

Indigo Care Services Limited

Green Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This inspection took place on 31 July and was unannounced.

Green Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered for 57 people and at the time of inspection there were 35 people living at the service. The service provided care to older people and people living with a dementia.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission (CQC) in December 2017. A registered manager is a person who has registered with the 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.

The last inspection of the service was carried out in June 2017 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We found concerns relating to risks to people arising from their health and support needs and risks to the premises and equipment. Staffing levels were low and medicines were not administered safely. We also found systems and processes were not in place to ensure effective operations of the service, there were limited checks to ensure the safety of people living at the service and the dining experience did not meet people's needs or promoted their wellbeing. Following this inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good.

At this inspection we found that the provider had made improvements. However, work was still needed to make the administration of medicines safe. We found some medicines were out of stock for up to ten days and staff were not completing the electronic medicine administration records correctly. This is the second time the service has been rated requires improvement.

Audits were taking place with a full action plan along with an analysis and lessons learnt. However, the medicine audit did not highlight any concerns.

Risks associated with people's support needs were now fully considered and correctly documented in care plans.

Staffing levels had increased, and recruitment was still ongoing.

We have made a recommendation about staffing levels.

Accidents and incidents were recorded, analysed monthly with an action plan to support any lessons learnt.

The registered manager understood their responsibilities in relation to the DoLS. 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

Staff training was up to date. Supervisions and a yearly appraisal were taking place or booked in.

Feedback on the quality of the service had been sought and was positive.

People enjoyed the food provided and the dining experience had improved. Specific cultural diets were provided if needed.

People could access healthcare services as needed.

People who lived at the service were safeguarded from abuse. People told us that they felt safe at the service and that they trusted staff. Staff had received training in the safeguarding of vulnerable adults and said they would not hesitate to report concerns.

A number of recruitment checks were carried out before staff were employed to ensure they were suitable to work with vulnerable adults.

People received support from staff who were kind, caring and compassionate. People felt they were treated with dignity, respect and valued as individuals. People's right to independence and choice was promoted.

Staff demonstrated a person-centred approach to care and they knew people well. Care plans had information of people's wishes, preferences and life histories.

We saw evidence of activities taking place and people we spoke with enjoyed them.

The service had a complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had.

The provider and registered manager understood their legal responsibilities, were open and honest about any issues that affected the service and had a wish to further improve the service, so people continued to receive good quality care.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered 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?

Requires Improvement 

The service was not always safe.

We looked at the systems in place for medicines management and found they did not always keep people safe.

Risks to people were assessed and plans were put in place to minimise the risk.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

WE received mixed reviews about staffing levels.

We have made a recommendation about staffing levels.

The provider carried out pre-employment checks to support them to make safer recruitment decisions.

Is the service effective?

Good 

The service was effective.

All staff received training to ensure that they could appropriately support people. Evidence to show staff were supported through supervisions was available

People were happy with the food provided and received a choice. Diets supporting people's cultural needs, were provided if required.

Staff knew their responsibilities under the Mental Capacity Act 2005 and consent was sought.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind, caring and compassionate. People were treated with dignity and respect.

People's independence was promoted.

People were supported to express their views and make choices regarding their daily living.

People were supported to maintain links with their families and people important to them.

Is the service responsive?

Good ●

The service was responsive.

Staff demonstrated a person-centred approach to care and understood people's needs, likes, dislikes and personal preferences.

People were always supported to access activities and follow their interests.

There were systems in place to manage complaints.

End of life care plans were in place for people if they so wished.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The quality assurance audits were completed along with an analysis and lesson learnt. However, the medicine audit did not highlight the issues we found.

People and staff found the registered manager to be approachable and supportive.

The provider and registered manager understood their legal responsibilities and were open and honest about how they wanted to further improve the service, so people continued to receive good quality care.

Green Lodge

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 31 July 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting.

The inspection team consisted of two adult social care inspectors, one pharmacist inspector, a specialist professional advisor (SPA) and one expert by experience. A SPA is someone who has professional experience in this area and an Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to plan the inspection.

During the inspection we looked at seven care plans, medicine administration records (MARs) and daily records. We spoke with the registered manager, the area manager, two senior care workers, five care workers, the activity coordinator and the cook. We spoke with 12 people who used the service and five visiting relatives.

We carried out Short Observational Frameworks for Inspection (SOFI) to observe the people's experience of life at Green Lodge.

Is the service safe?

Our findings

At our last inspection in June 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to make improvements to records in relation to risk assessments and how people received their medicines. We also asked the provider to look at staffing levels as they were low.

