Runwood Homes Limited

Lower Meadow

Inspection report

Drayton Avenue
Stratford Upon Avon
Warwickshire
CV37 9FL

Tel: 01789268522

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 30 August 2016 and was unannounced.

This service was last inspected on 30 June 2014, when Lower Meadow was registered to provide accommodation and personal care for up to 47 people. We found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Lower Meadow reopened in May 2016 following a redevelopment and is now registered to provide accommodation and personal care for up to 69 older people, including people who are living with dementia. At the time of our inspection 58 people lived at the home.

The home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager in post. Since our last inspection, there has been a change of registered manager. The new manager registered with us in May 2016 when the home reopened.

People enjoyed living at Lower Meadow and they considered it their home. People received care that enabled them to live their lives as they wished and people were supported to remain as independent as possible. People were supported to make their own decisions and care was given in partnership with their wishes.

Care plans contained relevant information for staff to help them provide the individual care people required, however care plans were not reviewed on a regular basis. People's care and support was provided by a consistent, experienced and knowledgeable staff team who knew people well.

People were encouraged and supported by a caring staff team. People told us they felt safe living at Lower Meadow and staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions to take if they had any concerns for people's wellbeing or safety.

Staff received training to meet people's needs, and effectively used their skills and knowledge to support people and develop trusting relationships.

People were supported to pursue various hobbies and leisure activities which enabled them to strengthen and build relationships within the home and wider community. Potential risks were considered positively so that people did things they enjoyed and kept in touch with those people who were important to them. Where potential risks to people's safety were identified, some of these were not always effectively monitored to make sure people remained safe and well cared for.

People had meals and drinks that met their individual requirements and people said they enjoyed the food choices provided.

People told us they could raise concerns or complaints if they needed to because the registered manager and staff were always available and approachable and people were confident they would be listened to.

The provider had quality monitoring processes which included audits and checks on medicines management, care records and staff practices. Some of these audits had not identified the improvements we found during our inspection visit. We found the reporting of some statutory notifications relating to serious incidents was not always effective. We found some serious incidents we should have been made aware of before the inspection visit, had not been completed and sent to us.

We found a breach 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 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?

Good

The service was safe.

People felt safe living at the home and they were supported by enough staff who were available to provide their care and support. Staff understood their responsibilities to report any concerns about people's safety, although some equipment checks were not always completed which had potential to put people at risk. People were supported with their prescribed medicines from trained staff. Regular medicines reviews ensured people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained and knew people well so they could effectively meet their individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and gained consent from people before supporting them with personal tasks. The registered manager understood and worked within the principles of the Deprivation of Liberty Safeguards. Staff referred people to healthcare professionals when needed and worked closely with other professionals involved in supporting people's care and support.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's needs. Staff had a good understanding of people's preferences, how they wanted their care delivered and how they wanted to spend their time whilst promoting independence.

Is the service responsive?

Good

The service was responsive.

Staff had a good knowledge of the needs of the people they were

caring for. People felt able to speak with the registered manager and raise any issues or concerns knowing their concerns would be listened to. People were supported to maintain important relationships and were involved in care planning decisions, and how they wanted to spend their time pursing their hobbies and interests.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were pleased with the service they received. Staff felt supported, valued and confident in the provider's ability to support and listen to them. The registered manager and staff team worked well together and people had opportunities to share their views about the service. The registered manager analysed incidents and accidents but in some cases, did not notify us when people sustained injuries and received support from other healthcare professionals.

Lower Meadow

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 30 August 2016 and was unannounced. The inspection was carried out by four inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We spoke with the local authority, who did not provide us with any information that we were not already aware of. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time during the visit talking with people in the communal areas and in their own rooms. This was to see how people spent their time, how staff involved them, and how staff provided care and support to people when required.

We spoke with 15 people who lived at Lower Meadow to get their experiences of what it was like living there, as well as five visiting relatives. We spoke with the registered manager, a regional care director, 13 care and senior care staff who provided people's care and support.

We looked at seven people's care records and other records including quality assurance checks, medicines and incident and accident records.

