Lambton House Ltd

Lambton House

Inspection report

New Lambton
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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

Lambton House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides support and accommodation for up to 57 people assessed as requiring residential care. This includes support for people who may also be living with dementia or a physical disability. At the time of our inspection there were 46 people living at Lambton House.

At our last inspection in September 2016 we rated the service good. At this inspection we found the service had deteriorated in two domains and rated the service as requires improvement in safe and well led. This is the first time the service has been rated requires improvement.

There was a registered manager in post at the time of our inspection who had worked at the service for 26 years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Medicines were not always managed safely. We found records, instructions and staff practices were not always up to date to ensure people received their medicines and nutritional supplements as prescribed. Staff were not following National Institute for Clinical Excellence (NICE) guidelines for the safe management of medicines.

The management team carried out a range of quality monitoring audits at the service. However, some of these audits had failed to pick up the issues with medicines management we found during our inspection. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. They ensure people are provided with a good service and meet appropriate quality standards and legal obligations.

People were protected from abuse by staff who were trained and knowledgeable about safeguarding adults and understood their responsibilities. The provider had suitable policies and procedures in place for staff to follow to keep people safe. Staff understood their responsibilities in relation to respecting people's privacy and dignity.

Where people had been assessed as at risk of harm there were plans in place for staff to follow to minimise the risk for the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care needs were assessed and detailed plans were in place to meet their individual needs. People told us they were cared for by staff who knew them very well, promoted their independence and understood how to support them.

There was enough staff employed at the service to provide people with safe care. We saw the provider regularly reviewed the staffing levels to ensure people had the maximum amount of time with staff.

There was a range of stimulating and engaging activities provided by the service which included outings, arts and crafts, reminiscing sessions, sing-a-longs, baking and pamper sessions.

People enjoyed the food they received and had choice over meals in line with their preferences and cultural needs. People were supported to maintain their health and had regular contract with health professionals.

People lived in premises which were adapted to meet people's individual needs, well maintained, clean and safe. The provider employed their own maintenance team who carried out a range of health and safety checks throughout the service to ensure its safety.

The provider had a robust recruitment system in place to ensure they employed suitable people.

The provider had a training programme in place for management and all care staff. Staff told us they received training in all aspects of their role which enabled them to provide good standards of person-centred care. New staff received a suitable induction.

Staff received regular supervision and an annual appraisal which allowed the registered manager to plan further training to support staff development.

The service had an effective complaints process in place and people were aware of how to make a complaint should they need to. The service actively encouraged feedback from people and staff and was used by the provider to develop the service.

Leadership was visible with an experienced registered manager in post. The management team was accessible to people and staff. People and their relatives spoke positively of the registered manager, how the service ran and their confidence in any concerns being listened to and acted upon by the registered manager.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. You can see what action we told the provider to take at the back of the 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 always safe.

Medicines were not always managed safely. Practices and records did not evidence people received their medicines and nutritional supplements as prescribed.

People were protected from harm and the risk of abuse.

Risks associated to people's health were managed safely.

There were enough staff employed to meet people's needs. The providers recruitment process was robust and helped to ensure suitable people were employed.

Is the service effective?

Good

The service was effective.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

Staff were supported through regular training, supervisions and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff who understood the values of respecting people's right to privacy, dignity and confidentiality.

People received regular care and support from consistent staff who knew them well, ensuring continuity of their care.

People were supported to maintain relationships with their family, friends and the community.

Is the service responsive?

Good

The service was responsive.

People received care which was responsive to their individual needs.

The service welcomed feedback from people about their experiences and used this information to shape the service development.

People would be supported at the end of their lives to ensure their preferences were followed.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider's quality assurance systems did not identify the recording issues with medicines that we found during this inspection.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

The provider worked closely with external partners in relation to how the care was provided.

The registered manager provided an open-door policy and support to all people, their relatives and staff.

Lambton 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.

The inspection took place on 12 and 13 December 2018, and was unannounced. The inspection was carried out by one adult social care inspector, one medicine inspector and one 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.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent to us. A notification is a record about important events which the service is required to send to us by law.

We used the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give us some key information about this service, what the service does well and improvements they plan to make.

