Cornelius House Limited

Cornelius House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 16 November 2016 and was unannounced. Cornelius House is a care home for up to 20 older people who do not have nursing needs. The home is a large Victorian property with a garden in the village of Fishbourne. There were 16 people in residence on the day of the inspection.

The home has a registered manager who has been in post for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People and their relatives spoke highly of the care provided at Cornelius House. We found some areas of practice that required improvement.

There was inconsistent practice with some staff who were not clear about how to administer medicines. This meant that people were put at risk of not receiving their medicines safely.

Recruitment systems were not robust. Not all staff records contained a full employment history and where some staff had gaps in employment there was no explanation on record for these gaps. This meant that the provider could not be assured that they were employing staff with all the satisfactory evidence in respect of their employment history.

Communication systems were not always effective. Leadership was inconsistent when senior staff were not on duty. One staff member told us, "There is not always someone to report to."

People told us they felt safe living at Cornelius House. One person said, "There is always someone around to ask if you need help." There were enough staff on duty to care for people safely and risks to people were assessed and managed effectively. Staff had a good understanding of safeguarding and their responsibilities with regard to maintaining people's safety.

Staff received the training and support they needed to be effective in their roles. People said they felt confident in the ability of staff to care for them. One person said, "They are very skilled and know how to provide care really well."

People told us they enjoyed the food and had plenty to eat and drink. One person told us "I have had good meals here and there is enough choice. So far I have always found something I like."

People were supported to access health services when they needed them and staff were proactive in seeking help and advice. One person said, "If I need a doctor I know the staff will call them in immediately."

People spoke highly of the caring attitude of the staff. Their comments included, "The staff are all lovely, it feels really homely here," and "They couldn't do any more for you then they do." Staff were kind and caring

in their approach and treated people with respect. People were included in developing their care plans and staff supported them to remain as independent as possible.

People received personalised care that was responsive to their needs. One person said, "The staff know what is important to me and how I like to spend my time." Staff demonstrated that they knew people well and understood their wishes. People were supported to follow their interests and they told us that they had enough to occupy them at Cornelius House and that they enjoyed the activities that were organised.

People and staff spoke highly of the management at the home and said that the registered manager was approachable. People knew how to make complaints if they needed to and the registered manager took appropriate actions to address their concerns.

There were systems and processes in place to monitor the quality of care provided. The registered manager used this information to drive improvements in the service. Staff and people were encouraged to give their views on developments at the home.

Staff had developed links with the local community and the registered manager and deputy manager were committed to making improvements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed safely.

Staff recruitment procedures were not always robust. There were enough staff on duty to keep people safe.

Risks were assessed and managed. Incidents and accidents were recorded and monitored. Staff had a clear understanding of how to safeguard people.

Is the service effective?

Good

The service was effective.

Staff received that training and support they needed to care for people.

Staff understood their responsibilities with regard to the MCA.

People received the food and drink that they needed and were supported to access health care services.

Is the service caring?

Good

The staff were caring.

Staff knew people well and had developed positive relationships with them.

People were asked about their views and were involved in developing their care plans.

Staff treated people with respect and ensured peoples dignity and privacy was protected.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and their care plans

reflected their views and wishes.

People were supported to follow their interests.

People knew how to make a complaint and felt comfortable to do so.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Leadership and accountability were unclear when senior staff were not on duty.

There was some duplication of information and communication systems were not effective.

Quality assurance systems were effective in driving improvements.

Cornelius House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 16 November 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used the information we reviewed to ensure we were addressing relevant areas during the inspection.

We spoke to 11 people who use the service and one visitor and a relative. We interviewed five members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records for five people and other documents such as safeguarding, incident and accident records, medicine records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes

At the last inspection of 25 July 2014 there were no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Cornelius House. One person said, "Sometimes the carers come into my room and they joke saying,' we are keeping an eye on you.' It makes me feel safe." Another person said, "There is always someone around to ask if you need help." Despite these positive comments we found some aspects of care that required improvement.