Good

Is the service safe?

Our findings

All of the people we spoke with enjoyed living at Lower Meadow and felt safe with one person saying, "Yes I feel safe enough." Some people were unable to explain exactly why they felt safe, but one person responded, "Yes, because there are plenty of people about. There is safety in numbers." Another said, "I can't help but feel safe because they look in on me." When asked who they would talk to if they felt unsafe, one person gave us the names of two people they would speak with

People were protected from the risks of abuse because staff had completed training and understood what constituted abuse, and the actions to take if they had concerns about people's safety. One staff member said, "Safeguarding is keeping people safe, people with dementia are vulnerable. I know to look for bruises and changes in people's behaviours." One staff member explained what they would do if they found unexplained marks or bruises, saying, "I would complete a body map and record what I'd found, tell the managers."

All the staff told us they had not seen anything that gave them concern. The registered manager understood their responsibilities to notify us and explained the actions they would take if staff or they suspected abuse. The registered manager said, "I would call the safeguarding team and tell you (CQC)." Since Lower Meadow opened in May 2016, there had not been any safeguarding concerns.

Risks associated with people's health and wellbeing had been assessed, and care files informed staff how to manage them. These included risks associated with people's mobility and if they required equipment to help them move, what equipment was needed. Pressure area management procedures were in place for people at risk of skin breakdown. This included regular checks by staff on people's skin condition, and the equipment required to minimise risk such as pressure relieving mattresses and cushions. People who spent most of their time in bed were repositioned regularly to relieve pressure. Records showed people were repositioned as required and staff knew how to reduce potential risks. One staff member said, "I know what to do if I have any concerns about people's skin. If there is any redness, I would let the CTM know, they would go and check it out and inform the district nurse."

People who were assessed at risk of choking had been referred to speech and language therapists (SALT) and where prescribed, specific dietary requirements such as pureed diets were followed by staff. Staff knew the risks associated with people's care, they told us, "Each person has risk assessments, I do read them but you have to make time to do this" and "If there are any changes to people's care and risk assessments they [CTM] let you know in the handover."

There was enough staff to meet people's needs. People we spoke with confirmed there was enough staff to support them. People told us that generally staff were quick to respond when they used their call bells. "You may have to wait five minutes" and "They will come as quick as they can." One person told us they had used their call bell when they felt unwell, "Yes they were quick, they are always on hand." One person told us that while there were busy times when a couple more staff would be useful they went on to say, "But one or two more would be too many at times." One relative told us, "From what I have seen I think so (enough staff).

They are hands on. They don't seem stressed and have time to talk."

Staff told us there was enough staff to meet people's needs. Comments included, "With five staff we can do what we need to" and "There is usually enough staff with five, breakfast isn't too bad as the kitchen and domestic staff help out and the activity co-ordinator is usually around so that's an extra pair of hands. We are able to do what we have to." Although staff confirmed to us there were enough staff, several staff felt they needed more 'eyes and ears' on the floor. Staff said this was due to the layout of the home, as there were lots of areas for people to use and people were able to spend time where they wished. Staff said people were safe, but there were occasions when people were not always supervised.

The registered manager told us they used a dependency tool. This is a method of deciding how many staff are needed in relation to the levels of dependency and need of people who lived in the home. They said, "I am very happy with the levels because I don't see anyone waiting, staff have the time." They said if staff needed help, they would and did help on shift which staff confirmed.

People told us they received their medicines at the right time and as prescribed. One person said for pain relief medicines, "I only have to ask for it when I want it. They are very good." People received their medicines from trained staff. A CTM who administered medicines told us their skills had been checked to ensure they administered medicines correctly. They said, "Medicine training is thorough; we get checked to make sure we are doing things safely." They said they were pleased with this arrangement as it gave them confidence they administered medicines safely. The registered manager told us they and the deputy manager checked staff's competence to make sure people's medicines were managed safely.