We contacted a range of professionals involved with the people who used the service, including commissioners, the local authority safeguarding team, health professionals and Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During the inspection we spoke with six people who used the service, five relatives and two professionals. We also spoke with the registered manager, the deputy manager, two senior and four care workers, the cook, a housekeeper and one of the maintenance team.

We looked at care records for five people, four staff recruitment files, medication administration records (MAR) for 10 people and other records relating to the quality and running of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection the service was rated as good. At this inspection we found there was a deterioration in the safe management of medicines and have therefore rated the service as requires improvement.

We looked at four people's medicine administration records (MARs), this included two people who were receiving their medicines covertly (the intentional disguising of medicines in food or drink to aid administration when deemed in a person's best interest following a mental capacity act decision), 12 records for the application of topical medicines (creams) and two people's nutritional supplement charts.

We found the provider's systems for the safe management of medicines did not always follow NICE guidelines and provide documentary evidence to show people had received some of their medicines as prescribed.

Records for the application of topical medicines, such as creams and ointments were not accurately recorded. For example, we looked at one record where a cream was prescribed to be applied 'two to three times daily.' However, records for the administration of this cream did not reflect this. We found on 23 occasions in the previous month this cream had not been applied, or had been applied at the incorrect frequency. Records showed that carers were applying medicated creams, such as pain relieving gels, without training or having their competency to apply such creams assessed. Therefore, we could not be assured people had received their topical medicines as prescribed.

We looked at records for people who were prescribed medicinal skin patches including one record for a patch used to treat a person living with dementia. Records did not show where patches were applied to on the body. Manufacturers guidance stated the patch should be rotated at each application and should not be reapplied to the same site within 14 days. This meant that people could experience unnecessary side effects.

Some people living at the service received their medicines covertly. We found the correct documentation was in place to reflect decisions had been made in the person's best interests. We looked at one person's MAR chart and found staff had not recorded when medicines had been administered covertly. Records showed staff were recording refusals of medicines despite protocols being in place for these to be administered covertly. For example, one person had refused a medicine used to treat Schizophrenia on 19 occasions with no evidence of staff then administering the medication covertly in accordance with the person's care records or further advice being sought from healthcare professionals. Therefore, we could not be sure people received their medicines as prescribed.

Records for 'as required medicines' (PRN) did not provide enough information for staff to know when to administer these medicines. We looked at one record for a person who was prescribed a medicine for anxiety 'as required'. We found a protocol was in place but it did not provide suitable details of what signs staff needed to look for and, any actions they could take to support and distract the person before administering medicines.

We found gaps in records to evidence people were receiving nutritional supplements as prescribed to support health needs. One person was prescribed a nutritional supplement twice per day however record showed they had only received their supplement on three occasions during the previous month. This meant that people were at risk of developing undernutrition and associated health conditions.

Medicines which required cold storage were stored securely and safely with daily fridge temperature checks being undertaken. However, we saw temperatures taken in the last month exceeded the recommended range with no action taken by the service to rectify this. This had also been highlighted in July 2018 during an audit carried out by the services pharmacy provider with no evidence of any action undertaken. Therefore, we could not be sure medicines stored in this fridge were safe to be used.

This is a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our findings with the provider and registered manager who immediately acted and commenced a full review of their medicines management systems, practices, training and quality monitoring systems to address the areas of concern found during our inspection. However, we could not see the full effects of these changes until they become embedded into practice.

Medicines, including controlled drugs (medicines which require extra checks and special storage arrangements because of their potential for misuse) were managed, recorded and stored securely.

People and their relatives told us people received their medicines on time. People told us they understood what their medicines were for and knew when they should receive them. One person told us, "I get paracetamol and my tablets for my diabetes at the right time."

Visiting professionals told us people they were involved in reviewing people's health and care needs (including medicines) and they were confident people received their medicines on time and as prescribed.

People told us they felt safe at the service. Comments included, "I don`t lock my door and every time I press my buzzer they [staff] are there. There always seems to be staff around when I need them", "I feel very safe, I hear the door opening and closing during the night by staff, this makes me feel wanted and loved" and, "I came here because I was having lots of falls at home but I haven't had any here."

