Heritage Care Limited

1 Devonshire Avenue

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

Overall summary

1 Devonshire Avenue provides accommodation and personal and nursing care for up to 20 people with learning disabilities and/or physical disabilities. The home consists of two separate houses on the same site, a larger house for 14 people and a smaller house for six people. 19 people, including two people receiving a respite care service, were living at the home at the time of our inspection. This was an unannounced inspection, carried out on 9 and 10 June 2015.

We last inspected the home on 2 and 3 April 2014. At that time it was not meeting one essential standard. We asked the provider to take action to make improvements in the area of the management of medicines. We received an action plan in which the provider told us about the actions they would take to meet the relevant legal requirements. During this inspection we found that action had been taken to address the issues previously raised. However we found other concerns with how medicines were managed. There was not a sufficient quantity of a type of 'as and when' required medicine

Summary of findings

available in case it was needed. Some items for use when medicines were being administered were not clean. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post at the time of our inspection. 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.

Systems were in place for the provider to make safeguarding referrals when needed so that they could be investigated. Staff supported people in a safe way. Risk assessments were completed regarding people's care. The building and equipment were safe.

There were enough staff present during our inspection to provide safe care. Robust recruitment checks were completed. Staff felt supported and had received an induction, supervision, appraisals and training.

The provider applied the principles of the Mental Capacity Act 2005. The registered manager understood their responsibility in relation to the Deprivation of Liberty Safeguards.

People were supported at mealtimes. Staff knew about people's eating and drinking needs. People were supported to maintain good health and referrals were made to health care professionals for additional support when needed.

Staff treated people in a kind and caring way. Staff respected people's dignity and privacy. People were involved in day to day decisions about their care. Staff knew people well and offered them choices and respected their decisions. People were supported to take part in social activities.

A complaints procedure was in place. Staff felt comfortable to speak with the registered manager if they had concerns. The registered manager was very approachable and knew people well who lived at the home.

There was a positive and open culture in the home. Systems were in place to monitor the service. However these had not always been effective. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not consistently safe.

Medicines were not always available for use if needed. Some items used when medicines were administered were not clean.

Staff told us they would report safeguarding concerns. Systems were in place for making safeguarding referrals.

People received support in a safe way. Risk assessments and guidance to manage risks were in place.

There were enough staff to provide care in a safe way.

Is the service effective?

Good

The service was effective.

Staff received induction, supervision, training and appraisals.

The service applied the principles of the Mental Capacity Act 2005.

People were supported to meet their nutritional needs.

Referrals were made to healthcare professionals for additional support when needed.

Is the service caring?

Good

The service was caring.

Staff were very kind and caring. Staff respected people's dignity and privacy.

Staff asked people about their preferences and respected people's choices.

People were involved in day to day decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and acted in a person-centred way.

People were supported to take part in activities.

A complaints procedure was in place and complaints were responded to. Staff told us they would report complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to monitor the safety and quality of the service, but these were not always effectively identifying and addressing risks.

Summary of findings

Staff felt listened to and were positive about the registered manager. The registered manager was very approachable.

1 Devonshire Avenue

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.

The inspection was unannounced and took place on 9 and 10 June 2015. 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 our inspection, we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to obtain their views about the care provided in the home.

We were unable to speak directly with many of the people who lived at the home during our inspection. We spoke with two people who lived at the home and four relatives. We also spoke with the registered manager, deputy manager, a nurse and two care staff.

We used the Short Observational Framework for Inspection (SOFI) during part of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support being delivered in communal areas at other times. We looked at relevant sections of the care records for five people, as well as a range of records relating to the running of the service including staff training records and audits.

Requires Improvement

Is the service safe?

Our findings

When we inspected the home on 2 and 3 April 2014 we found some concerns regarding how medicines were managed. This represented a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found during this inspection that action had been taken to address the concerns previously identified. For example, we saw that temperatures where medicines were stored were recorded and were within an acceptable range. We found that the medication administration record charts that were used to record when people had taken their medicines were completed appropriately.