Some people had medicines 'when required'. Written guidance informed staff when and why these medicines should be given to ensure consistency in administration. The Medicine Administration Records (MARs) we looked at were signed and up to date, with no gaps in recording. Regular stock checks and audits were completed and checked against the MARs, and these ensured people continued to receive their medicines safely and as prescribed. We looked at medicines that had variable doses and found staff administered those medicines in line with people's prescription. Medicines were stored safely and securely.

People had equipment to help them transfer safely which had been tested and found fit for use. Some people had specialist air mattresses to help reduce skin breakdown. The registered manager told us these were checked every three months, however we found some air mattress settings were not set correctly. We spoke with the registered manager and regional director of care about this and before the inspection visit finished, they put a system of daily checks in place and guidance that advised staff how to check air mattresses remained effective.

Systems were in place to keep people safe in an emergency. These included regular fire alarm testing and fire drills so staff knew what to do to evacuate the building. Each person had a personal evacuation plan that provided the emergency services with important information about people such as their mobility and any equipment they used. Coloured dots on people's doors provided emergency services with a quick reference of those who could evacuate independently and those who required support.

Good

Is the service effective?

Our findings

People told us they liked the staff and found staff knew what to do, and how to support them on a daily basis. People said staff were always available and when they did anything for them, it was to their satisfaction. Comments people made were, "I have never seen a member of staff yet who is nothing but superb. I don't know who trains them but they are well trained" and "I think they do a good job."

Staff told us they felt they had the right skills, training and experience to carry out their role effectively. Staff said they completed an induction which involved working alongside experienced staff members before they provided care on their own. Staff said, "I have the skills to meet people's needs. We are trained to use a hoist and I have had dementia training." One staff member said, "If you need any training you can always ask the managers." One staff member explained to us how informative they found their dementia training saying, "It taught me about the condition and why people behave in the way they do."

One to one supervision sessions were used as an opportunity for staff to discuss the training they had received. For example, one staff member told us how a discussion with the dementia care manager had helped them to understand a person's specific behaviours, "The discussions helped me to provide better dementia care as the person concerned could be challenging. I felt better able to work with the person and to see things from their perspective."

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 to comply with the Deprivation of Liberty Safeguards (DoLS). People were treated under the Mental Health Act, but we found people had capacity to make their own decisions. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure people's freedoms were effectively supported and protected.

The registered manager understood when and how to apply for a DoLS authorisation. For example, because of building work, some people had been moved to the provider's other homes. They had recently moved back to Lower Meadow and this meant 15 DoLS applications had been resubmitted because the person's address had changed. These had not yet been approved. In the meantime, the registered manager understood some people were vulnerable in different ways and protected people where possible, for example supporting people to go out of the home with a staff member to ensure they remained safe.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care in line with the principles of the MCA. One staff member told us, "People have the right to make their own choices, I listen and give people time to make choices." Staff asked people for consent before carrying out tasks, and we observed this during our inspection visit. For example, we saw on three occasions staff checked with people before moving them with a hoist that they agreed to staff doing so. Staff also talked the person through the process and reassured them at each step.

Staff knew when they needed to make decisions on a person's behalf. For example one member of staff said, "Most people here are unable to make certain decisions, we (staff) support them to do this on a daily basis, in their best interest to make sure they have enough to eat and drink and are clean and comfortable. Most have family who support with other decisions." Another comment was, "The MCA is about people's ability for decision making, most people lack capacity in certain areas but they can make everyday choices and decisions."

Care plans included completed capacity assessments for people who required support to make decisions. Staff said most people had capacity to make daily decisions about their lives. Where people required support to make every day decisions, for example what to wear, or eat staff supported people in their best interests, and family members and health professionals had been involved in best interest meetings.

People received food and drink which met their needs. People told us the meals were 'tasty and home cooked'. People told us they had a choice of meals and could choose where they wanted to eat their food. People and relatives told us the food was 'lovely'. We saw staff aid the memory of people who lived with dementia by plating up the meals and showing the choices on the plate. A relative confirmed this saying, "They are often brought in to show [person's name] what they look like. The meals are hot, well presented and always delivered with a smile and that smile is so important. The staff will sit with [person] and feed [person] as necessary."