Relatives told us, "My [family member] wouldn't be in here if it wasn't safe, I know if people are doing a good job and as far as I can see they are doing really well", "I come at all times of the day or night, [family member] is definitely safe here", "My [family member] didn't eat at home and was found wandering the streets, but here they can wander to their hearts content without getting lost and there is enough staff to keep an eye on them" and, "[Family member] used to cry a lot but seems to be happy here, it's the same staff all the time which I feel is a bonus and a big help."

People were protected from harm and the risk of abuse by staff who were trained in safeguarding adults. Staff told us they understood their responsibilities for safeguarding people, could describe the signs of abuse and what they would do if they had any concerns. The provider responded appropriately to any allegations of abuse, working alongside the local authority safeguarding team to keep people safe.

Care records had a range of risk assessments for each person with clear actions for staff to take to minimise the risks. Risk assessments had been regularly reviewed and reflected people's current needs.

There were sufficient staff employed at the service to keep people safe and provide personalised care. The registered manager told us how they used the level of people's needs to plan the right level of staff on duty so they could ensure safe standards of care for people.

The provider had robust recruitment procedures in place. Disclosure and Barring Service (DBS) checks were undertaken. The DBS helps employers make safer recruitment decisions and minimises the risk of unsuitable people from being employed.

Accidents and incidents were reported and reviewed by the registered manager to identify potential trends and to minimise the risk of them happening again.

The premises were maintained safely. The provider employed their own maintenance team who ensure all repairs were carried out promptly. The provider monitored the premises with a range of checks carried out by the maintenance team and registered manager which included fire safety, water temperatures and hygiene, window restrictors, electrical and gas safety and equipment maintenance.

The provider had robust safety procedures in place which included fire safety and evacuation. The business continuity plan covered incidents as adverse weather and actions to be taken in the event of any incident which may impact on the safe running of the service for example breakdown of the passenger lift.

Staff followed good practice around cleaning and the use of personal protective equipment (PPE) such as disposable gloves and aprons to prevent the spread of infection. The service was clean and tidy throughout.

Good

Is the service effective?

Our findings

People's care and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.

Staff were knowledgeable and suitably skilled to carry out their roles effectively. One person told us, "They [staff] instil confidence in me and do everything for me that I can't do. They are so well trained I think all of them know what to do" and, "I prefer a bath and they are very careful putting me into the bath, so yes, I think they are very well trained." The provider's training records showed staff received regular training which included safe administration of medicines, equality and diversity, safeguarding, mental capacity, first aid, dementia, health and safety, end of life and nutrition and hydration.

People's needs were assessed before they started using the service and continually evaluated to develop meaningful support plans.

People were supported to live healthier lives and maintain their mental and physical health needs. We spoke to an external professional who was visiting the service. They told us how the district nurse visited daily to administer a person's insulin. In addition to this, the external professional and GP also visited every week and discussed any concerns the registered manager had about anyone. They told us, "The registered manager takes any advice on board and always shares it with care staff to improve outcomes for people."

We spoke with another external professional who told us how they were working with the service to undertake a pilot programme which was, "Improving care and the quality of life for people living at the service." The external professional was working in collaboration with the registered manager to prevent pressure injuries and ulcers. They told us, "The service is fab at accepting training, they are really proactive and take everything on board" and, "The service is so receptive, we've made massive changes, as soon as staff see any red marks on people they react, this means people won't get pressure sores."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us they had training in the MCA and DoLS and how they acted in a person's best interests when making decisions for a person who lacked capacity. We checked the service was working within the principles of the MCA and found they were. We saw applications to deprive a person of their liberty had appropriately been made and DoLS records were up to date and reviewed.

We saw new staff undertook an induction programme which included the provider's policies and procedures and the Care Certificate. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out clearly the learning outcomes, competencies and standards of care that will be expected. New staff also completed shadowing shifts (observing) until the registered manager was confident they had the skills to work unsupervised.

We spoke to one new member of staff, who told us, "My induction consisted of two days shadowing shifts and one day of training before I started, I then did my first few days doing the tea trolley, which was lovely as I got time to talk to people and get to know everyone. I'm now working through my Care Certificate book."

We observed people's mealtime experience and it was clear from the chatter and singing that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food.

We spoke with the cook who told us how they catered for people's individual dietary needs and preferences. They showed us records of each person's dietary requirement records including those who required their food 'thickening' and the assessments which were in place from Speech and Language Therapy (SALT) teams. We were shown how pureed meals were presented tastefully to promote dignity and encourage people's appetite. We saw choices of freshly cooked, healthy meals including fresh vegetables and fruit.

