Mostyn Lodge Keynsham Limited

Mostyn Lodge Residential Home

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 6 and 7 September 2017. This was a comprehensive inspection. The previous comprehensive inspection of the home was carried out in July 2016 and the home was rated as requires improvement. Three breaches of regulations 12, 19 and 17 of the Health and Social Care Act 2008 were identified. These were because the registered manager at that time had not consistently managed medicines safely, had not consistently followed safe recruitment procedures and had not identified the shortfalls we found. At this inspection, we found the required improvements had been made.

Mostyn Lodge Residential Home provides care and accommodation for up to 16 older people. There were 11 people living in the home at the time of our inspection. The provider had recently taken over and was in the process of making extensive improvements to the fabric of the building at the time of our inspection. The previous registered manager left the service in August 2017. A new manager was going through the process of becoming registered. 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.

Relatives told us people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

Staff received regular training in topics the provider considered mandatory and were knowledgeable about their roles and responsibilities. Staff received specialist training for some but not all people's complex health needs; however there were plans in place to address this.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work at the home. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and appropriately.

The staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

People received their medicines safely. The manager completed regular checks to ensure medicines were safe. People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Staff told us the provider and manager were accessible and approachable. Staff felt able to speak with them and provided feedback on the service.

The manager, provider and management consultant undertook regular audits and spot checks to review the quality of the service provided and made the necessary improvements to the service.

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.

Staff were aware of the processes in place to help make sure people were protected from the risk of abuse and were aware of safeguarding vulnerable adult's procedures.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were protected from the risks associated with poor staff recruitment because a full recruitment procedure was followed for new staff. There were enough staff to meet people's needs.

People could expect to receive their medicines as they had been prescribed because safe systems were in place for the management of medicines.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People's rights were respected, and the home was following the best interest's framework of the Mental Capacity Act2005. People's choices were supported.

People were supported to eat and drink according to their plan of care.
Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People's needs were met by staff who addressed and related to them in a friendly and positive manner. Staff respected people's individuality and spoke to them with respect.

Staff were respectful of people's privacy. We saw positive interactions between staff and people using the service. People responded well to staff.

The home had links to local advocacy services to support people if required.

Is the service responsive?

Good

The service was responsive.

Staff had guidance from care plans which identified people's care and support needs. Staff were knowledgeable about people's interests and preferences in order to provide a personalised service.

People benefitted because staff were aware of the risks of social isolation and made efforts to engage with people throughout the day. New activities were being developed in accordance with people's interests.

People could be confident concerns and complaints would be investigated and responded to.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Changes had been put into place following the last inspection to make improvements and meet legislation. Regular audits had been implemented.

The provider engaged a specialist who checked the quality of the service provided and made sure people were happy with the service they received.

Staff were consulted about their views on how the service could be improved.

Mostyn Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 September 2017 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

Some people in the home were living with dementia and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at four people's care and support records.

During the inspection, we spoke with nine people and three relatives. We also spoke with seven members of staff. This included the nominated individual, the manager and care staff. We also spoke with a management consultant and four healthcare professionals. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

During the inspection in July 2016, we found breaches of two regulations because people and staff were not kept fully protected from risks to their safety and wellbeing. This was because the registered manager at that time did not consistently manage medicines safely and did not consistently undertake safe recruitment procedures. During this inspection, we found the required improvements had been made.

People told us they felt safe. People said, "I am safe here, no problems", "I have been here a year, I have settled down and am safe" and, "I feel safe, it is chaotic, but I love it here." Other comments included, "I am safe, because they look after me and I can get help if I need it" and "I am safe because I have company and there are plenty of people passing by." Relatives said, "My relative is safer here than in hospital" and, "My relative is safe here, it was their decision to come, realising they needed the security of people around to help when needed." People benefited from staff who understood and were confident about using the whistleblowing procedure.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. A healthcare professional said, "Staff have an improved understanding of safeguarding compared to a year ago. If they're not sure, they phone." Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risk assessments in place helped to ensure that people were cared for safely. The assessments we looked at were clear. For example, people had risk assessments in place for their mobility and health needs. Risk assessments were also in place for individual risks such as the person carrying cups and plates to and from their room. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

We saw that risk assessments had been carried out in respect of falls, nutrition and skin care. Where someone had been assessed as being at risk, appropriate action had been taken to minimise the risk. GP's were told about all falls. The manager said, "When people have a fall, the district nurse visits to check they're ok. We use a body map if there's an injury. Staff are told to monitor the person for several days afterwards." One person's skin care risk assessment showed that they were at high risk of developing pressure sores. We saw that the pressure relieving mattress that was identified to minimise this risk was in place for this person. All staff spoken with said that they had the skills and experience to meet the needs of the people who lived at the home.