People with complex needs were supported by staff to ensure they received the food and drink they needed. Staff said, "Several people need assistance to eat, there are enough staff to do this." Staff explained, "There is a list that tells you if people need pureed food. There is also a list in the kitchen and the cook sends meals out already pureed." During our inspection visit we saw people were provided with food in line with their needs and care plans, as well as responding to people's preferences on the day. For example, one person was given their meal and said, "I would rather have a smaller helping if I may." It was immediately taken away and a smaller helping brought back.

Where people required their food and fluid intake monitored, they had food and fluid intake records completed by staff. Some of the records we looked at during our visit showed staff did not always record specific detail about the food they had consumed. This meant we could not be certain that people always received the required additional support to ensure they remained nourished and hydrated. For example, a relative said they had noticed food and fluid charts were not being completed so we checked their family member's food and fluid charts. We found unexplained gaps in the recording. For example, on 28 August 2016 they had drunk 450ml but their last drink was recorded at 5.00pm and their next drink was recorded at 8.30am the following day. On the 28th August they had drunk 625ml with the last drink at 5.00pm and the next at 8.00am the following day. There was no consistent recording and totalling of fluids which meant it was difficult to determine whether the person had enough, or whether fluids needed to be encouraged.

People told us they had access to, and used the services of other healthcare professionals. Senior care staff arranged healthcare appointments if people's health conditions or behaviours caused them concern. Records confirmed people received care and treatment from other health care professionals such as their GP, district nurses, opticians and chiropodists. Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. Senior care staff told us any advice was followed.

Good

Is the service caring?

Our findings

During our inspection visit, we saw people and staff were comfortable and respectful in each other's presence. People told us they liked the staff and we saw some people smiled when staff greeted them. People liked to spend their time with staff whether inside or outside in the garden area. During our visit, people were supported by staff to go out into the garden area to enjoy the good weather and we saw staff talking and laughing with people.

People spoke positively about the caring nature of staff. People said, "Staff are caring, they have a laugh with me, I like a laugh and a joke", "All of them are caring and gentle, they don't rush me" and "Never any problems as I know most of them." We saw people blew kisses to staff through the window, staff blew kisses back and we saw people reacted in a positive way that showed they enjoyed these caring exchanges. We saw staff listened to people and acted on their wishes. For example, at lunchtime a person requested to see the hairdresser. The CTM arranged an appointment for them later on in the day which pleased them.

Relatives told us how important it was to them and the families, their relations were well cared for. Every relative we spoke with was very complimentary about the caring attitudes of staff. One relative told us, "On the whole they are lovely and they are caring. The staff are warm and friendly. They are so patient." Another relative told us how staff respected their family member's views and opinions, "What my mother has to say is important and the attention she is given is focussed on her." A relative spoke highly of care staff and explained that care staff saw people as individuals and respected their individuality. They told us their family member liked to be kept busy and said, "[Person] is not a nuisance and most importantly they celebrate who [person] is and use their energies in a really productive way. [Relative] feels she has a place and that she is useful and needed and by giving her little jobs to do she is still able and functioning. They are so supportive of where she is. They are harnessing her energies and using them really positively." Another relative told us, "They understand the situation and are empathetic to the situation."

We saw throughout the inspection visit that staff knew people well, and they used people's preferred names to give them a sense of identity. During the morning we saw a member of care staff support a person to have a drink. The person had just woken up and was a little shaky. Initially the staff member held the cup for them and as they got a little steadier, they supported the person to hold the cup but remained kneeling by their side should they need assistance. They chatted to the person whilst supporting them, and took their time so the person drank at a pace they preferred. Staff recognised caring for people was important, one care staff member said, "Good care is treating everyone differently, listening to people, giving people choices." Another care staff member said it was important to, "Take the time to natter to people, about the weather, what's been on the news." Staff said friendly positive engagement with people showed they cared about them and how they were feeling.

