Kents Hill Care Limited

Kents Hill Care Home

Inspection report

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Date of inspection visit:
10 February 2016

Date of publication:
05 April 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 10 February 2016.

Kents Hill Care Home is based in a residential area of Milton Keynes and provides nursing and personal care for older people, who may be living with dementia. The service is registered to provide care for up to 77 people, on the day of our inspection there were 57 people living there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medication was not always recorded and managed appropriately, to ensure it was administered safely, in addition, staffing levels at the service were not always sufficient to meet people's needs. People were protected from harm or abuse, and staff were aware of their reporting and recording responsibilities in this area. Risks to people, their visitors and staff members had been assessed, and control measures had been put in place to mitigate those risks. Staff members had been recruited safely, following robust procedures.

There were induction and training courses in place for members of staff, as well as regular supervision and appraisal sessions, to ensure they had the skills, knowledge and support they needed to perform their roles. The service had processes to comply with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, however records did not always show that specific decisions were considered for each person. People had a choice of food and drink, and were happy with the food that was available. People were supported to see healthcare professionals as and when they needed to.

People's needs were not always met, as call bells were not responded to quickly, often leaving people waiting for support to arrive. People and their family members were not always involved in planning their care. Family members also told us that they did not always feel that they received, or had access to all the information that they required. There were positive relationships between people and members of staff. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

Care plans were in place for people and were based upon their individual specific needs and wishes. They were reviewed and updated regularly, to ensure they reflected the most recent and up-to-date information regarding people's care. There were activities at the service which were regularly put on, to keep people occupied and stimulated. The service also had a complaints procedure in place, to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

There were quality assurance systems in place at the service, however they were not always effective in

identifying areas of concern, therefore improvement action was not always taken. There was a positive and open culture at the service. People were comfortable living there and members of staff were motivated to provide quality care which met their needs. The registered manager was well known to people and they were aware of their regulatory responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels were not always sufficient to meet people's needs. However safe recruitment processes were in place.

Medication was not always well managed or recorded safely.

Staff had been trained in safeguarding and abuse, and were aware of their responsibilities in terms of reporting potential abuse.

Risk assessments were in place, to help mitigate potential risks and harm.

Is the service effective?

Good

The service was effective.

Staff received regular training, and support to ensure they had the skills and knowledge that they needed to perform their roles.

People's consent to care was sought. There were systems in place to comply with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, however, this was not always time and decision specific.

People had choices about, and enjoyed, the food and drink that they had.

The service worked to ensure that people's healthcare needs were managed.

Is the service caring?

Requires Improvement

The service was not always caring.

People and their family members had not always been involved in planning their care, or given the information they needed.

There were positive and caring relationships between people and members of staff.

Staff treated people with kindness, respect and dignity.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and specific to their individual needs.

Care plans were detailed and tailored to each person, and reviewed on a regular basis.

There were systems in place to manage complaints and improve the care being provided as a result.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to carry out checks and audits, however these were not always effective in identifying areas for improvement.

The service had a welcoming atmosphere, as well as an open and positive culture.

There was a registered manager in post. They were well known to people and a visible presence throughout the service.

Kents Hill Care Home

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 inspection took place on 10 February. The visit was unannounced and conducted by 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 care service. The expert used for this inspection had expertise in caring for someone who used this type of service.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views about the delivery of care.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast and lunchtime and during individual tasks and activities and spoke with people and staff about their experience.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 23 people who used the service in order to gain their views about the quality of the service provided, as well as five of their relatives, who were visiting. We also spoke with six members of care and ancillary staff, as well as the registered manager.

We reviewed care records for 11 people who used the service to ensure these were a reflective record of their care needs,. We also reviewed medication records for 16 people. We checked nine staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records

relating to the management of the service, including quality control systems.

Requires Improvement

Is the service safe?