During this inspection we checked whether the registered provider had made the required improvements. We found the provider had made some improvements. However, further improvements were needed with medicines.

We looked at the systems in place for medicines management and found they did not always keep people safe.

The home had an electronic recording system for the administration of medicines (eMAR) which all units used. Although this system helped the home to prevent administration and stock errors we found some of these records to be incorrect. For example, on one unit we found one person had not received their medicine to treat a thyroid condition for five consecutive days because there was none in stock. On another unit we found staff were not accurately recording the dose which had been administered, for example one person was prescribed 0.5ml of a medicine for agitation however 1ml had been recorded on 13 out of 14 occasions. As the stock balances were incorrect we could not be sure that the dose given was correct. Therefore, we could not be sure that medicines were being administered as prescribed.

We looked at how medicines were stored and found that they were stored securely. Medicines which required cold storage were kept in fridges. Fridge temperatures were recorded in line with the homes policy on all units. However downstairs the medicine room exceeded the recommended maximum temperature of 25 degrees on 10 occasions over the month of July with no evidence of any actions documented.

We saw that controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were appropriately stored and signed for when they were administered.

We looked at the process for the application of creams. The home had paper topical medicines application records (TMAR) in place. However, for all of the people we looked at the records were incomplete and not accurate. For example, we looked at one record where a cream had been signed to show administration on 31 July 2018, yet this cream was sealed and unopened in the person's room since 16 July 2018. For another person we found an application record for a cream to be applied twice daily. On further inspection we found they were no longer prescribed this cream, but staff had continued to apply. This means we could not be sure topical medicines in the home were being applied as prescribed.

We looked at how the home managed application of pain relieving patches to people and found they were not following their current medicines policy. For example, one person was prescribed a patch for the

management of Dementia. Whilst there was a patch application chart in place for this medicine, the application and removal was not always documented. We also found that the home were not following manufacturer's instructions in relation to the site rotation of this patch.

We looked at how the home managed medicines to be given 'when required'. The home did not always have guidance for staff to follow in the administration of when required medicines. For example, on one occasion we found a medicine prescribed 'as directed' by the GP; there was no guidance in place to inform staff when it should be given and what the dosage should be. We also found that that on two occasions two different doses had been given by staff. For this same medicine staff had recorded an administration reason of 'very agitated' on the eMAR chart yet in cross reference with this person's daily notes staff had described the resident as 'watching television and settled' and 'asleep and settled, has remained settled listening to the radio'. Therefore, we could not be sure staff had sufficient information to administer when required medicines appropriately.

We looked at the processes for auditing medicines within in the home and found they had not identified the issues we had found on inspection. Audits of five residents per month were being undertaken however several times over the previous few months the same residents had been audited three times. Therefore, we could not be sure that the audit cycle was appropriate to meet the requirements of the home.

Whilst the home's audits had not picked up what we had found, since the inspection the registered manager had conducted a robust audit. Issues were identified, and an action plan was put in place to address the issues. For example, further training on electronic medicine records has been requested and a new system to manage topical medicines had been put in place. However, we could not see the full effects of these changes until they become embedded in practice within the home.

These findings evidenced a repeat breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We saw people had risk assessments in place that detailed the actions staff should take to minimise identified risks to them and staff we spoke with were knowledgeable about these. Assessments of the risk of falls people encountered were in place and we saw where appropriate action was taken to minimise these risks. For example, one person who was unsteady on their feet was provided with a sensor mat in their bedroom, so staff were aware if they chose to try and stand so they could respond.

We saw following any accidents the registered manager looked at ways they could improve people's safety and we saw examples of where changes had been made in discussion with the person or their representative. The registered manager analysed the accidents and incidents monthly and used the information to learn any lessons.

All people we spoke with, who used the service said they felt safe with the staff that provided care. Comments from people included, "I feel very safe, definitely. I didn't think I would settle here, but I have", "Overall yes I do [feel safe]" and "I don't sleep in bed, I sleep in the chair, I just feel safer in my chair." (This was the person's choice). One person did say "I feel unsafe in the hoist." We have passed the comment onto the registered manager for them to investigate further.

We saw evidence of premises and environmental risk assessments. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks of emergency lighting, fire alarms were carried out and water temperature checks were taken weekly.

Through observation and looking at rotas we deemed there were enough staff on duty to meet the needs of the people. On the day of the inspection there were one senior care worker and three care workers upstairs for 17 people using the service and one senior care worker and two care workers downstairs for 18 people. The upstairs unit was really busy on the morning and may need an extra member of staff. The registered manager explained they were still recruiting staff and they had two new staff members that were waiting for references to be returned. In the meantime, they were using agency staff to cover the shortfall.