People were given choices about how they lived their lives and received support in line with their preferred routines. For example, people we spoke with said they could get up when they wanted to, and go to bed at a time that suited them. One person said, "You can get up whatever time you like. If you wanted to go to bed early, you only just have to tell them." One relative said the home felt relaxed, "Within seconds of being here

it was evident you can munch on nibbles when you want and you can get up at 3.00am and have tea and toast." We asked one person sitting in their bedroom whether it was their choice to do so. They responded, "I don't like the idea of it (going to the lounge) so I don't go and I don't want anybody interfering with the fact I don't do it. I enjoy my own company." We asked one person if they could have a shower when they wanted to. They responded, "When you feel like one you just say 'have you got time to give me a shower' they are quite good."

People were individually and smartly dressed. It was clear that for many, their personal appearance had been and continued to be very important. One lady was in bed and although they were wearing their nightdress, their hair had been done, their nails painted and they had been supported to put their jewellery on. Other ladies had also been supported to put on their jewellery and their clothes had been chosen with care so they were co-ordinated. We saw some staff complimented people, saying "Your hair looks fabulous today", and "I like that colour you are wearing it suits you."

People interacted well with each other as well as with staff. With their permission, one inspector joined three ladies sitting having a chat together. People clearly enjoyed the opportunity to be together and the friendly interaction.

People were treated with dignity and respect. Relatives told us they felt people were treated with respect. One relative said, "Yes definitely", "They are always very good." People said they felt comfortable when staff supported them with personal care. People told us staff carried out personal care in a way that respected their privacy and encouraged their independence. One person told us, "They [staff] help me to wash and put cream on my legs for me. They are very good, always kind." Throughout our inspection visit we noticed that staff were polite, respectful to both people and each other in an environment that felt relaxed.

Good

Is the service responsive?

Our findings

People felt staff responded to their needs and they did not wait too long for assistance. One person told us, "If I need something I press the bell, they come usually pretty quick." We heard call bells ring and saw staff attended to people in a short period of time.

Staff were responsive to people's needs throughout the day. One visiting relative told us their relation used to get upset and anxious. They were complimentary of the staff saying they thought staff responded well and with this support, the person's emotional state had improved. They said, "She is not crying – the emotional support she is getting here is really significant."

People and relatives were involved in care plan decisions and felt staff used this information to meet people's needs, especially when their needs changed. Care plans we looked at provided staff with good information about people's needs and the tasks required to meet their needs. Plans were individualised and included people's preferences, past history and how they would like their care provided. Not all the care plans had been reviewed, but there was up to date information about changes in risks to people. For example changes to moving and handling risks had been recorded and passed to staff, so staff continued to have accurate information to support people safely.

Staff knew the people they supported. Staff told us they looked at care records to find out people's needs, but found they contained too much information that was not always relevant as people's needs had changed over time. Staff said because of this, they did not always have time to read all of the persons' care record. Staff said an 'at a glance' sheet would be helpful as this would provide a short summary of the person and their current health condition. Some people already had these in place in their bedrooms. We discussed this with the registered manager who said it was a good idea and they would complete them for everyone.

Staff handover meetings at the beginning of each shift provided staff updated information about people. One care staff member said, "We have good information in handovers, they don't just say people are 'okay', but tell us if they have eaten and slept well. For example this morning we were told [name] didn't sleep well last night so we know why [person name] seems tired today." They went onto say, "The handover information to support the shift, is also written down so we can refer to it if we need to." We looked at a sample of handover records. There were two 'handover' reports each day. These included an update of what people had eaten and drank, their sleeping pattern, how they spent their day, and any concerns, for example; redness on people's skin. Any concerns identified were transferred to another handover sheet for actions to be taken. Handovers were also used to provide staff with information about new people moving to the home so they knew a little about the person before meeting them and providing care.

The majority of people and relatives were supported to take part in meaningful activities or that provided interest to them. Comments from people included, "There are things going on mornings and afternoons, I do join in, it depends what it is" and "There are activities I like the bingo and knitting groups". One person said, "They paint my nails for me, I like my nails to be painted." They also said for them, there was plenty to

keep them involved. They said, "I read and knit. I do some crosswords in the paper. I can usually find something to keep busy and they have entertainers come in sometimes." Some people we spoke with were visiting the seaside later in the week and were looking forward it.