However, we identified some other concerns regarding how medicines were managed. We saw that one person required oxygen to be available in case they needed it. There was one oxygen cylinder on the premises. The flowmeter had been left on and the oxygen cylinder was empty. This meant no oxygen would have been available if the person had needed it. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff immediately ordered a replacement cylinder when we raised this issue and it was on site within an hour.

The empty oxygen cylinder was dusty. We saw that an oxygen mask and tubing were attached to the cylinder. The mask was dirty and had been used. We asked the registered manager what the protocol was for cleaning and changing the mask and tubing. They told us that they did not have a protocol in place. We also saw that a tube for another person's inhaler device was dusty and had not been cleaned. This tube helped the person to take their medicine appropriately. There was no cleaning rota in place for this equipment. This meant staff had not taken all appropriate action to mitigate the risk to people and to ensure equipment was safe and suitable for use. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff cleaned it immediately when we raised this.

Staff told us they would take action if a medication error had been made. They also told us medicines were stored securely. We saw controlled drugs were stored within an appropriate cabinet. The stock had been checked weekly and recorded. However we noted four occasions when a drug for a person had been administered but only one staff member had signed the controlled drugs register. The administration was not recorded as being witnessed. This did not follow the policy of the provider. Staff told us they recorded the temperatures where medicines were stored. However there was no information available for staff on display about what they should do if the temperature was outside of the normal range, or what the normal range was.

Relatives told us their family members received their medicines on time. We observed medicines being administered during lunch. The registered manager had introduced a system where the nurse undertaking the medication round sometimes asked care staff members to give the medicines to people whilst they were supporting them at mealtimes. We saw a care staff member was shown the medication prescription and they agreed with the medicines to be given. The staff member then reported back to the nurse once the medication had been taken. The registered manager told us this was done for the benefit of people who lived at the home. They had plans for care staff to undertake training in medication administration to minimise risk. We also saw one person who had capacity, being left to take their medicine, but they were observed by another member of staff who reported once the medication had been taken. The registered manager told us that this person liked to take their medicines in their own time and if rushed was likely to refuse them. This was reflected in the care plan.

People living at the home raised no concerns regarding their safety. We observed that people were relaxed and staff respected their dignity. Relatives told us they felt their family members were safe. One relative said, "Absolutely." Another said, "Definitely." They told us they would speak with the registered manager if they had concerns. Staff we spoke with had a good understanding of what constituted abuse and told us they would report concerns. They told us they had completed safeguarding training. The provider had effective procedures for ensuring that any safeguarding concerns about people were appropriately reported. Referrals had been made to the local safeguarding team when appropriate. We saw a copy of the local multi-agency policy and procedures. The contact details for the local safeguarding team were also displayed near the reception area. This showed us people had access to information about how to raise concerns.

We observed staff supporting people in a safe way, for example, when supporting them using a hoist. A hoist is a

Requires Improvement

Is the service safe?

piece of equipment that is used to help people move, for instance, from one chair to another chair. We looked at some people's care records and saw they had individualised risk assessments in place and plans of care that provided guidance to staff. The registered manager told us risk assessments were reviewed regularly and we saw this was the case.

Relatives told us they felt the premises and equipment were safe. A relative said, "Well I think so now [regarding the safety of the premises]. It's lovely here." Staff told us they felt the building and equipment were safe and repairs were dealt with quickly. A staff member provided an example of how emergency lighting had broken in one room and a person came out within two hours. The deputy manager told us they called a helpline for the organisation who managed the contracts if action was required and they would send somebody out to fix the problem. Checks on the premises and equipment were completed. For example, we saw a gas safety certificate and records of portable appliance tests. We did not observe any safety concerns when we were in different areas of the premises.