Accidents and incidents were recorded in people's care plans. All accidents and incidents were recorded, such as if people had a fall. Where people sustained any injuries, these were recorded and a body map was used to clearly show the injury site. If people sustained any injuries, district nurses provided care and treatment as necessary. At the time of our inspection, records did not fully capture the treatment provided

and record the progress of wounds to show they had healed. However, the provider had a plan to involve district nurses in updating the care records where possible, and ensure staff completed the records if district nurses couldn't.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The provider used a well-known method for calculating the numbers of staff required and had increased the numbers of staff available. Staff said, "If there's a problem someone will always cover" and "There's no sickness." A healthcare professional told us, "When I visit I can see there is a low turnover of staff, it's all the same faces. Staff have a 'can do' attitude and the day to day care is quite good." The PIR said, "Both myself and my deputy manager regularly work alongside staff on shift to oversee and audit safe staffing levels." During the inspection we noted people were left unattended when staff were involved in non caring duties such as cleaning and meal preparation. However, the provider had engaged domestic staff; a new member of staff was due to start the week following our inspection and there were further plans to increase staffing.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. On the first day of our inspection, we found topical medicines had not been dated with the date when they were opened. This is important because once creams are opened; they can lose their effectiveness very quickly so staff need to know when any unused creams should be discarded. On the second day of our inspection, we found opened topical medicines had been dated.

People's medicines were administered by registered staff who had their competency assessed on an annual basis to make sure their practice was safe. No one was receiving covertly administered medicines and no one was self-medicating, though the providers medicines policy contained the process for staff to follow should this be necessary. People told us staff stayed with them and checked they had swallowed their medicines before leaving them. People were asked if they had any pain and offered pain relief if required. One person said, "They look after my tablets and do my eye drops; that is another worry off my shoulders."

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

A master signature list of staff was available; this ensured that in the event of a medicines error the dispensing practitioner could be quickly identified from the MAR chart initials.

Room temperatures had been recorded daily to ensure the optimal storage of medicines, such as those used for diabetes. Some people were prescribed medicines on an 'as required' basis; these were safely managed.

The PIR said, "Mostyn Lodge is currently undergoing a complete refurbishment both inside and out. On completion of works we will be in a position to offer the highest standard of living accommodation with all new reinstalled equipment and still maintaining our homely atmosphere." At the time of the inspection, the provider was making extensive improvements to the home, both internally and externally. Existing rooms had been re-plastered and re-wired. New doors, call-bells and door sensors had been fitted. A new bathroom had been created and an existing bathroom was being made into a wet room. This meant people would have a choice of having a shower or a bath. When the work was completed, the provider had planned Legionella testing to ensure the safety of the water systems. Externally, a patio area had been created with outdoor seating. The provider had plans to create raised flower beds so people in wheelchairs could access them. One relative said, "I think it was the right decision for my relative to come here, and when the building work is finished it will be so much better. I like it because it is small and personal." A healthcare professional said, "It's been a really difficult few months, but the home doesn't make a drama about anything. There have been issues with the environment but lots of people like it here because it's homely" and "It was dingy and unloved."

The on-going work meant the current fire risk assessment and other environmental risk assessments required updating. The provider had engaged a specialist company to do a full risk assessment of the building once the works were complete. A full fire risk assessment was also planned. People had comprehensive evacuation risk assessments which detailed if the person was affected by loud noises, easily confused or agitated and if they were able to understand instructions. The risk assessments also considered the person's mobility needs and familiarity with the site, as well as their ability to co-operate in an emergency. The provider told us they had recently evacuated the home when there was a smell of gas. They said the process worked very well.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Relatives told us, "Staff have had good training because there is nothing they could do better." Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included moving and handling people, medicines administration and fire safety. Most staff had also completed dementia care and dignity and respect training.

Where people had complex needs such as diabetes or catheters, staff had not had specific training for these. In the staff survey completed in May 2017, staff asked for more training around topics such as dementia, challenging behaviours and diabetes, as well as a new training provider. However, staff had access to bespoke training provided by a social worker, who was able to provide training around some topics such as safeguarding. The provider had a plan to provide the additional specialist training staff required.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. At the time of our inspection, all staff were revisiting some training, including the Care Certificate. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

We observed one handover between staff changing shift. Handovers ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. The staff survey in May 2017 showed staff asked for better handovers where they were able to focus more on the details. A form had been devised to capture the information and ensure nothing was missed.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have supervisions every three months." Staff told us they felt supported by the registered manager, and other staff. Comments included: "We can raise any issues as they come up", "We're listened to" and "We're a good little team." Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

Most people who lived in the home were able to make decisions about what care or treatment they received. We heard staff seeking consent before any intervention and waiting for a response before proceeding. People confirmed staff always knocked before entering their rooms and said they were asked questions such as, "Would you like me to..?" or "Is it alright if I...?" One person said, "The girls knock and come in, they know I like to stay in my room, they pop by and ask if I need any help, they will do anything I ask and check to see there is nothing more before they leave." People's consent to treatment and support was recorded in their care plans.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people

who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff said, "People's capacity is recorded in their care plans", "We recognise people's right to refuse care. If they do, we'll try later or get another member of staff to try." The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had made one DoLS application during 2017; there were no conditions attached to this. The provider had a process in place to track when dates of any DoLS were due to expire.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. The manager explained, "Whenever we have a best interest meeting, we make sure the care co-ordinator and an advocate, family and the staff are all present."