One relative said staff spent time with people getting them involved in activities which helped stimulate them physically and mentally. A relative told us, "They do try hard to keep people interested and involved. There is usually music playing and staff will often sing with people." We saw this on the day of our inspection visit, staff sang along to music playing in the lounge and encouraged people to join in and to have a dance with them. Another relative told us, "They have a good activities co-ordinator who comes in and she tries her best." When asked if staff provided one to one activities in people's rooms, the relative responded, "I don't think [activities co-ordinator] does that." One person we spoke with said they were bored but did not explain why, or what they wanted to do.

Some people said when the activities co-ordinator was not working, (they were on leave during our inspection visit) there was less to keep them occupied as staff did not always have additional time to spend with them. The registered manager agreed with this, and said they were looking at ways to prevent this from happening, such as increasing staff to cover the activity co-ordinators absence. The registered manager said the activity co-ordinator had recently started arranging activities such as a 'knit and natter' and coffee mornings where people from the local community were welcome to attend. They said the home had not been open long, and some people had only recently moved it and this was an area that was still developing and improving. Families were encouraged to bring in photos and information to help staff know more about the person, and what they enjoyed.

People and their relatives knew how to complain about the service. A typical comment was, "If we need to contact somebody there is somebody there, we are not ignored." People and relatives comments demonstrated they felt confident to raise concerns and action would be taken. Information that told people how and who to complain to was displayed in the communal areas.

We looked at how written complaints were managed by the service. Records showed the provider had not received any formal complaints since the home reopened in May 2016, following a major redevelopment. The registered manager said they had not received any formal complaints and given the recent move and refurbishment of the home, they were proud of this. They said, "Everything went well, people and families were consulted at every step of the way, and now we have moved in, everyone is happy." They said, "My door is open and people and relatives can see me when they want. I have set up meetings every other Wednesday so people can talk to me if they have any issues."

Requires Improvement

Is the service well-led?

Our findings

Prior to our visit we checked to see the statutory notifications we received. We had received some statutory notifications which the provider was required to tell us about. It is a legal responsibility for the provider to send us a statutory notification for important events which affect people, or the running and management of the home. We discussed statutory notifications with the registered manager and asked them to give us examples of when a statutory notification would be required to be sent to us. The response from the registered manager told us they were unsure what constituted a statutory notification, particularly when people sustained serious injury and required treatment or intervention from other healthcare professionals.

During the course of our inspection visit we looked at people's care, support needs and their records and found some examples when people had sustained a serious injury, but we had not been notified. For example, one person was identified in August 2016 of being at extreme risk of falling. This person had nine falls since May 2016, three of which had resulted in the person receiving injuries that required treatment either by paramedics, or in hospital. In one incident, the registered manager said the person was found on the floor with a head injury and was taken to hospital. We asked why a statutory notification had not been sent to us. The registered manager said, "I didn't know I had to… your telling me something I did not know." We saw care records for two other people who had fallen resulting in their injuries being treated by other healthcare professionals which we had not been informed of. One of these people had sustained a fractured pelvis from a fall on 13 July 2016. When we asked if a statutory notification had been sent, the registered manager said, "I haven't done it."

This meant the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had systems that showed incidents and accident forms had been completed and where appropriate, people received the support they needed. The registered manager told us they analysed incidents, such as falls for any emerging patterns and took measures to reduce the potential of further incidents. The registered manager said for those people at risk of falling, measures were taken such as alarm mats, low profile beds, people assessed for bed rails and people being referred to falls clinics. The registered manager said their analysis made sure necessary measures could be taken to help keep people safe. By analysing the records and actions taken we were satisfied people received the care and treatment they needed, however a failure to notify us of these events meant the provider was not carrying out their legal obligation to notify us.

People and relatives were complimentary of the care and support they received. People had settled into the home following the refurbishment. People and relatives we spoke with said before they moved into the home, they were consulted, involved and given a choice of room, and were possible, which floor they wanted to be on. Some people who lived in the home previously had formed important relationships and this was considered when rooms were allocated. The registered manager said the move was well managed,

everything had settled and people were familiar with their environment. A relative was pleased with the service provided, saying, "I would absolutely fully support and recommend this care home. I feel confident I can ring at any time and chat about my mother. I feel confident enough now to have a bit of a life. They are not 100% all the time, but they are the best they can be" They said, "On the whole I think they are very good."