Three relatives told us they felt there were enough staff. One of these relatives said, "Oh yes, definitely." Another said, "There always seems to be plenty of staff here." The fourth relative said, "Sometimes there is, sometimes there's not [enough staff]" but they also said "yes" regarding whether there were enough staff to provide care in a safe way.

We observed that there were enough staff present during our inspection. Staff told us they felt there were enough staff to provide safe care and cover was arranged, for example, when staff were unwell. However, one staff member also said more time would be available for activities if there were more staff. The registered manager told us that the home had a small number of vacancies that were in the process of being filled. They had been using an agency cook, but had recently offered posts to two applicants to fill the vacancies. The maintenance staff member and minibus driver post was also vacant. However applications had been received, which meant action was being taken. We saw staffing levels were monitored as part of the monthly audit of the service.

People's safety was promoted because staff recruitment processes were robust. Staff told us appropriate checks had been completed before they started working at the home. One staff member said, "They did check absolutely everything." The registered manager told us appropriate checks took place. We looked at two staff files and saw appropriate checks had been undertaken. We saw some gaps in employment on one application form without a written explanation provided. However, the registered manager provided an appropriate reason for the gaps and told us they routinely checked out the reasons for gaps in employment on application forms.

Good

Is the service effective?

Our findings

A relative said, “They’re [staff] very confident. They know what to do.” We observed that staff had the skills to support people effectively. For example, they knew how to support people when assisting them to move from one area to another area.

Staff we spoke with were knowledgeable about the people they cared for. They told us they had received an induction when they started working for the service. The registered manager told us an induction programme was in place that was based on the Skills for Care Common Induction Standards. We saw an induction record in a staff file that had been signed by the registered manager. This showed the induction had been completed. We saw information from a representative for the provider that stated that the provider would be introducing the new Care Certificate standards for new staff members.

Staff told us they felt they received enough training and could ask for more. One staff member said, “[Registered manager is] quite good for that.” We looked at two staff files and the training matrix and saw staff had received a lot of training on different subjects. Training had been discussed in staff meetings. The provider had a training department. A system was in place for identifying when training was due and for checking it had been completed.

Staff told us they received regular supervision and felt supported. One staff member said they could have supervision, “Whenever I like really.” The registered manager told us regular supervision took place. This was reflected in a staff file we saw and on the staff supervision matrix.

A staff member told us they had received an annual appraisal. The registered manager told us staff received annual appraisals and we saw an appraisal document that listed appraisals completed and booked.

A relative told us staff asked their family member’s permission when providing care. Relatives told us that staff respected their family members’ choices and did not act against their wishes. The provider applied the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff told us they had received MCA training and could explain the MCA to us. They told us they offered people choices and respected people’s decisions and we observed this was the case.

We saw most staff had completed MCA training and some training was planned. A MCA policy was in place. We saw care records included information about how best to communicate with people and information about the support staff should provide to help people make decisions, for example, by providing information in a simple way and giving people time. Mental capacity assessments had been undertaken on different subjects relating to people’s care and best interests decisions had been made when appropriate and were recorded within the care records.

The registered manager understood their responsibility in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager had submitted DoLS applications to the local DoLS team. A DoLS policy was in place.

Relatives told us their family members received enough to eat and drink and choices were available. One relative said the food was, “Excellent.” Another said, “I would imagine it’s good.”

We observed lunchtime in the larger house on the first day of our inspection. We saw people received enough to eat and drink. We saw staff offering encouragement. For example, a care staff member who was providing one to one support said, “Do you want to try a bit more?” People were supported to make their own choices about the food they ate. We observed staff explaining what the meal was to a person and checking whether they liked it. We saw a staff member offering different choices to another person. They showed them options and checked what they preferred. Some people had specialist equipment such as adapted beakers to assist them to drink more easily. We also observed lunchtime in the smaller house. We saw people who needed support were supported to eat. However, we did observe that one person experienced a significant delay in receiving their meal, and the reasons for this were unclear. We raised this issue with the registered manager.

Good

Is the service effective?