Our findings

Medication was not always well managed at the service. People told us that they always received their medication correctly and on time, however there were some areas of the service where record keeping was not completed fully, to demonstrate medication administration. We found that some Medication Administration Record (MAR) charts had missing signatures, and codes were not used consistently to inform the reader why medication had not been given on some occasions. Staff members had not used the reverse of the MAR charts to record when medication had not been given, or when 'as required' (PRN) medication had been given. This meant that reasons for PRN use or refused mediation were not readily to hand and therefore could not be analysed to help improve that person's medication programme. We also found that some people's medication profile sheets were incomplete or missing. This meant that staff members providing medication, could not easily check the identity of the person receiving it, and potential issues, such as allergies, may be missed.

This meant that people's medication was not always administered safely, and the service did not always have systems for the proper and safe management of medicines. This was a breach of regulation 12 (2)(g) of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014.

The concerns we had involved the recording of medication administration on the residential care floor of the service. Medication administration and recording in the nurse-led units of the service did not raise any concerns. We discussed the issues around medication administration with the registered manager, and they assured us that they would carry out a full audit of medication records at the service, to ensure all the information required was in place.

People expressed some concerns regarding the staffing levels at the service. They told us that they often felt that members of staff were not readily available and therefore unable to meet their care needs all the time or at the time they required. One person said, "There are not enough carers, they only walk past you – they don't come in." Another said, "I need two carers to hoist me. There are not always two on the floor at night, very often only one at night, very often they are wanted upstairs or somewhere else." Another person told us, "There never seems to be enough staff on duty." This meant that people had to wait to receive care and support, including when they required help with personal care, such as using the toilet.

We discussed staffing levels with members of staff. None of the staff that we spoke with felt that there was an issue in this area, and told us that they didn't feel they were rushed or stretched in any way. One staff member told us, "Staffing levels are ok." Another said, "There are enough staff." During our inspection we observed that there were sufficient numbers of staff within the service to meet people's assessed needs, however staff were not always deployed evenly across the service. For example, at peak times, staffing levels and deployment were not adjusted to take people's mobility needs into account. At other times, we observed several staff members having a break at the same time, however these staff were working in different areas of the service which minimised the potential impact on people's care.

The registered manager told us that staff levels were based upon an assessment of each person's individual

needs. These assessments were used to determine the number of staff members needed in each area of the service. They showed us that they kept a regular check of staffing levels, to ensure they matched the needs analysis for people. We also saw that staffing rotas showed that staffing levels were consistent throughout the service. The registered manager did tell us that there were no current systems in place to monitor call bell responses, as this was not an area of concern that they were aware of. They were surprised when we raised these concerns with us, and informed us that they would implement regular checks of call bells, and responses to them, to ensure people received the care they needed. Since our inspection the registered manager has sent us evidence that these checks have started.

Staff members were able to tell us that they had been safely recruited. They explained that when they applied for their roles they had to provide employment histories and references. They also had to be interviewed for their position, and a Disclosure and Barring Service (DBS) criminal records check had to be returned, before they could start working at the service. The registered manager confirmed that these checks took place and showed us that they had a system in track and monitor DBS checks, and Personal Identification Numbers (PIN) for nursing staff, to ensure that they were in up-to-date. Staff recruitment files showed that DBS checks and references were in place for staff, as well as employment histories and interview notes. This meant that staff members had been checked to ensure they were of good character, and suitable to work in their roles before their employment commenced.

People told us that they felt safe living at the service. One person said, "I feel very safe here, very safe." Another told us, "I do feel safe here, yes." People said that they were happy with the staff, and felt that they worked to ensure they were well cared for and kept safe. We saw that people were relaxed in the presence of staff and happy to spend time with them.

Staff members told us that they had received safeguarding training. They explained that this training helped them to understand the different types of abuse, and potential indicators that abuse may have taken place. Staff told us about the reporting process if they suspected abuse, stating that they would report concerns to the registered manager. One staff member said, "I wouldn't hesitate to report, we are here for the residents." Staff also told us that they could contact the local authority safeguarding team directly if they needed to, and that there were whistleblowing procedures which they were prepared to implement if necessary. The registered manager showed us safeguarding records, which demonstrated that the local authority had been contacted where necessary, along with the Care Quality Commission (CQC). There were systems in place to track incidents which were reported, to ensure they were investigated fully, and any recommended actions were implemented.