The provider had a medication policy and staff had received training in how to give medicines safely. Staff were assessed to ensure they were competent to give medicines to people. We observed staff giving people their medicine and looked at Medication Administration Records (MAR) charts. We found that some staff practice was not consistent with the medication policy and this meant that people were at risk of not receiving their medicines safely.

Some people were due to have medicines administered at mid-day. The staff member who was allocated to undertake this task was not aware that people were due to have their medicines at this time and it was only when the inspector checked with the registered manager that this was rectified. The staff member said that they were unaware that the time the medicines were due had been changed. We noted that the change of time had been clearly recorded on the persons MAR chart and clear instructions for staff were written in the staff handover book. The staff member told us that they had not read the handover book and were therefore not aware of this change. Some of the medicines that were due to be administered were for pain relief. This meant that people were at risk of not receiving the medicines they needed on time.

Some medicines required two members of staff to administer and sign the MAR chart. However not all staff were aware of this and they told us that they were unclear about the medicines policy. This meant that people were at risk of not receiving their medicines safely.

One person administered their own medicines. There was no risk assessment in place to ensure that they had the support they needed to manage their own medicines safely.

Medicines were stored securely. Guidance from the Royal Pharmaceutical Society of Great Britain (RPSGB) states that "Medicines need to be stored so that the products are not damaged by heat," this is because changes in temperature can affect the efficacy of the medicine. Temperatures were not being monitored consistently to ensure that medicines were kept within the required temperature range.

Staff who were assessed as being competent to administer medicines were required to provide a sample of their signature so that MAR charts could be audited in the event of any errors. We noted that not all signatures for staff who were signing MAR charts were included on the sample sheet. This had been noted previously in an audit undertaken by the pharmacist.

Some staff had received recent training in administering medicines. Where errors in administration of medicines had occurred the registered manager or the deputy investigated the error. They told us that they provided additional support and training for staff when errors had occurred to ensure they were aware of

correct procedures.

Inconsistencies in management of medicines put people at risk of not receiving their medicines safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a robust recruitment procedure to ensure that they employed staff who were suitable to work with people. This included an interview process, gaining proof of identity, obtaining references and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Part of the recruitment process included gaining a full employment history together with a satisfactory explanation for any gaps in employment. Not all staff records contained a full employment history and where some staff had gaps in employment there was no explanation on record for these gaps. This meant that the provider could not be assured that they were employing staff with all the satisfactory evidence in respect of their employment history. This is an area of practice that needs to improve.

People told us that there were enough staff on duty. One person said, "The staffing level is good here, there's plenty of help if you need it." A visiting relative said, "I come every day and there is always someone around and the call bells get answered promptly." We observed that people we spoke with had call bells within reach to summon help if they needed to and call bells were answered promptly throughout the day of the inspection. One person said, "I don't use my bell often but they (staff) do come quickly if I ring." The staff rota showed that staffing levels were maintained consistently every day. The rota was arranged by the administrator who explained that the registered manager and deputy were both very hands-on and would work alongside care staff if they were short of staff. Staff told us that it was important to maintain continuity for people living at Cornelius House and that they would, "pull together" to ensure all shifts were covered. One staff member said, "Staffing is excellent, I haven't worked one shift were there hasn't been enough staff." Our observations confirmed that there were enough staff on duty to care for people safely.

Staff had a clear understanding of their responsibilities with regard to safeguarding people from avoidable harm or abuse. They were able to describe how they would recognise signs of abuse and what actions they would take if they had any concerns. One staff member said, "I would report it to a manager straight away." Another staff member told us, "If I was worried and the manager wasn't here I would speak to someone else, the owner, or CQC." A third staff member said "I would go to the manager or the owner, or speak to social services." Records confirmed that safeguarding incidents had been reported appropriately and actions were taken to reduce risks to people.