At the time of the inspection, staff cooked meals. The staff were all aware of people's dietary needs and preferences. People were given choices each day, and could have vegetarian meals or something different to the main course if they wished. On the day of the inspection, everyone had chosen the main meal of sausage, bacon, fried egg and fried potatoes so there was no need for an alternative. People said, "We always have nice food, you could not get food as good in any other care home in Bristol", "Food here is wonderful" and, "Food is excellent, all home cooking good quality." One person said, "Food not too bad, plenty of variety, if I do not like it I do not eat it, I am never hungry." We observed staff offering alternatives to one person, and then providing them with their choice. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Staff said, "People's skills are maintained because they can help themselves to drinks, sandwiches or snacks in the kitchen." Drinks and fruit were freely available.

We observed lunch in the dining room. Tables were attractively laid with condiments, various sauces and paper napkins available on tables. The food served looked appetizing and was appropriately presented. Most people were able to eat independently; however, one person did not receive the support they required in a dignified manner. We spoke with the provider and manager about this and they agreed a way for staff to discreetly support the person. People were offered second helpings and a choice of dessert. We saw the kitchen records which showed that all the necessary kitchen checks had been done. We saw two week rolling menus which showed that a variety of foods were available covering required nutritional needs. Where people needed their weight to be monitored, this was done. One person needed food and fluid charts to be completed; these were being appropriately recorded.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff arranged for people to see health care professionals according to their individual needs. One healthcare professional told us, "Staff very helpful, friendly and welcoming. Staff are good at following

written and verbal instructions and are good at co-operation. Staff discuss and get involved in people's care. Staff will get in touch if they have any concerns; they err on the side of caution."

Records confirmed people had access to a GP, dentist and an optician and could attend meetings with healthcare professionals as required. One healthcare professional told us they were able to have confidential meetings with the person they supported and said, "The manager initiated meetings between myself and the client."

Good

Is the service caring?

Our findings

From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. People told us they were being cared for by staff who were knowledgeable and who understood their needs. People said, "They look after me well, all the time", "Staff are all nice and kind, they work hard" and "Staff are super, very king efficient and unobtrusive, they are good tempered people." A healthcare professional told us, "There are people here who didn't get on with other homes, but have done really well here. This home is pretty near the top of my recommendation list." Relatives said, "Staff appear to know how to treat my loved one and have got to know his likes." Staff said, "We're a happy workforce."

One person had their dog living in the home with them. The dog was a great favourite amongst people living in the home. The dog had a care plan so all needs around worming and vaccinations were taken care of. A healthcare professional said, "The value of the dog for the residents is very positive. Other homes bring in a 'pat'-a-dog'."

Staff knew people's individual communication skills, abilities and preferences, although there was minimal information in care plans about people's likes and dislikes. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

People told us they were encouraged to be as independent as possible. People said, "Staff are extremely kind to me, they know I like to be independent and let me do what I can" and, "They are sweet lovely girls, they help me when I need them."

We watched the interaction between the staff on duty and people living in the home. People appeared very relaxed in the company of the staff and there was a good rapport between them. People made choices about where they wished to spend their time for example. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Most people told us they were able to get up and go to bed when they pleased, although one resident said, "They wake me at 6am every morning to get me ready for breakfast because they have so many people to see to." Other people said, "I can get up when I like but I have always been an early riser" and, "I can please myself exactly what I do, no one bothers me." One relative told us, "My relative can choose his own routine, they (staff) are very relaxed, and do not chivvy people. One person ate a late breakfast; staff said, "They've had a bit of a lie in."

People said that staff respected their needs and wishes and they felt that their privacy and dignity were respected. They told us staff closed doors and curtains before carrying out personal care. One person said, "I find staff kind, they treat me alright, I am not embarrassed with them; they make sure I am covered up, I think they are all good." Relatives said, "I find staff to be very friendly, they treat [name] with dignity and are kind to him" and, "I have no worries about care, [name] is always clean and tidy when I visit, they definitely know how to treat him." Staff we spoke with were able to give examples of how they promoted and ensured dignity and respect for all people.