Risks to people's health and well-being had been identified and assessed by the service. Staff members told us that risk assessments were in people's care plans, and that they used these to ensure they took appropriate action to help keep people safe. We saw that these were in place, and were reviewed regularly to ensure that safe and appropriate care was delivered. We found risk assessments in place for areas such as nutrition, falls and skin integrity, which was then linked to guidance within the care plans for staff to follow.

The registered manager also showed us that there were general risk assessments in place, to ensure the environment was safe for people to use. This included areas such as electrical and fire safety. For example, we saw that each person had a Personal Emergency Evacuation Plan (PEEP) in place, to offer staff and emergency services specific guidance about how each person should be kept safe in an emergency.

Good

Is the service effective?

Our findings

People told us that staff received training to ensure they had the skills, knowledge and expertise that they needed to meet people's needs. One person said, "The nurses are very well trained." Another person said, "We always seem to be in a learning environment." People went on to explain that they were aware that new staff members received training to help them develop the skills they needed, and that existing staff continued to attend training courses to keep their skills current.

Staff members were positive about the training and support the received from the provider. They told us that they felt they received all the training they needed to perform their roles. One staff member we spoke with had started working at the service within the past year. They explained that they received an induction, to help them get used to their role. They said, "I had an induction when I started, I was shown around the building and started getting to know people." They went on to tell us that they received mandatory training during this time, including safeguarding and manual handling, and also spent time shadowing other staff members before they started working independently. The registered manager confirmed that all staff received induction training, which included time shadowing the colleagues. They told us, "Staff shadow people [staff] until we and they feel they are comfortable." The registered manager also told us that new staff were enrolled on the Care Certificate, to help them develop the skills they required for their roles. Staff records showed that new staff received induction training and were supported to develop their skills when they started their new roles.

Ongoing training was also in place for all members of staff, to help maintain and develop their skills. Staff told us that they found this training useful, and that it was important to update their skills and get to know any changes or developments. One staff member told us, "Yes we have regular training, it's useful to keep refreshing our skills as you can forget stuff." Another staff member said, "Yes, training is fine." The registered manager told us that the service had recently moved to using an on-line training programme, replacing the previous DVD training courses which the service used. These provided staff with a more interactive training programme, and required them to complete an on-line competency assessment, to pass each module. They completed courses in areas such as safeguarding, nutrition and moving and handling. The registered manager also told us that they accessed face-to-face training with the local authority and supported staff members to complete qualifications, such as Qualification Credit Framework (QCF) certificates in health and social care. We checked staff records and saw that training courses were recorded and copies of staff certificates were also available. These confirmed that staff received regular training.

Staff members also told us they received regular supervision from senior staff at the service They had regular supervision meetings, as well as annual appraisal sessions, to monitor their progress and identify areas for development. Staff members also felt that they were well supported, and could approach the registered manager for advice, or to raise a concern, without having to wait for their next formal supervision meeting. We checked records and saw evidence that staff received regular supervisions, and that the registered manger had a system in place to track them, to ensure that each staff member received the support they needed.

People told us that staff always gave them a choice and gained their consent before any care was delivered. Staff members told us that it was important to offer and respect people's choices in all that they did. One staff member said, "We always get consent, we ask people before we do anything." We observed this to be the case during our inspection, for example, we saw that staff offered people a choice of where they wanted to be within the service, what drinks they wanted to have or what activity they wished to undertake. We also saw that people had consent forms in their care plans, which had been signed to show that they agreed with the content of their care plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff members told us that they were aware of the principles of the MCA, and applied it to their role if they suspected that people may lack the mental capacity to make decisions for themselves. They told us that they did this to ensure that any decisions made on a person's behalf, were in their best interests. Within the care records we found that although there had been a consideration of people's mental capacity, this had only been done on a generic basis. We found examples of completed forms within individual records, which detailed that staff had considered people's ability to consent to a variety of things, for example, personal care and receiving medication. In some records, there were two mental capacity assessments, although one form considered people's capacity in more detail, we found that it was more of a checklist exercise. We discussed this with the registered manager who explained that this was a work in progress and that from these forms, they would complete decision specific MCA assessments.