We observed staff offering drinks to people at different times during our visits and checking people's preferences. For example, we heard a staff member asking people if they wanted juice or squash and saying they would bring a selection so that people could pick. We heard staff offering a person a drink and saying they would try a chocolate milkshake but the person could always change their mind.

Staff we spoke with had a good understanding of people's nutritional needs. For example, they told us about people who had thickened drinks or required fortisip drinks. A staff member told us staff knew about what people liked and said choices were offered. They said, "They're always offered lots of different things." Staff and the registered manager told us representatives from different organisations had been involved in providing specialist input such as GPs, dieticians and speech and language therapists.

Relatives told us their family members could see a doctor when they needed to. One relative said, "They're very good at keeping us informed."

People were supported to maintain good health. Staff told us they would take action if they were concerned about people's health. They and the registered manager told us different healthcare professionals were involved in people's care and records confirmed this. For example, we saw in one record very clear information from a physiotherapist about how to assist a person to move. The registered manager told us Health Action Plans were in place. Health Action Plans are documents that contain information about people's health needs and appointments. We looked at two plans and information had been recorded. We saw one plan had been reviewed monthly. However, we saw for another that the section for recording when it was last checked did not have a recent date. This meant there could be a risk that it had not been checked regularly to ensure information was up-to-date. The registered manager told us the plan had been reviewed.

Good

Is the service caring?

Our findings

Relatives told us staff were kind and caring. One relative said, “Very much so.” Another said, “Certainly. That is very clear” and, “They’re very friendly.” Another said, “Some are more caring than others.” When we asked them for more information they said, “They’re caring” but told us some staff did not interact with their family member as much as other staff did.

We observed the care provided in communal areas at different times during our visits. We saw very positive interactions between people living at the home and staff. Staff treated people with kindness and compassion. They communicated with people in a very warm way and supported people at people’s own pace. We observed staff supporting people at people’s eye level. We also saw that the registered manager and deputy manager were very kind and caring when interacting with people and they knew people very well. We saw that the atmosphere within the home was relaxed.

We saw that staff acted to make people feel comfortable. For example, we saw that a person was feeling cold. A staff member asked them whether they wanted a blanket and brought it to them. We heard them say, “This one all right?” and, “Where would you like it?” After the person had the blanket in place the staff member said, “Is that better?” They also explained they had closed the windows in the corridor. We heard a staff member checking with a person that they were comfortable after they had supported them to change their position to eat their meal. We saw another person coughing. Staff responded straight away and said, “Are you all right” and, “Would you like a drink?” Another staff member told us how they recognised when people were feeling uncomfortable and responded to this. For example, they could recognise if a person was uncomfortable in their chair. A staff member told us a person liked music and they used music to help the person feel comfortable.

People were involved in day to day decisions about their care. We saw that staff explained to people what they were doing as they supported them. They offered people choices and respected people’s decisions. For example, we heard a staff member checking with a person where a person preferred to sit. Many people living at the home were unable to communicate using words. We saw that staff used different methods to seek people’s views, for example, showing them items to choose from. For instance, we heard a staff member asking people what drink they would prefer. They said they would bring a selection so that people could pick. We saw staff supporting a person to choose from different hats that they liked by showing them items. We saw staff recognised people’s preferences through people’s body language and sounds.

Staff also told us how they used different methods to understand people’s views, for example, one staff member told us how they looked at people’s facial expressions. They told us information about communication was in the care records. We saw guidance for staff in care records. We saw in one record how a person communicated using gestures and pointing and how choices should be explained in a simple way. The registered manager told us how the speech and language therapists were involved to help promote effective communication.

We saw that a person living at the home had signed to record how frequently they wished to be involved in reviewing their care plan. The registered manager told us how they had also gathered information from relatives and had tried to involve relatives in care planning. We saw in some care records that relatives had recorded if and how often they wished to be involved in reviewing the care plans for their family members. A relative told us they had been shown a file to read to check they were happy with the care. They told us staff “definitely” listened to them and their family member. Another relative also told us staff listened to them and their family member and they had been involved in reviewing the care.

