitored regularly. We saw this had been carried out and the person had gained weight. People who were able, and/or their families and representatives were involved in their own care plans and subsequent reviews. One family told us; "We are involved in the care plan for my relative."

A further care file stated the person needed to have their position changed regularly in order to prevent pressure damage to their skin. There were re-positioning records in place in this person's care file. However, the records had not always been completed each time this support had been provided. For example, records for the 15 and 16 February 2015 showed gaps between lunch time and the early evening when it had not been recorded if the person had been re-positioned. Staff told us "Sometimes we forget to write in the records, but we always move (the person) as we have been advised to." We checked on the care provided for this person with external healthcare professionals who visited regularly. They told us their skin was intact and had improved considerably due to the care and support provided by staff at the service.

The service audited care files on a regular basis. The manager had a chart showing which care files had been audited and when others were due. These audits had identified some areas of specific care files that required action. A date for this action had been set and was then reviewed. For example, it had been noted that staff were not completing topical cream records when it had been applied. This specific concern had been noted at this inspection. An action had been set to improve staff recording of care provided which was due for review on the 22 February 2015. This showed the service was striving to improve the service it provided.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and

friends. Recording the life history of a person, who is not always able to communicate effectively with staff, is important as it helped ensure staff would be able to initiate relevant conversations with individual people.

Good

Is the service responsive?

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. Some people who lived at the service went out independently most days to the nearby town centre. This was encouraged by the staff at the service. A person had recently fallen in the front drive of the service while out walking alone. We were told this was a trip and the person was regularly reviewed to ensure they continued to remain able to manage their own safety unaccompanied. This showed the service was responding to people's wishes, whilst balancing the risks associated with encouraging a person's independence.

The service had an activities co-ordinator who co-ordinated a varied programme of activities for people at the service. These events were advertised on regular flyers delivered to people's rooms for them to refer to. People could take part in growing seeds in seed boxes, musical sessions from visiting musicians and exercise sessions. People told us; "Keep fit and dancing is good," "I have a jigsaw on the go over there at the moment, we all do it" and "We go out in the sunshine, lovely garden here."

Good

Is the service well-led?

Our findings

Families and people living at the service told us there had been a period when the service had been without "obvious leadership" for the past few months since the registered manager retired.

There was a consistent view from families that the home was emerging from a 'difficult period' to the current situation which had 'improved considerably'. The new manager had been in post since the 12 January 2015. The manager told us they had been well supported with an induction programme when they joined the service and had continued to benefit from continued support from the provider. The provider supported the manager to monitor the service provided.

The senior care staff had divided up the duties of the registered manager between them such as supervision and appraisal of staff and auditing the service provided. Although the seniors managed the whole service between them for some months this had led to some challenges for people and staff regarding the identification of the person who was leading on a certain issue. It was not always clear who was the decision maker in specific situations. Comments included; "There have been some staffing issues and it has sometimes been difficult to know who was in charge," and "Communication between staff has not been great, we had spent some time discussing how (the person) wished to be cared for and then the staff changed and the new staff did not seem to know what had been agreed, but its better now the new manager is in."

Care staff told us; "Seniors don't help when we are short, it's really busy with just three (carers) on" and "The seniors don't provide care." There was a senior carer on each shift whose responsibility was to administer medicines, meet with visiting professionals and families and monitor the running of the home. We were told senior carers did not provide care. Care staff had found this challenging during shifts with low staff numbers. This was discussed with the manager who told us that along with the recruitment of new care staff, the role of the senior carers was high on their list of priorities. The manager agreed that when care staff were under pressure senior care staff would provide care to people and the role of the senior carers would be different in the future.

During our inspection it was identified that two laundry staff were both on leave at the same time and this had led to there being no staff available to work in the laundry on the day of this inspection. The manager admitted granting both laundry staff leave at the same time was an error. However, the manager told us relevant staff had been given the responsibility of ensuring people's laundry was cleaned, ironed and returned to them in a timely manner, and this would be monitored by the manager.

The home sought the views and experiences of people who used the service, their families and friends. Annual surveys were carried out by an external agency. The manager was about to analyse the findings of the 2014 survey which had been recently made available to her by the external agency. There were 'continuous improvement' forms available in the entrance of the service, to encourage feedback from visiting families and professionals. Any compliments or concerns raised were recorded and actioned accordingly. The service had a complaints procedure, which was available in service user packs. This had been updated since the inspection with 'Who else to complain to' information, to support people who may wish to raise any concerns they may have with agencies outside of the service. Resident/relatives meeting also took place to seek the views and experiences of people who lived at, and visited, the service. The manager had commenced 'pop in' sessions on Saturdays once a month to help working families and friends access to the manager if needed. Staff surveys were carried out annually to seek the views and experiences of the staff.

Following the inspection the manager told us they were planning to increase the medicines audits to weekly to seek to address the issues identified during this inspection relating to gaps in the MAR. Furthermore, senior staff supervision would be used to address the specific issue relating to the requirement for two staff to sign handwritten transcribed medicines, to help reduce potential errors.

Care plans were regularly audited. Since the inspection had identified the issue of care files not being easy for staff to access relevant information when needed, indexes had been added to the front of care files to assist staff with finding relevant information. Further audits of cleaning schedules, refrigeration temperatures for both food and medicines fridges, and the maintenance of the home were regularly carried out. There was a programme of redecoration of the service including regular carpet

Good

Is the service well-led?

changes and re-painting of bedrooms. Equipment such as lifts, hoists and stand aids were regularly serviced to ensure they were safe to use. The service had maintenance staff to deal with any repairs in a timely way that were raised by staff and management. The service had an infection control lead would carried out regular audits of the cleanliness of the service.

All the above showed the manager was working to constantly monitor and improve the service provided.

The manager told us they had an 'open door' policy to encourage people and staff to express their views and share experiences. There was a mission statement clearly displayed in the front entrance of the service which stated the values of the service were to improve the quality of life for older people. Staff understood their role and good care provision was important to them. Daily staff handover provided each shift with a clear picture of each person at the service. The staff were aware of how to access the policies and procedures held by the service. Staff told us they felt well supported by the new manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. The proper and safe management of medicines 12 (g)