The registered manager told us that DoLS applications had been submitted for some people living at the service. Records contained DoLS care plans and copies of authorisations raised to deprive people of their liberty, and the registered manager had a log of DoLS applications and authorisations, to ensure any DoLS in place were in-date and valid.

People told us that they enjoyed the food. One person said, "The food is really very nice and tasty." Another person told us, "The food is always good." People's relatives also told us that they felt people had good food. One relative told us, "The food does seem to be good – they do take him to the dining room." We spoke with the chef who showed a good awareness of people's nutritional needs. We observed that the menu was nutritionally balanced and offered people a choice of meal option, which could be provided in a fork mash-able consistency or as a soft option. Staff had received training on food hygiene and were aware of specific guidance from speech therapists or dieticians to ensure that people received food that was appropriate to meet their needs. We observed that frequent fluids and snacks were available for people and that these were given in appropriate utensils so that people could be as independent as possible when eating or drinking. We found that they also had a good understanding of cultural requirements or allergies which were important considerations of meal provision. Records confirmed that where required, nutritional assessments were in place for people and that staff monitored people's weight in accordance with their care plans.

People felt that they were supported to see healthcare professionals when they needed to. One person told

us, "I am sure they would get me the doctor if I needed to see him." Another said, "If need to see the doctor I would just ask the nurse." Staff members told us that there were a number of different health care professionals and teams which the service accessed, to help keep people healthy. The registered manager confirmed that people were referred to the falls clinic and saw the Parkinson's Disease Nurse. Records confirmed that people were referred to relevant healthcare professionals when required. We found evidence that people had been seen by the High Impact Team, dietician and speech and language therapists, along with GPs. We saw that any guidance given was incorporated into people's care plans and acted upon to ensure the maintenance of people's health and well-being.

Requires Improvement

Is the service caring?

Our findings

People raised concerns about how quickly staff members responded to call bells, when they were activated. One person told us, "Bell just goes on and on, could be half an hour or more to answer it. Bell regularly goes on and on, sometimes I have to wait so long to spend a penny, I have to do it in my bed." Another person said, "Call bell response sometimes is a very long time – sometimes they are busy, I think that's why." Another person told us, "It is not very quick. It is usually a little while before they come. I usually have to shout for a long time – they respond to that."

People's relatives were also concerned about the length of time it took to get a response to people's call bells. One relative said, "My worries are Mum reported trouble at night when she was calling for help. She reports they don't come for ages." Another told us, "Yes we are worried about Mum because she has reported to us she has to wait too long for them to respond to her bell. This means she is attempting to go to the toilet herself, she has fallen doing this." A third relative said, "Mum has said she has had an accident at night because the response if not quick enough. Mum has complained about waiting too long for someone to come."

During the inspection we observed that people were not always responded to quickly, particularly when they rang call bells to seek staff support. For example, whilst we were talking to one person, they asked us to ring their alarm for them, as the cord was out of their reach. The alarm sounded, however it went off after a period of time, with no staff coming to see the person. We repeated this process, once again to note the alarm switch off, without staff members attending to the person's needs. In the end, the person asked us to go and seek out a member of staff, as they were experiencing some pain and discomfort.

The care and treatment that people received did not always meet their needs. This was a breach of regulation 9 (1) (3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their family members gave us mixed feedback about their involvement in planning people's care. Only one person we spoke with was aware that they had a care plan in place, and where it was kept. Other people were not sure, and were unable to tell us whether or not they had been consulted when the care plan was written. People's relatives told us that they didn't feel they were always consulted when planning care. Relatives also told us that it wasn't always easy to get information from the service, about the care that their family members were receiving. One relative told us, "Sometimes I feel that staff are a bit difficult with me. It is quite difficult to get information from them, they appear defensive." Records also showed us that the service had previously received feedback of this nature from people, for example, one family member had commented, 'We have never been involved in any care plan and have never been invited to any review.' Another comment stated, 'Little dialogue with staff.' We discussed this with the registered manager and they told us that they would look into these concerns and implement any necessary changes.

People told us that staff members were kind, caring and compassionate. One person told us, "Yes I'm ok here, I like it a lot. The staff are nice. I like my room and the staff look after me." Another person said, "It's really very nice here. I like it a lot; the staff are all very nice, very professional, I can't say anything wrong."