Information about advocacy services was not on display in the home. Advocates are people who are independent of the service and who support people to make and communicate their wishes. The registered manager told us that a person who lived at the home had had the involvement of an IMCA (Independent Mental Capacity Advocate). An IMCA is a specific type of advocate introduced by the Mental Capacity Act 2005 (MCA). The MCA gives some people who lack capacity a right to receive support from an IMCA.

Relatives told us they felt their family members were treated with dignity and respect and staff respected their privacy. A relative said, “[Family member] always looks lovely.” We saw that staff respected people’s dignity and privacy. For example, we observed that one staff member discreetly pulled down a top that had risen on a person.

Good

Is the service caring?

The registered manager told us that the home had a dignity champion. A dignity champion is a person who promotes dignity issues and encourages good practice. Staff we spoke with had a good understanding of how they should support people in relation to their privacy and dignity and care records contained information about this.

A relative told us staff promoted their family member's independence. We saw that staff promoted people's independence. For example, we heard a staff member check with a person how much milk they wanted on their cereal. They said, "How much milk would you like? Do you want to do it?" We saw that the person living at the home poured the milk. A staff member told us how they assisted a person to have a shower and encouraged the person to do part of the activity whilst being available to support them when needed. We saw in a bathing/personal hygiene care plan for a person how the person liked to be involved in their care as much as possible and should be asked what they would like to do.

Relatives told us they could visit the home when they wished to. This was confirmed by staff.

Good

Is the service responsive?

Our findings

Relatives told us they felt staff knew their family members well. A relative said, "I think they do know [family member] very well." A relative told us that staff spoke with their family member about what was important to them and said, "They take note of [family member's] likes and dislikes." Relatives told us their family members received good care. One relative said, "[Family member] couldn't have found anywhere better for the care." Another relative said, "It's so nice here and I just trust the staff with [family member]." Another relative told us their family member was, "Very well cared for." Another relative also felt their family member was well cared for and said, "I feel happy to go home."

We saw that staff treated people as individuals and were very responsive to people's needs and preferences. A staff member we spoke with said, "Everyone is so different." A staff member said, "We do care for people individually." Staff had a good understanding of people's needs. They told us how they used different methods such as showing people different options to ascertain what people liked. For example, a staff member told us how they showed different clothes items to a person to seek the person's preferences about what they wanted to wear. They told us they also knew what was important to people by speaking with relatives and from information in the care records.

We saw people had care plans on different subjects such as mobility, bathing, pressure care, communication and eating and drinking that provided information about people's individual needs and preferences. We saw they were regularly reviewed. Changes had been made to records in between evaluations if people's care needs had changed. Information was also provided about people's likes and dislikes. For example, we saw one document about what a person liked regarding activities.

Relatives told us they felt enough activities took place. One relative said, "They're always doing things." Another relative told us they felt enough activities took place, but also said some staff members did not interact and engage in activities with their family member as much as some other staff did.

Staff had a good understanding of what people liked to do regarding activities. For example, a staff member told us how a person liked music. They said, "[Person] likes [their] music." A staff member told us that the activities that were provided were dependent on what people living at the home wanted to do at the time. A staff member said, "I think so" when we asked them whether there were enough activities, but they also said they thought more could be done. Another staff member said, "There's always something going on" and, "We do a lot" but also said, "but we could do a lot more probably."

Staff and the registered manager told us that different activities took place in the home such as arts and crafts, film nights, music and cooking sessions. They told us people also took part in activities in the local community such as shopping, trips to the nature reserve and visits to cafes. The deputy manager told us how staff had supported a person to visit their relative and staff told us about how people had gone on holiday. We heard one staff member speaking with a person about a holiday that was planned. We saw a newsletter that included information about different activities that had taken place and were planned. The home had its own minibus. However, a driver vacancy existed when we visited. The registered manager was in the process of filling the vacancy.