Risks to people were identified and assessed. One person told us, "I used to have a shower on my own but I am quite shaky on my legs now so the staff always come to help me so I don't fall." Care plans provided clear guidance for staff in how to manage risks. For example, one person had been assessed as at high risk of falls. The risk assessment identified possible triggers that might result in falls and detailed actions that staff should take. This included placing a pressure mat in front of the person to alert staff if they tried to stand up when unattended. A clear manual handling plan was in place detailing the equipment that staff needed to support the person with mobilising. We observed staff helping this person to transfer from their chair to a wheelchair and noted that staff followed the care plan when undertaking this manoeuvre.

Environmental risks were identified and managed. Equipment was kept clean and well maintained. Staff completed cleaning schedules to ensure all areas of the home were maintained in a sanitary condition. A fire risk assessment had been completed and each person had an individual personal evacuation plan (PEEP) to support staff in the event of an emergency evacuation of the building.

Incidents and accidents were logged and overseen by the registered manager to ensure that actions were taken to reduce the risk of a further occurrence. For example, when a person fell the details of the accident were recorded and it was noted that they were not wearing appropriate footwear at the time. Action was taken to ensure that supportive slippers or shoes were always available and the person's care plan was amended to include this. We observed that this person was wearing suitable footwear when mobilising on the day of the inspection.

Good

Is the service effective?

Our findings

People told us that they had confidence in the staff. One person said, "They are all very good and know what they are doing." People told us that they felt staff were well trained and knew how to care for them. One person said, "The staff are excellent, they know exactly what to do," another person said, "They are very skilled and know how to provide care really well."

Staff told us they had opportunities to undertake training that was relevant to the needs of the people they were caring for. One staff member said, "The training is brilliant, we recently had care plan training and I have completed the care certificate and an NVQ level 2." The registered manager told us that all staff were expected to complete the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Records confirmed that staff had undertaken a wide range of training. One staff member told us that they had undertaken training during their probationary period when first starting work at Cornelius House. They said, "I had a thorough induction and I have received enough training to do my job well."

Staff told us they felt well supported in their roles and records confirmed that staff had regular supervision meetings with a manager. Supervision can be a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided staff with the opportunity to raise any concerns or discuss practice issues. Staff told us their professional development had been discussed with them. One staff member said, "I have spoken to the manager about going higher, they are supportive and encourage staff to do well." The deputy manager told us that professional development was important at the home and showed us a manager's development plan that included formal training courses as well as managers forums and links with other professionals.

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 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 or authorisations to deprive a person of their liberty were being met.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and we observed staff gaining consent from people before providing care. A staff member told us, "People's capacity can change from day to day, we have to make sure we are giving them the choice." Staff were aware of the significance of ensuring that people's freedom was not restricted. One staff member said, "People are able to come and go as they please here." Another staff member spoke about the use of a pressure mat and bed rails, they explained, "Sometimes we have to use restrictive practices to keep people safe, as long as they have capacity to

consent then we can do so." Care records showed that people's capacity to consent had been considered. Nobody at the home was subject to a DoLS authorisation at the time of the inspection.

People told us they enjoyed the food at Cornelius House. The menu included a choice between two hot meals at lunchtime and either hot food or sandwiches for the evening meal. One person told us, "I have had good meals here and there is enough choice. So far I have always found something I like." Another person said, "The food is ok. I am not a vegetable lover and they tend to serve plenty here. They are now offering a cooked breakfast at the weekend which I enjoy." Staff told us that people were able to choose their lunch and supper menu each day in the morning. The chef asked people what they would like. The chef told us there was a board in the kitchen with details of people's particular likes and dislikes. They told us, "There is a menu plan but if people would like something different that's ok. I think it's really important that we offer people what they want."

We observed the lunchtime meal. Seven people were eating in the dining room. Other people had lunch in their bedroom. One person said, "You get a choice on going to the dining room, I prefer to eat mine here. Staff would take me through in the wheelchair if I wanted to though." Another person said, "A lot of people eat in their rooms but I prefer to come to the dining room as it is nice to meet up with other people." We heard care staff asking people where they would like to sit. Staff served the food and offered people a choice of wine or juice with their meals. The food looked appetising and portion sizes were large. Staff were attentive and ensured that people had everything they needed including, sauces, napkins and condiments. Staff left people to eat uninterrupted but popped back regularly to check how they were managing. One person had not eaten their food and a staff member noticed and offered them something else to eat. There was a pleasant, sociable atmosphere with people chatting to each other. People told us they enjoyed the meal.