We recommend the provider reviews staffing levels.

The registered manager and area manager explained the provider had put many incentives in place to try and recruit and retain staff. Such as a hero system to recognise good work, awards night, vouchers and a £500 refer a friend scheme.

People and relatives, we spoke with had mixed views as to whether there were enough staff on duty. Relatives comments included, "Staff are very thinly spread, they look frantic", "They are very busy, you have to go and look for carers sometimes, when you speak to management they say they are fully staffed", "Various times they are understaffed, they have a lot of agency staff and even less staff at the weekend" and "The staff come, they are very good." We have passed these comments onto the registered manager.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought, and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with vulnerable adults.

Staff understood the importance of safeguarding issues and whistleblowing [telling someone] concerns and knew the procedures to follow if they had any concerns.

We saw the premises were clean, tidy and free from clutter. Cleaning schedules were in place and records showed these had been followed. Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves.

Is the service effective?

Our findings

At the last inspection in June 2017, staff were not adequately supported through supervision. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff. We looked at four staff files and there was now evidence of staff being fully supported with supervision and a yearly appraisal had been booked in.

People's needs were assessed before they moved to the home, followed by an assessment on admission. The assessments included the person's likes, dislikes, how they communicate, mobility, mental state, cultural needs, social interests and any potential risks. Also, the person's preferences were noted such as, prefers the door open at night.

The registered manager said, "Prior to admission we complete pre-admission assessments and complete our dependency tool assessment. We also liaise with other professionals to attain the most up to date information to ensure we can meet each individual's needs and also where available we will receive copies of Social Care support plans."

We saw certificates to evidence that staff training was up to date. Comments from staff were, "We have had all the training we need, we do e learning on the computer" and "We get a lot of training, very comprehensive e-learning [computer based training] and in house training."

New staff undertook an induction programme, covering the service's policy and procedures and using The Care Certificate materials to provide basic training. 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 explicitly the learning outcomes, competences and standards of care that will be expected. New staff also completed shadow shifts (observing) until they and the registered manager felt they were competent to work alone. One new staff member said, "I am well supported, I can ask anything and they [staff and managers] help me, all the staff are really lovely."

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA and found that they were. At the time of the inspection 19 people had a DoLS in place. There were processes in place to protect the rights of people living at the service. The registered manager had a matrix to record when a DoLS had been applied for, when it was granted or refused and when an annual review was due. We saw evidence of signed consent, such as consent to receive care or have photograph taken.

People were happy with the food and had a varied diet and fluid intake which reflected their choice. Comments from people included, "I like it here, the food is much better now", "The food is quite good, there is nothing wrong with the food. I can ask for something else, there is no problem", "The food is good, a good variety, I just have meat and potatoes, I don't like vegetables. You can get choc ices when you want them" and "It is very good, all good."

We observed lunchtime on the two units. We saw there was good interaction between staff and people who used the service. Choice was provided to people and the food was hot and well presented. Menus were displayed, and condiments were on tables. We saw food that was taken to people's rooms were covered. Meal times were protected from any other interventions such as medicine administration and people were supported to eat in peace.

However, people were brought to the dining room a bit too early and had to wait for their food, we heard comments such as, "I am starving, how long will it be" and "Hurry up." We discussed this with the registered manager who said this had been discussed with staff in the past and agreed to discuss it again.

We spoke to the cook who was very knowledgeable about people's dietary needs such as if they needed fortified foods, or the food pureed. We were told no one required any special cultural or vegetarian diets, however the cook explained they would be provided if required.

People were supported with food and nutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. The Malnutrition Universal Screening Tool (MUST) was used to assess the risk of malnutrition and dehydration. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nourished), or obese. It also includes management guidelines which can be used to develop a care plan.

People were supported to access the healthcare services they needed. Staff had made referrals to other healthcare professionals when needed. For example, we saw records to show people had seen their GP, chiropodist, tissue viability nurse and district nurses. People and relatives told us they had regular appointments with their GP and other healthcare services, which included visiting opticians and dentists. Comments included, "I have seen the chiropodist, I am on antibiotics at the moment" and "It is very good, [named person] has been blue lighted twice to hospital straight away, they [staff] could not have been more caring."

The premises were well kept, and a refurbishment plan was in place to decorate people's rooms and replace carpets. Two carpets on the upstairs unit needed replacing due to malodour. The registered manager assured us that this was down as a priority and were next on the list. The registered manager contacted CQC after the inspection to say both carpets had been renewed. One person who used the service said, "The garden is lovely, especially in the sunshine." The registered manager said, "Residents and relatives played an active role in the garden make over, families helped to paint fences and build flower beds and residents helped with potting plants and watering the flowers."