We observed staff regularly offering people a choice of snacks and drinks throughout the day. We saw two relatives eating lunch with people living at the service. They told us they did this every week and were always welcomed by the registered manager and staff. Relatives told us, "[Family member] never used to drink enough at home but now gets plenty to drink. Having proper food here helps as at home the carers used to give microwaved rubbish, but it's proper food here, not pizzas or what I would call kids meals" and, "The meals are great, there is nothing [family member] doesn`t like, their weight is stabilising now and they are putting weight on. They are offered drinks and snacks constantly during the day."

Staff received regular supervisions and an annual appraisal from the registered manager. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervision valuable to their development. We saw annual appraisals were planned for staff.

The premises met people's needs. The service stood within its own large, secured, landscaped garden which accessible to everyone. One person told us "I love watching the wildlife, we get birds, pheasants and even some deer's visiting, and did you know those apple trees are 100 years old?"

The service was tastefully decorated with clear signage and pictures to support people who may be living with a dementia type illness. We saw how bedrooms had recently been decorated and new furniture purchased. People had their own personal belongings in their rooms which made them personal to each individual person and helped support memories for those people living with a dementia type illness. The provider employed their own maintenance team who were present each day to ensure the service was well maintained, clean and safe.

Good

Is the service caring?

Our findings

The service treated people with compassion, kindness, dignity and respect. All people we spoke with told us staff provided a caring service. Comments included, "Staff are kind and caring, I feel so well looked after", "Staff keep my dignity and lock the door when I`m having a bath but keep me independent by encouraging me to do what I can", "I`ve never had such care in my life, I can't walk so staff more or less do everything for me, I couldn't do without them really" and, "I can't think of anything they wouldn't try to do for you, the care is excellent."

Relatives told us, "Staff are very caring, [family member] used to always complain about being sore, but since moving here they don't", "The care is `spot on`, couldn't be better, [family member] came in as a fussy eater and using a walking stick. Now she eats everything and walks without her stick…. go on…explain that!" and, "Staff look after [family member] needs, and nothing, and I repeat nothing, is too much trouble, sometimes [family member] can be quite nasty to staff but they are very patient and tolerant."

We observed how staff patiently talked to people, treating them with kindness, dignity and respect. We saw staff provided support to people which was individual to their needs. Staff told us, "I always explain what I'm going to be doing, I keep people covered up, close doors and always ask permission before doing anything", "I make sure I keep curtains closed, always get people dressed straight away" and, "I ask for people's consent and tell them what we I am doing. When I take people to the bathroom, I close the door, keep them covered with towels. I always keep their dignity."

Throughout mealtimes we observed how staff discreetly offered people support and heard them asking, "Do you find it easier eating the mash with a spoon?", "Shall I put this on [referring to an apron for one person] to keep your pretty clothes clean" and, "Are you enjoying that? Would you like some more to eat or drink?"

We heard one person telling staff she did not want a dessert stating, "I haven't paid for it and can't afford it", we observed staff kneeling beside them and discreetly responding, "It's fine [person's name], it's all paid for so don't you worry, now what would you like?" Another person was becoming restless at the table and we observed a member of staff sitting down next to her, placing her hand gently over the person's hand and asking, "Would you like to sit with me and have some lunch?" The person nodded, sat down and continued to eat their full meal.

People were involved in decisions about their care. Staff told us they followed people's wishes and always offered them choice. One relative told us, "I`m involved in [family member's] care planning and get regular updates every time I visit, [family member] can be a bit shy and stubborn and has fallen a few times but here they have pressure pads and everything in place to try and keep them safe, fit and healthy."

Staff supported people to maintain contact with their families and friends. Staff understood who was important to each person, their life history and background. Throughout our inspection we saw relatives coming and going all day. We saw how staff warmly welcomed relatives and included them in activities, meals and drinks being offered.

Staff had received training on equality, diversity and human rights. Staff told us how they embedded this training into their practice and told us, "I like to treat people how I would like to be treat" and "I treat people how I would treat a member of my own family."

At the time of inspection nobody was using the services of an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them to make decisions. The registered manager knew how to get this support for people should they require it and we saw there were leaflets and information about local services available should people need it.