Nutritional and hydration needs and risks were identified and assessed. Some people required a pureed diet. We observed a staff member assisting one person to eat their pureed meal. They explained what the food was and offered a drink with the food. The staff member chatted to the person and was patient and encouraging when assisting them to eat. Staff told us about three people who were having their food and fluids monitored. A staff member said, "If we are concerned that people are losing weight we put food and fluid charts in place so that we keep a close eye on what people are eating." Care records showed that people's weights were monitored on a monthly basis and referrals were made to the GP if people's weight continued to drop. For example one person had been prescribed a dietary supplement as a result of weight loss and this had helped them to maintain their weight.

People were supported to access the health care services that they needed. One person said, "I am going to the dentist today for a routine check-up." A staff member was allocated to go with them in the car. A visitor told us, "Staff were really helpful when my relative had to go to a hospital appointment. Staff took her in the car and had a wheelchair all ready. It was a very smooth process, really helpful." Care records confirmed that people had access to a range of health care services. One person had regular visits from the district nurse, another had been checked by their GP following a fall. Some people were supported to attend appointments with an optician and another with an audiologist to replace their hearing aid. People told us that staff were helpful and proactive in ensuring they received the health care support they needed. One person said, "If I need a doctor I know the staff will call them in immediately."

Good

Is the service caring?

Our findings

People spoke highly of the caring attitude of the staff. Their comments included, "The staff are all lovely, it feels really homely here," and "They couldn't do any more for you then they do." Staff had developed positive relationships with the people they were looking after and were knowledgeable about them. Staff spoke positively about the people they were caring for and were able to describe people and their needs. One staff member said, "We get to know people very well and can recognise their moods." They went on to tell us about a particular person saying, "They don't always like doing things for themselves but I know how to encourage them, I use humour and tell them it's important to maintain their independence, we have a laugh together."

Staff were observed spending time with people throughout the inspection. They were polite and warm in their approach. We noted that staff were aware of the way people preferred to be addressed, using their chosen name. These details were contained within care plans.

Staff took time to chat to people, to ask their opinion and to listen to people's answer. For example, a staff member sat down with someone to have a cup of tea with them. They were soon chatting about the tennis match on the television. Another staff member was talking quietly to someone who they felt was low in mood. They knelt next to them and spoke quietly to maintain their privacy and used gentle touch to reassure the person who was upset. The person clearly appreciated the caring and sensitive approach of the staff member.

People told us they felt their views were listened to and they were involved in decisions about their care. One person said, "Staff always ask me how I would like things to be done." Care plans were reviewed regularly and people had signed to say they agreed with the content of the care plan. One person said, "They keep it up to date and I have to sign it to say I agree." People told us that they could bring their own furniture and personal belongings to the home if they wished and we saw that many people had done so.

People were supported to maintain their independence. One person said, "I like to do things for myself but I have to have some help, the staff know what I can do and let me do it." A staff member said, "We really encourage people to do as much as they can for themselves, even though it takes longer, whether it's brushing their own teeth, walking, it doesn't matter how long it takes." Another staff member said, "Even though someone's ability is going they can still do certain things, it's important that people do little things for themselves." People told us that staff helped them to maintain control by supporting them to remain independent. One person said, "I want to do what I can for as long as possible."

Confidential information was kept securely and staff had a good understanding of how to protect peoples' privacy. One staff member said, "We never discuss confidential things in front of people or relatives." People told us that they were confident that their privacy was maintained. One person said, "I never hear staff tittle-tattling about other people."