People's relatives were also positive about the care provided by members of staff. One relative said, "They all seem very good and kind." Another told us, "The care is good, they are all good and kind."

Staff members were positive about their roles and the interaction that they had with people living at the service. They explained that it was important to them that they were able to get to know people and spend time chatting with them and enjoying their company. One staff member said, "Oh yes, we get to spend social time with residents." We observed staff supporting people in a calm and reassuring manner. Staff were not afraid to show their feelings, for example one carer kissed a person before they left to go off shift. Another carer walked along the corridor with someone, holding their hand and chatting with the person. Staff took time to engage with people and called them by people's preferred term of address, we observed lots of positive examples of compassion; staff were kind, caring and friendly towards people, they spent time talking about what was on television, what activities people had undertaken or about family members. We could see that people trusted in staff and took comfort from being in their presence.

People told us that they felt staff treated them with dignity and respect. One person said, "They are pleasant and do treat me with dignity." Another person said, "The girls here are very nice, they look after me. I get myself washed and dressed, they prepare the shower for me but I do it myself. They do respect my privacy and dignity – they shut the door." A third person said, "They do treat me with dignity, no problems on that score." People's relatives also told us that staff members treated their family members with dignity and respect.

Staff members told us that it was important to them that they treated people with dignity and respect, and that they had specific training in this area. They spoke about offering choices when dressing, at mealtimes and allowing people to be independent and take some risks, as well as shutting doors when providing personal care. Throughout the inspection we observed staff treating people in a respectful and dignified manner. In addition, there was written information was available on dignity within the service, we found that the statement of purpose contained information on respecting people's dignity and that on notice boards, there were 'Dignity Do's' for people and staff to be mindful of.

Good

Is the service responsive?

Our findings

People received person-centred care from the service. Staff members told us that they were aware that people's care plans were in place and that they were specific to their individual needs.

The registered manager explained to us that an initial assessment of people's needs was carried out, prior to their admission to the service. This was used to highlight areas in which people required specific care or support, and also to provide staff with information about what people was capable of doing for themselves. From the information gained from the initial assessment, a preliminary care plan was produced, to help guide staff in providing care for each new admission. We saw that initial care plans were recorded in people's care plans, and provided information about their initial care needs from the service.

The registered manager also told us that the initial care plan was used to help develop long term care plans for each person. They explained that as they got to know people and their needs better, they were able to produce more detailed care plans, which were specific to people's individual needs. Care plans were updated on a regular basis and were reflective of people's needs. For example, we found that they detailed the size of sling that people required and whether they were being nursed on a pressure mattress. Care plans were linked to other appropriate documents in people's care records, so that staff could be assured as to the correct delivery of care a person required. For example where a person was diabetic, the care plans linked in with care plans for nutrition, skin integrity and mobility. This ensured that people received the most appropriate care to meet their needs.

Where people had wound care needs, we saw evidence of completed body maps and dressing changes in accordance with the care plans. Preference forms were completed as part of the pre- admission process to determine whether people had any specific daily routines or preferences for gender of carer.

People told us they enjoyed the activities held within the service. One person said, "We have lots of activities here; bingo and keep fit, we get to watch films in the afternoon." Another person told us, "We have arm chair exercises to help keep us fit." People told us they could go on trips out in the mini bus which they enjoyed. One person said, "It's nice to have a change of scenery." Another person told us how they had been to Woburn and had afternoon tea. We spoke with both activity coordinators who discussed the wide range of activities that were provided within the service. They explained how they used information from the pre-admission process to gauge what people might like in terms of activities. One said, "We work with people and their relatives to get to know them." They discussed with them their preferences, likes and dislikes to determine what events they might wish to participate in. For those people who were bed bound or unable to communicate, we found that activities such as hand massages, newspaper reading, crosswords or looking through photo albums were completed. Group activities were held and included food tasting, baking, quiz club and film club. Through our discussions we found that the service held other events throughout the year, such as a summer barbeque, a Christmas Fete, Easter Bonnet Parade and egg hunt. The service was fortunate to have a large group of volunteers, ranging in ages, who also supported the service at weekends; some were young people undertaking their Duke of Edinburgh award- people enjoyed having them in to talk to. We also found that local groups of cubs came in to sing to people, a local school orchestra was coming in

next week to practice for a concert and this enabled people to listen to something different and interact with other people.