The registered manager said, "Residents are involved where possible with making decisions regarding the environment, if their room is to be decorated and new floor purchased then residents and their families are actively encouraged to help choose the design. For example we have one service user who loves pink so we helped them create a pink bedroom."

Is the service caring?

Our findings

People who used the service were happy with the care that was provided and said the staff were kind and friendly. Comments included, "The staff are lovely, they can't do enough for me", "The staff are very kind and thoughtful and they listen to me", "The girls are all good girls, I have always been happy. I have never had anyone not nice to me, they are pretty good to me" and "They [staff] all have just been very helpful."

Relatives we spoke with were also happy with the care provided. Comments included, "We were impressed on our first visit, we saw a clean, bright, happy place with staff that were always polite and friendly", "The staff are really kind, [named carer] is lovely right on the ball" and "Undoubtedly, they [staff] are all very warm with [named person], they are so caring but they have time constraints."

Through observation we saw staff demonstrated a kind, caring, considerate and relaxed approach with people. When talking to people they bent down so they were at eye level and held their hand or touched a person's shoulder. One staff member demonstrated a kind and patient approach when they found one person had an item which didn't belong to them. The person was happy with the explanation the staff member provided and handed the item back.

We saw that staff and people who used the service were familiar with one another and there was an atmosphere of trust and calm. Families and friends were made to feel welcome and encouraged to visit when they wanted. One person said, "People can come at any time, one of my relatives came and they [staff] gave them dinner, my relative wanted to pay but they said no."

We asked staff how they supported people's privacy and dignity. Staff explained how they always knocked on people's door before entering and keep people covered as best as possible when providing personal care.

People we spoke with said staff treated them respectfully. One person now struggled to speak in English since their dementia had progressed. Staff had tried numerous ways to communicate such as using flash cards. They worked closely with the family to support this person as best as they could. One relative said, "[Named laundry staff member] never leaves their shift without seeing [named person] to make sure they have clean clothes."

We saw there was plenty of signage to support people living with dementia.

Staff said they encouraged people to maintain their independence. One staff member said, "We encourage people to do as much as they can, we prompt people, remind and guide them rather than doing things for them."

People said staff offer choice and make sure we are happy with the choices. We saw choices being offered throughout the day for example whether they wanted to join in activities or where a person wanted to sit.

The service had an equality and diversity policy in place and staff had received training on this subject. One staff member said, "We get equality and diversity training but it's obvious all human beings are equal, and we have a duty of care. I know where to go for advice. We have had a Buddhist resident and they helped us to understand their dietary and spiritual needs, good to learn."

Two people at the service were using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

Bedrooms were personalised to suit people's wishes and preferences, for example they displayed family photographs and other personal items which people owned. Bedrooms were considered as people's own personal space where they could spend time alone when they wished or meet in private with family and friends.

Is the service responsive?

Our findings

At the last inspection in June 2017 we found care plans were not reviewed or updated when people's needs changed. Some handwritten entries were difficult to understand, and staff were not completing everything required for 'resident of the day.' Resident of the day was where one person would have their care needs and preferences fully reviewed on the same day each month. For example, if a person lived in room one, they would have all their needs fully assessed on the first of each month.

At this inspection we found care plans were reviewed monthly and updated to reflect current needs. The care plans were detailed with likes and dislikes, and a day/night profile. One person's day profile stated, 'they prefer a lie in.' The night profile documented preferred time to go to bed and get up and if they liked their bedroom door left open.

People's life history was all documented which included important events, people important to them, and their work history.

Staff we spoke with could easily explain people's needs, and how best to support people.

The registered manager explained that they were implementing an electronic care plan system at the beginning of August. Staff had person centred care planning training booked in along with training on the new system.

We asked people who used the service and their relatives if they were involved with their care and we received a mixed response. Two people we spoke with did not know what a care plan was. A relative we spoke with said, "I am always involved."

Daily records were detailed to include the health and wellbeing of each person and completed throughout the day and night.

People had their wishes and preference's documented for their end of life, if a person did not want to talk about this, a note had been put on their file to say they had been asked. At the time of the inspection one person was receiving end of life care which was managed well.

The service employed two activity coordinators who covered seven days a week. There was a large board on both floors displaying what activities were taking place on each day. There was also information about 'Orchard Care Radio,' which could be accessed on a tablet and was often accessed during activities. The radio produced pod casts [a podcast is a digital audio file available to download onto a device such as a tablet or computer] and included interviews with people who used the service undertaken by staff.