People said that their dignity was respected. One person said, "The staff are all very respectful." Another

person told us that they disliked having to be use a wheel chair, saying, "I hate going in those things." We observed a staff member supporting them to mobilise at lunchtime. They took care to ensure that they gave clear instructions and checked that the person had heard what was said to them by making eye contact. They used gentle encouragement, praise and smiles to reassure the person. The staff member was very patient and gave them time to complete the manoeuvre safely even though it took a considerable time for them to walk across the room. This showed that staff understood the person's wish to maintain their dignity by continuing to mobilise independently.

People told us there were no restrictions on visitors. A visitor told us that staff always made them feel welcome.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One service user said, "The staff know what is important to me and how I like to spend my time."

People's needs were assessed before coming to live at Cornelius House and care plans were devised from information gained from these assessments. People's needs were reviewed regularly and risk assessments and care plans were updated following any changes in people's needs. For example, one person's care plan contained details about their need to wear glasses. However a subsequent review noted that the person no longer wished to wear their glasses and the care plan was amended accordingly. Staff told us that changes to peoples' care happened frequently and they were informed about such changes by reading a message book that sign posted staff to the relevant updated care plan. We saw other examples in the message book, including a note regarding introduction of food and fluid charts for one person and a notification for staff about an incident that had occurred with another person.

Staff were proactive when supporting people with changes in their needs. One person was having difficulty mobilising. Their care plan reflected that their mobility was variable and guided staff to judge how much assistance was required at each manoeuvre. We noted that staff were following the care plan. One staff member was able to support the person to transfer from sitting to standing but another care worker was on hand with a wheelchair, to provide additional support if needed.
Another person was living with a serious illness. The registered manager had been working with the local hospice to ensure they had equipment and medicines in place, together with an emergency protocol for staff to follow, in the event of deterioration in the person's condition. This showed that staff were proactive in anticipating people's needs.

Care plans contained details about people's personal background and history. They were holistic and covered a range of physical, psychological and emotional needs, including spiritual needs. During the inspection, a visiting clergyman conducted a short service in the lounge and we heard staff inviting people to join in. Some people were keen to do so, others chose not to.

We asked staff how they ensured that people received person centred care. One staff member said, "The care plans are very informative, they tell you everything." Another staff member said, "I look in the care plan, often when we are writing up notes and the end of the morning we get a chance to read through and find out about new people." A third staff member said, "I ask people and check how they like things done." Staff were able to tell us about specific things that were important to people they cared for. One example given was of a person who particularly enjoyed a bath. We noted that this was reflected in their care plan which stated 'Very important - loves the bath. Bath hoist to be used.' A staff member told us about a person who had been recently bereaved. They told us that they needed a lot of additional support at the moment. During the inspection we saw staff sitting quietly with the person while they spoke about their recent loss.

People told us they had enough to occupy them at Cornelius House and that they enjoyed the activities that were organised. The home had a dedicated activities co-ordinator and we saw that there was a variety of

events arranged with external entertainers. In addition to this people told us that they enjoyed one to one time with staff. One person said, "I enjoy the music events and they are just starting to teach me to use an IPad ." Another person said, "They certainly try to put on activities and keep us amused,"and a third person said, "They give me a list of activities but I don't always go down, I like my TV here." People told us that they were able to choose how they spent their time, we saw people reading newspapers and watching TV in the lounge area as well as spending time in they own rooms. We noted that the home had books, magazines and board games available and staff were seen talking to people about what they were doing. One person told us they enjoyed watching wild birds and that staff had put a bird feeder near the window, staff said this was a source of interest and conversation for people. One person preferred to spend most of their time in their bedroom and declined to attend organised activities. Staff told us they spent time with them every day and this was noted in their care record as a way of reducing social isolation.

Staff were able to describe people's interests. For example, one staff member told us about a person who especially enjoyed music and dancing. They said, "They love music and a party, they will always join in if there's a music session happening." We saw that this was noted in their care plan. The care record for this person included a log of activities that showed numerous examples where they had enjoyed music and had taken part in singing and dancing. Another staff member told us about a person had a particular love of flowers. We saw that their care plan noted this. Staff said they liked to spend time talking about their favourite flowers and that flower arranging was now included in the activity programme.