We heard staff asking people about what activities they wished to do and offering different choices. We observed different activities taking place such as sensory activities, bowling and arts and crafts. We saw a freshly baked cake in the smaller house and staff told us how people living at the home had been involved in making it that day. We saw that some people were enjoying watching a music DVD in one of the houses. We saw staff sitting outside with people and people looked very relaxed. We also observed a staff member sitting on the floor and playing a game with a person until the person no longer wished to continue. The person was happy and enjoying the interaction and game playing.

However, we also saw an example of where people were sitting in front of the TV where a film DVD was playing but people did not appear to be watching it. They were looking away from the screen. We later saw a staff member say to one of the people, "Come on [name of person]" and they supported them to move away from the area to have their lunch. They made no reference to the film being part way through. We saw that the TV was on at another time but we could not hear the words. We also observed a person pointing to the outside and saying "out". A staff member asked them whether they wished to go out and they

Good

Is the service responsive?

answered “yes.” The staff member said, "I've got one more job to do and then we can water the flowers." The person was not taken out by staff and did not go outside until a visitor arrived 25 minutes later and went outside with the person.

We looked at the records kept for a week in the activities folder in the smaller house and saw activities were recorded such as nail care, hand massage, bingo, pub lunches, cooking and bowling. However, nothing was listed on two days, which meant it was unclear how people had been supported to take part in activities on these days. We saw in minutes from staff meetings in May 2015 that the registered manager had highlighted to staff the importance of planning purposeful activities with people living at the home.

We looked at a selection of bedrooms in the home and saw they were personalised. The registered manager told us how people living at the home and relatives had been involved in choosing the colours for some of the rooms. They provided an example of how a person living at the home had chosen the colour they preferred and had gone out with staff to buy the paint.

Relatives told us they knew how to make a complaint and would feel comfortable doing so. A relative said, “If I have anything to say I say it.” Staff told us they would take action if people wished to make a complaint. We saw a complaints policy was in place. An easy read leaflet was also available and a poster about how to make a complaint was displayed in the reception area. This showed us people had access to information about how to raise concerns. We looked at a summary document about complaints and compliments. We saw complaints had been investigated and actions had been taken. We saw people who had raised concerns had received responses.

Requires Improvement

Is the service well-led?

Our findings

We saw that systems were in place to monitor and improve the quality and safety of the service. However we found that these had not always been effective. We saw that regular medication audits had been completed and medication had been discussed in staff meetings but we found some concerns with how medicines were managed. Oxygen had not been available on the premises for one person who might need this, some items were not clean and some witness signatures were missing on the controlled drugs register. These issues had not been identified and addressed before we highlighted them. This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager told us during the inspection that they would make changes to the systems in place regarding these issues.

We saw that other areas of the service were regularly audited. For example, we saw that a monthly audit was completed that covered many different subjects such as how people living at the home were involved in the community, whether there had been safeguarding concerns and staffing issues such as supervision and training. Audits on infection control, catering and health and safety were also completed. Checks on the premises and equipment were undertaken. For example, we saw records of fire alarm tests and servicing of the fire alarm system.

We saw care plan audits were completed. However, we found concerns with a small number of care records. Staff told us they weighed people. A staff member told us about the measures that had been taken regarding one person who had been losing weight, for example, supporting the person at certain times because the person ate better at that time and keeping food and fluid charts. However we saw on one chart for another person that they had lost 5kg since the month before. We saw no records of any discussions and actions taken regarding the weight loss. The registered manager told us the weight loss would have been discussed but this was not documented. This meant robust records had not been kept regarding the person's weight loss and how this had been considered. The registered manager told us that the person was at a healthy weight. They spoke with the dietician during our inspection and told us they were taking action such as making changes to the care plan to provide more guidance for staff. However this issue had not been appropriately addressed before we had raised it. We also saw no recent records on one Health Action Plan to show it had been checked. This had not been addressed during the auditing process. The registered manager told us it had been checked.