Good

Is the service responsive?

Our findings

The service was person-centred. Person-centred means the person was at the centre of any care or support plans. Throughout our inspection we observed how staff focused on promoting people's individual needs. People were supported by a staff team who supported them to have a voice and be involved in making decisions about their care.

Following an assessment, plans of care and support were developed to record how to provide the care the person required. Care plans covered areas such as personal care, communication, dietary needs, risk of falls, undernutrition and risk of skin damage. Care plans indicated that where possible people should always be encouraged and supported to do as much for themselves as possible.

We found clear evidence in care records of how they reflected people's current needs and these were being regularly reviewed. For example, we saw recorded in one person's care plan, 'I am no longer able to verbally communicate; please observe my facial expressions and body language to be aware when I am upset or in pain. I will pull away if I am not happy and can shout out. I don't understand pictures or signing.' We also saw evidence that care plans had been updated when people's risk of falls or undernutrition had increased.

Care plans provided staff with clear guidance on the best way to support people and reflected people's unique identity. Staff told us they had enough information to help them to care for people well. We saw where they could be, they had been involved in agreeing their plans of care. One person told us, "When I first moved in here staff sat with me and talked to me about what support I needed, they are always checking everything is still ok for me." Another person said, "I plan my care needs with the carers and we speak daily." Relatives told us how they were always, "Kept up to date" and involved in everything, "That's going on with their relatives."

Care files considered people's individual preferences and choices and included the people important to the person. People's likes and dislikes were recorded in areas such as food and choice of clothing as well as preferred routines. For example, we saw recorded in person's care plan 'Staff to involve me in choosing my own clothes. I prefer to wear trousers with an elasticated waist band with t-shirt or jumper. I like to wear colourful patterned socks and 'PJ's' at night.' In another person's care plan, it stated, 'I like to have 2-3 pillows and a 'throw cover' when I go to bed so I am more upright and kept warm. I will let staff know when I would like to go to bed.'

The service had extensive outdoor gardens which the provider had landscaped to make them a safe and stimulating environment which was accessible for all people to use. We heard how there was an abundance of wildlife which visited the gardens each day. People told us how they liked to watch out for the different types of visiting birds. We were told by the registered manager about a new water feature and sensory garden which the provider is going to be developing in the spring following people's requests.

Staff had received training on equality, diversity and human rights. Staff told us how they embedded this training into their practice and told us, "I like to treat people how I would like to be treat" and "I treat people

how I would treat a member of my own family."

Staff told us they had time to talk and build relationships with people, one member of staff said, "We have time to sit and talk to people and not rush around, the managers support us to spend time talking to people." Throughout our inspection were observed staff having quality time to sit and talk to people and engage them in different activities.

The provider employed an activities co-ordinator to ensure there was a wide range of activities provided within the service and the wider community. We observed activities on the day of our inspection which included word games, music and sing-a-longs, Christmas cake decorating and pamper sessions.

We spoke with the activities coordinator who had been employed at the service for over six years. They told us, "I consider activities and my role to be enrichment of life for residents. We do Bingo, make Christmas decorations, quizzes, baking, decorating cakes, sing-a-longs and guess the country which always stimulates conversation about holidays. Remember Me is also a good one where people tell us about what they did when they were younger."

We heard from relatives and staff how the activities coordinator moved around the service to ensure everyone was involved in some form of activity each day. We were told the activities coordinator took time to ensure people who did not join in group activities received a one-to-one pamper session where they would have a manicure, hand or head massage.

The registered manager told us, "We also go out to the garden centre and for a pub lunch, we try to get people out as much as possible."

At the time of the inspection the home had all their Christmas decorations up, people had been involved in helping to decorate trees and there was a lovely atmosphere throughout. We were also told by people and their relatives how a local choir had visited the service recently to sing Christmas carols with everyone. Staff also told us how different local churches attended the service each week, held services and holy communion for those people who wished to attend.

People's care plans included their end of life wishes and choices. The staff were clearly passionate about providing the best, most compassionate and respectful end of life care to people. The service was extremely responsive to people's needs and wishes so they could have a dignified death and we were told how they worked with partner agencies to ensure people's final wishes were supported. For example, we saw evidence of how one person had been supported at the end of their life to remain at the service with the relevant care and support therefore not being admitted to hospital which was what they had asked for in the end of life care plan.