People told us they knew how to make a complaint and would feel comfortable to do so. One person said, "I would speak to the manager or one of her colleagues. They are all very approachable." A visiting relative told us, "I had to raise a concern with the manager once. She was very approachable and really listened to what I had to say." Complaints were logged and dated and included details of actions that were taken and how the matters were resolved. The registered manager said that although they rarely received complaints, feedback was encouraged and welcomed.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and staff spoke positively about the home and told us that it was well- run. One person said, "The manager is so nice, she never gets ruffled and is very calm and approachable." People were aware of who the registered manager was and spoke highly of them and the deputy manager. Staff were also positive about the management of the home. One staff member said, "The management here is excellent."

Despite these positive comments we found some areas of practice that needed to improve. Staff told us that when the registered manager and the deputy were not on duty there was nobody in charge. This meant that staff were not always clear about accountability and responsibility. One staff member said, "If there are no managers on duty it can be difficult because nobody really takes charge. We can phone them but that's not the same." Another commented, "There is not always someone to report to, it would be good if we had some more senior staff." We asked the registered manager about support for staff when senior staff were not on duty. They told us that whilst there was always a manager available on the telephone they recognised that having no shift leader could cause a problem. They told us that this was an issue they were looking into. This is an area of practice that needs to improve.

Some communication systems were not always effective. Staff told us that information was usually handed over between staff via a communication book, there was also a handover sheet for staff and a diary. Changes were also documented in people's care records. This meant that staff would need to check a variety of sources about any changes that had occurred since they were last on duty to be sure that they had all the information they needed. We noted that during the inspection a staff member had missed important information about a change to a care plan because they had not read the communication book. There was no system in place to ensure that all staff had read the information as required so the registered manager could not be assured that staff were properly informed. This is an area of practice that needs to improve.

There were a number of monitoring systems in place including regular audits. Medicines had been audited by an external pharmacist, and the local authority had undertaken a food hygiene audit. A care plan audit included checks that all relevant risk assessments had been completed and updated and that information in care plans remained current.

Action plans had been produced following audits which demonstrated how the registered manager used this information to drive improvements. For example an audit of staff training had been completed and an action plan was developed, with clear timescales for completing tasks. This included developing a training matrix to identify when staff were due to refresh training. This enabled the registered manager to prioritise specific training so they could be assured that staff knowledge was up to date.

Incidents and accidents were monitored to identify patterns and trends. Care plans were reviewed and additional training had been provided in, for example, falls prevention and medication administration following recorded incidents.

The provider undertook a quality assurance questionnaire to gain feedback from people and their relatives. The response rate was high with 88% of people contributing their feedback. Responses were very positive with people rating their service as good or excellent. The deputy manager said that suggestions in people's responses included additions to the activities programme and these were being taken forward by the activities co-ordinator.

Staff had developed good links with the local community including another local care home, health and social care professionals, a hospice and local groups who visited and provided entertainment. We asked the registered manager and deputy how they kept abreast of current good practice and industry changes. They explained that they attended a manager's forum, and used professional links and training opportunities to network with other similar providers. The registered manager told us that the provider was supportive and visited the home regularly.

Staff told us that their ideas were welcomed by the managers at the home. One staff member said, "I was asked about what I thought of the way the home is run and if I had any ideas, they are keen to move with the times." The registered manager said that staff meetings were not held frequently but when they had them they were well attended and staff were able to contribute their ideas. Notes from staff meetings confirmed this. Resident and relatives meetings were also held and people we spoke with were aware that one was planned for the coming week. We asked people if they felt their views on developments at the home were welcomed. People said they were confident that their views were considered. One person said, "We are going to mention supper time at the meeting, we think it is too early at 5.30pm, we thought it would be better to have it a bit later so we are going to raise it at the meeting on Sunday."

The registered manager and the deputy had a clear awareness of the culture of the home and spoke candidly about challenges that they were facing. They demonstrated commitment and openness in their approach and recognised where improvements were needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Inconsistencies in management of medicines put people at risk of not receiving their medicines safely.