People received a monthly newsletter. The July newsletter contained information about the world cup, upcoming trips, the summer fair, a community coffee morning, fundraising and upcoming birthdays.

Activities offered were bingo, gardening, dominoes, crafts and nail painting. There was a small dedicated activities room with crafts such as painting and jigsaws. Trips out were organised every two weeks to places like Saltburn, the seafront, Butterfly World and Beamish. The activity coordinators asked people where they went in their childhood as a source of arranging trips.

The service had recently gone through a programme where they had cared for and watched chickens hatch. People had really enjoyed this so when it had finished the registered manager asked people what they wanted next, the majority of people requested a guinea pig. The service now had their own guinea pig.

People were happy with the activities offered. Comments from people were, "I like mixing with others, it is better than being alone, it is fun to keep fit and active, I am glad these places exist" and "There has been quite a few activities recently. I am not a person to do activities but they [staff] always ask me, there is something on outside this weekend."

On the day of inspection people were offered a sherry social, where people had sherry or white wine. However, we did not see much 'social' activity taking place. People just sat on their own having drinks, we also felt 10:30 – 11:00 am could be too early for some people to drink alcohol. However, no one stated they had an issue with this. The registered manager agreed to investigate this.

On the afternoon people who wanted, enjoyed a quiz.

The provider had recently introduced Oomph. Oomph is a company that supports services to build a person-centred plan of varied exercises and activities. They also supported the service with days out monthly and feedback from people we spoke with was very positive.

There was a policy in place for managing complaints. The service had received two complaints since the last inspection and these were fully investigated.

We asked people and their relatives if they had ever made a complaint and if they knew how to make a complaint. A person we spoke with said, "If there is something wrong they would soon put it right." A relative we spoke with said, "It is best to go to the top, the manager is really efficient, he is like a breath of fresh air."

Is the service well-led?

Our findings

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.

At our last inspection in June 2017, we found audits did not contain an action plan and had not picked up on the issues we found, staffing levels were low, supervisions were not taking place and only a small amount of feedback from people and/or their relatives were sought and nothing was done to address any of the concerns people raised.

At this inspection we found the registered manager had carried out a number of quality assurance checks to monitor the standards at the home. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were also analysed for trends each month and addressed any lessons learnt. Action plans were produced to prevent any concerns reoccurring. However, the medicine audit did not highlight the concerns we raised.

The registered manager said, "We hold lessons learnt meeting monthly at Green Lodge where we discuss shared lessons learnt from across the organisation as well as discussing our own lessons learnt daily in our flash meetings, which are held every morning."

Feedback was now sought from people and/or their relatives. Feedback was obtained via surveys and were themed and sent out monthly. For example, one month they covered social activities, then the laundry, cleanliness of the home then any additional services, such as hairdressing. An action plan was produced, one action was for the hairdresser and beauty therapist to display a price list, another was to display information on when the chiropodist would visit along with prices and another request was for communal magazines. We saw these had all been acted upon.

A survey had also been sent to external healthcare professionals in June 2018, these were still in the process of being collected and analysed.

The service received many compliments and one comment was 'Thank you from the bottom of our hearts for the love, care and attention you gave our [named person]. We could not have asked for better carers, every member of staff is amazing.'

We asked people and their relatives what they thought of the management of the home. One person said, "I know the manager, I look after the fish for him. [goldfish in a tank on the upstairs unit]" Relatives comments included, "He listens, and he says, I can't fix it if I don't know about it", "The manager is very efficient, things have improved since he came" and "The manager is approachable."

We asked staff if they felt supported by the management. Comments included, "Everyone gets on and we now have a manager who listens", "The manager is great, a breath of fresh air, he listens and acts", "The manager is very supportive and hands on, nothing is ever too much trouble" and "The manager is brilliant, he is focussed on the residents and the staff."

People were happy living at the service and comments from them and their relatives were very positive. One person we spoke with said, "It is nice here, I like being here." A relative we spoke with said, "I would recommend this place, it is far superior to when he [registered manager] came in, staff are working together and seem happier, it feels like things are on the up."

Staff meetings took place regularly and staff said they found them very useful. Daily flash meetings also took place to provide staff with updated information on the people who used the service. Topics discussed were medicines, paperwork, recruitment and care plans.

Meetings for people who used the service and relatives took place. Comments from relatives were, "I am involved, relative's meetings are every six months I think," and "I am at all the meetings."

Services that provide health and social care to people are required to inform the Care Quality Commission, (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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not ensuring there were sufficient quantities of medicines to ensure the safety of people's needs or ensuring the proper and safe management of medicines. Reg 12 (1) (2) (f) (g)</p> |