The registered manager told us how head office staff for the provider monitored the service. For example, a regional manager visited at least monthly and completed audits on different subjects each time and we saw some examples of these. The provider also monitored complaints received.

The registered manager recognised the importance of an open and transparent culture. They told us they led by example and they had an open door policy. We observed that they and the deputy manager had regular contact with people living at the home and with staff during our visits. We observed very positive interactions between them and people living at the home and saw they knew people very well. The registered manager also told us they had a good relationship with relatives and always tried to speak with them when they visited. They told us they encouraged relatives to raise issues. Relatives told us the registered manager was approachable and listened to them. A relative told us they could "definitely" talk to the registered manager and the deputy manager. Another relative said, "Whenever I ask a question I always get an answer."

Staff also felt that the registered manager was approachable and they felt listened to. One staff member told us the registered manager was "definitely" approachable." Another staff member said, "They're [registered manager and deputy manager] really good" and, "They're really approachable, they're really helpful."

Relatives told us they felt involved in the home and were positive about the atmosphere. One relative said it was, "Very relaxed" and, "It doesn't feel institutionalised." Another said, "It's good." Another relative said the atmosphere was, "Very happy, friendly. You're always made to feel very welcome when you come." We observed that the atmosphere in the home was relaxed. The registered manager said, "Generally it's very good [atmosphere]." The deputy manager said there was a, "Family atmosphere."

Relatives told us they were asked for their views on the service and had been asked to complete questionnaires. A relative said, "They always ask our opinion about things." The registered manager told us how relatives had

Requires Improvement

Is the service well-led?

completed surveys in 2014 and another survey would be taking place shortly after our visit. The survey was also for people living at the home who were able to respond. We looked at the summary of responses from the 2014 questionnaire and saw very positive information. We also saw an action plan with the summary document that provided information about what the service was doing well, what could be done better and what was planned to improve the service.

We saw a newsletter produced after the survey. It provided information about a question on the survey regarding training where most responses were positive but some people had responded 'not sure'. We saw that the newsletter provided information about the training staff received. We also saw that the newsletter mentioned a suggestion from the survey that the service held a coffee morning so relatives could get together. The registered manager told us a coffee morning for relatives was planned for soon after our inspection. They told us that the GP and regional manager would also be attending. This showed that action had been taken in response to the survey.

The registered manager told us they spoke regularly with people living at the home but did not hold residents' meetings. They told us that most people would not be able to participate in this type of meeting. A person living at the home told us during the inspection that they were not happy and did not like the noise. They did not raise any safeguarding or care concerns. We fed their comments back to the registered manager. We saw that the person had signed to say they wished to be involved in reviewing their care plans on an annual basis, and this was due after our inspection. The registered manager told us they also discussed daily with the person what they liked and we saw them speaking with the person on several occasions. However, there was no formal system in place for gathering and recording the person's feedback on the service from regular face to face meetings.

Staff had opportunities to contribute to the running of the service. The registered manager told us, and records showed, that regular staff meetings took place. Staff told us they felt they could give their views. A staff member, for example, told us they would inform the registered manager if they had ideas for activities and said, "She does take everything into account." Staff also told us they felt they could blow the whistle on poor practice if they were concerned. We saw a whistleblowing policy. The Care Quality Commission (CQC) number was on display in the reception area, which showed us people had access to information about how to contact the CQC. Staff told us they felt the service was well-led. They told us they received regular supervision and appraisals and felt supported.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person must ensure that equipment used by the service provider for providing care or treatment is safe for such use and is used in a safe way. The registered person must ensure that where equipment or medicines are supplied by the service provider, there are sufficient quantities of these to ensure the safety of service users and to meet their needs. Regulation 12 (2) (e) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person must have effective systems to assess, monitor and improve the quality and safety of the services provided and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1) (2)