People felt able to raise concerns or complaints with people. One person said, "I have no concerns at all." Another person told us, "I would feel able to complain." Staff members told us that they welcomed complaints from people and their family members. The registered manager explained that complaints were used to help make improvements to the service which people received. We looked at records of complaints and saw that there were systems in place to log and track the progress of a complaint. There was evidence that complaints were investigated when made, and that they were managed appropriately.

Requires Improvement

Is the service well-led?

Our findings

Systems in place for quality assurance at the service had failed to identify areas for improvement within the service. Concerns including missing information in people's medication records, and a lack of involvement of people and their family members had not been identified, and therefore resolved, by the registered manager or provider. In addition, there was no system in place to monitor responses to people's call bells, which meant that the registered manager was unaware of usual staff response times. This meant that the registered manager and provider had not identified areas which required improvements.

We spoke to the registered manager about these concerns, and the lack of checks in these areas. They informed us that they would implement checks and audits, to ensure that these areas were addressed. In addition, they showed us the quality assurance procedures which they did have in place, to monitor the quality of care being provided at the service. They explained that they carried out a number of checks and audits to ensure people received the care that they required, and to identify areas for improvement. We found that night checks were completed on people by night staff to ensure they were safe, we found evidence of wheelchair cleaning schedules having been completed. Within the kitchen, we found that there were robust cleaning schedules in place, with evidence of food probes, fridge and freezer temperature checks to ensure that food was stored at the right temperature. Within care plans we saw that care plan audits had taken place.

There was a positive and welcoming atmosphere at the service. On arrival it was clear that people were relaxed and comfortable in their environment, and with the staff working at the service. We found that there was an open culture amongst members of staff and the management of the service, who worked together to instill a positive ethos and team working environment.

People told us that they were happy with the management of the service, and were able to tell us who the registered manager was, and explained that they were a regular presence around the service. One person said, "The manager really is very good."

Members of staff were also positive about the registered manager. One staff member said, "You can always approach the manager." Another told us, "You just go in if you have a problem." Staff explained that they felt well supported by the service, and the registered manager in particular, which helped them to perform their roles with confidence. This approach helped staff members to deliver the best possible care for people, and motivated and encouraged them to develop themselves within their roles.

The service had recently opened a new wing, which had been purpose built. It provided a very welcoming environment with nicely decorated rooms and a number of social areas which people could use to relax in or spend time with the families. The registered manager explained to us that there were now plans to carry out renovations around the service, to make improvements to the older parts of the building, for example, updating the original en-suite bathrooms. We saw that plans were in place for this work to take place. The registered manager also told us that the bedrooms in the new wing were not yet fully occupied. They explained that it was important that they did not simply fill these rooms until they had sufficient support

systems in place for prospective people. For example, they would need to ensure there were enough members of staff recruited to ensure new people could be cared for, without having a negative impact on the people already living at the service.

People told us that there were regular residents meetings which took place at the service. These were an opportunity to discuss any recent developments, as well as highlight areas in which improvements were required. People did express that these were not always well attended, which the registered manager confirmed, but told us that they would continue to run them and encourage people to attend. We saw records to confirm that these meetings took place approximately every two to three months.

There was also evidence that people and their family members had been sent satisfaction surveys on an annual basis, to seek their views and opinions about the service. The registered manager told us that these surveys were used to develop an understanding of how people were feeling about the care they received, and identify areas for improvement. We saw that the results for these surveys were collated and analysed, to give a better indication of the how people were feeling, and what areas required development. In addition, the registered manager was aware of their statutory obligations to report certain incidents, such as safeguarding alerts, to the Care Quality Commission, and used accidents and incidents to learn lessons and develop the service.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment that people received did not always meet their needs

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medication was not always administered safely, and the service did not always have systems for the proper and safe management of medicines.