People and relative's feedback was sought, and they had opportunities to attend regular meetings either as a group or on a one to one basis. The registered manager recognised it was important for them to be available to speak with people if they had any ideas or concerns. They told us they wanted people to do this, so every other Wednesday until 8:00pm, they held an 'open door' for people or relatives to speak with them. The registered manager said it was too early to hold surveys seeking feedback following the recent opening, but said these were planned in the future.

The registered manager said it was important to be visible and involved. They told us they walked around the home, helped staff on shift, and occasionally came in at weekends to support staff, but also to use this as an opportunity to see staff deliver care first hand. The registered manager told us they had formed important and successful relationships with a local GP surgery that ensured people had easy access to and support from local GP surgeries and district nurse teams. The registered manager said they were pleased because it meant people did not have to wait to see other healthcare professionals and the GP's input meant people received prompt medical intervention, such as medicines reviews to ensure their health and welfare was maintained.

Staff were complimentary of each other and the registered manager. Staff said they enjoyed working in the home and felt well supported by the CTM's and the management team. Comments included, "The manager is approachable and supportive. I feel I could report to her if I had any concerns if the CTM wasn't available" and "The manager keeps us informed about everything. She goes about things quietly; she is not one to make a big fuss. She is a hand on manager and will help out if we are short staffed."

Staff told us they shared their views at staff meetings and regular supervision meetings which gave them opportunities to raise any issues or suggestions. One staff member said, "I can be open and honest with the CTM and managers, that's how I like to work." Staff said they were confident any ideas for improvements would be listened to. Staff said it was also a chance to discuss any new training opportunities.

A senior staff member told us, the new home had brought about positive changes to staff attitude and practice. They said, "We have changed the way staff work, which has improved their practice. They are more flexible in the way they work and are now willing to work in different areas, which means they get to know people and have a better understanding of them. This has been very beneficial for both staff and residents."

We looked at systems of checks that ensured people received a quality service. We found some improvements were required, which was acknowledged by the registered manager. They told us and we found, care plans were not reviewed as required. They were addressing this by giving additional hours for a CTM to have time to review and update care records. To ensure people's records were correct, important information or changes to people's care were recorded in care plans so staff provided the care people needed.

We found some checks were not always effective in maintaining equipment people used, was fit for use. For example, we found the pressure settings on some of the air mattresses were clearly not accurate which could have presented a risk to people's skin. We were told that the air mattresses were correctly set when they were installed by the external contractor, but as there were no records maintained of what the correct settings were, staff were not always identifying when there was an issue.

We checked three people's air mattress settings to check they were set to the correct setting (settings for the air mattress should be set to the person's body weight to reduce further skin breakdown). One person weighed less than 39kg, however their mattress was set to 50kg, another mattress was set at 125kg and the person's recorded weight was 32kg, and another mattress was set at 50kg and their weight was 40kg. The registered manager and staff were not aware of these issues and did not have effective systems that checked people's mattresses provided the support they needed, to help prevent further risks. Before we left the visit, the regional care director put a system of checks in place that provided information to staff in how to check air mattresses remained effective.

We found a lack of effective monitoring for food and fluid chart completion. We found information that recorded what people had eaten and drank was inconsistent and not in line with what people were required to have. The registered manager knew some people's food and fluid intake was monitored, but there were no effective checks and monitoring in place. When we spoke with the registered manager about this, they were not aware checks were completed inconsistently.

The provider monitored and audited the quality and safety of the service provided. Records showed that unannounced senior manager's visits had been undertaken to check that the homes were run safely and effectively. Where issues were identified, actions were recommended and we were told a follow up audit would be completed that ensured actions were taken that led to improvements.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Care Quality Commission of other incidents by way of submitting a statutory notification when required to do so. Regulation 18(1)(2)(a)(e)