Where appropriate we also found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms. These were clear, with agreed instructions for when a person's heart or breathing stops as expected due to their medical condition, that no attempt will be made to resuscitate them. These were up to date and reviewed. They were kept at the front of people's care plans to ensure people's final wishes were observed.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats

to meet people's diverse needs. Staff knew people well and knew how each person communicated.

The provider had a complaints policy and procedure in place. Feedback was sought from people in a range of ways to support each person to have their say on the service they received. For example, easy read documents, a comments post box and people were also asked during their individual care reviews with their key worker. We found there had been one complaint since our last inspection which the provider had appropriately responded to this.

People told us they knew how to complain if they had any concerns and they felt confident their concerns would be listened to and acted upon by the registered manager. Comments included, "Complaints! It's the opposite in fact, no one has anything to complain about, we get our laundry done, the rooms are immaculate, they really love us and the food is excellent!" and, "Oh, there will be no complaints from me, everyone is lovely."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the service was rated good. At this inspection we found there was a deterioration in the quality monitoring and governance of the service and have therefore rated the service as requires improvement in this area.

We found the provider's governance processes were not robust enough and had not identified the issues with the safe management of medicines we found during this inspection.

The provider had a range of quality monitoring systems in place for the auditing of medicines which were currently being undertaken by both the registered manager and deputy manager. We found some of these audits had failed to pick up on the recording issues we found during our inspection. The provider immediately acted to review their medicines management procedures and provided us with an update of the actions they had taken to ensure records were being completed accurately and improved their quality monitoring systems.

Other quality assurance and environmental audits were undertaken by the management team. These covered all health and safety requirements and good housekeeping to ensure the service was well maintained and staff were competent in their responsibilities to control the spread of infections.

People we spoke with knew who the registered manager was and spoke positively about them. People told us, "It's a very good, friendly atmosphere here and the manager has a good, reliable team working with her, the staff have a calming effect on everyone, and seem to have been here a long time. They respect you and they are very caring and worried about your safety" and, "The managers would sort out any problems - not that we have any as everyone looks after you and takes care of you."

Relatives told us, "Everything is good-to go and that gives me peace of mind that my [family member] is being looked after which is a massive weight off my mind", "When the time comes, I would come here myself!" and, "The atmosphere here is excellent and I have full confidence in everyone from the housekeepers to the manager."

We saw a recent commendation letter sent from a relative to the provider which read, 'Every member of staff has treated our [family member] with respect and as one of their own. You all have patience, warmth and generosity in abundance. The team should be very proud of everything you accomplish in a 24-hour day. The kindness of every member of staff and their ability to understand the little things mean so much and should be celebrated.'

One professional told us "The service is well led, the managers and seniors are very good, they manage some complex people. They take any feedback and advice on board, take immediate action and share with the care team so quick action is taken."

Staff spoke positively about the management team and told us how proud they were to work at the service.

Staff told us, "I love it, I really feel like I've been here forever. I get a handover each morning and I know exactly what I'm doing each day, where I'm supposed to be and what I'm doing. Staff support is excellent."

The registered manager told us of their open-door policy where staff were made to feel welcomed, supported and listened to if they had any concerns. One member of staff told us, "[Registered manager] is so supportive, I would never worry about going to speak with them."

The registered manager was supported by a deputy manager and nine senior care staff who were available at the service every day and night. The service had a settled, well-established staff team, this meant people received continuity in their care and support.

The registered manager told us the provider visited the service each week, undertook visual checks on the service and discussed any areas of improvement required. These visits were not always being recorded. We discussed this with the registered manager who informed us this would be discussed with the provider, formalised and would be recorded going forwards.

Care workers meetings were held regularly and we were told by staff they felt they could 'speak freely' at these meetings and share their suggestions for service improvements

People were supported to provide feedback on the quality of the service they received. We saw surveys of the people who used the service and their relatives had taken place during the previous year, any suggestions from surveys had been used by the registered manager to make improvements to the quality of the service. For example, we saw people had suggested a water feature in the garden and this had been purchased ready to be installed.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 Medicines were not being managed safely and following NICE guidelines to ensure people received them as prescribed.