People said that they would feel confident to speak to a member of staff if they were worried about anything and one person told us, "If we need to speak privately the doors are closed." One relative said, "They talk to [name] nicely, if he gets distressed they will ring me and I can have a little chat and reassure him."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. The home had links to a local hospice and district nurses visited daily if necessary. Services and equipment were provided as and when needed.

All visitors had to ring a doorbell and be invited in by a member of staff. Every visitor was asked to sign the visitor's book when they arrived. This meant people were able to have visitors but were kept safe by staff.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. A healthcare professional said, "I see good care day in and day out here." People were able to make choices about all aspects of their day to day lives.

People's needs were assessed before they began to use the service and reviewed regularly thereafter. One healthcare professional told us, "They have tried hard to make things work for one person and been co-operative" and "Staff have gone over and beyond expectations and have given the person the longest period of stability." People's assessments considered all aspects of their individual circumstances such as their dietary, social, personal care and health needs.

Staff we spoke with knew about people's life histories, personal interests and preferences although there was very little information available in the electronic care records. One healthcare professional said, "Carers are warm and welcoming, very attentive and genuinely interested in people's life history."

Staff used a well-known on-line care planning system. Staff had been trained how to use this, and further training was planned. Care plans provided clear and detailed information about the person's care and support needs. However, where care plans identified people had complex health needs or emotional needs, such as diabetes or anxiety, they did not always provide guidance for staff how to support the person. For example, one person's care plan noted, "Emotional responses can be inappropriate in some circumstances" but there was no guidance for staff in the care plans. Staff we spoke with knew how to support the person, and told us they used distraction techniques or gave the person some space. Staff said, "We try to keep people calm, relax, offer drinks, chats, quiet time and check if they're in pain" and "There's nothing we can't handle." Another person's care plan noted, "At times appears low in mood and may show signs of frustration", but did not say what these signs were or what staff should do to support the person. We discussed this with the provider, who was aware of the lack of guidance and had plans to address this. The provider said, "We're making a major culture change. We've told staff to put everything into the care plans so if anything needs to be improved, we can see it." Plans had been completed for dietary needs, skin integrity, moving and handling and other needs specific to each individual. For example, one person had a care plan for dementia, which gave staff guidance how to support the person if they were hallucinating.

The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. We saw other professionals had been involved in a timely way when required, to ensure the health and well-being of people. One healthcare professional told us, "I can read the care plan on the system and add information" and "I was shown the accident report following one person's recent fall." They told us this made them, "Feel part of the team."

Staff we spoke with told us they used care plans to inform their practice. Profiles within care records showed a good understanding of individual's care needs and treatment. Where people needed staff to help re-position them, staff were recording this.

People were able to take part in a limited range of activities at the time of the inspection. This was because the building was being renovated. People said, "Nothing to do here; could do with a bit of entertainment or a sing song" and "There are no activities, it would be nice to have something to pass the day." However, the home had links to the local school and entertainers visited regularly. The notice board contained a list of activities such as entertainers for singing, keep fit and church services people could take part in. On the day of the inspection one person went out for tea with a family member. The manager said, "We will have days out when the building is finished."

We saw that people who used the service and their families had been made aware of the complaints procedures. No-one spoken with had made a complaint; however, all said they would know how to raise a concern if there was a need, or they would tell a family member. Complaints were analysed to identify patterns and trends. There had been no complaints recorded since the new provider had taken over and one complaint in the year previous. This had been resolved in line with the home's policy.

Good

Is the service well-led?

Our findings

During the inspection in July 2016, we found one breach of regulations because the lack of quality monitoring meant shortfalls had not been identified. Records we asked for during the inspection could not be found. During this inspection, we found the required improvements had been made.

There was not a registered manager in post. The registered manager left in August 2017. The provider had appointed a new manager who was going through the process to register with CQC.

Everyone told us they knew who the owner and manager were and said they found them easy to talk with. People told us they would be able to tell them if they had any concerns. One person said, "It would be hard to improve on this place, I was not happy at the thought of coming, but have not regretted it for one minute." One relative told us, "I am thoroughly happy with the way my relative is treated here, it is so homely, and I do not have any qualms about going away for a few days as I know everybody will take care of him."

One healthcare professional said, "The owner did not return calls. There's not always a person available who can make decisions or give information." However, two healthcare professionals said, "Day to day I'm pretty impressed. Some people have lots of complex issues which other homes would refuse, but people get on very well here" and, "The manager is incredibly co-operative, very open and transparent."

People's experience of care was monitored through reviews of their care plans. However, people and those important to them had not had opportunities to feedback their views about the home and quality of the service they received. The PIR said, "There is also a suggestion and comments book at the front door for any comments for people visiting Mostyn Lodge both on a professional and non-professional basis." However, due to the refurbishment works, this was not in place at the time of the inspection. The manager told us a resident's survey will be launched when the building work is complete, so they can incorporate feedback on the finished environment into the survey. Minutes of a residents' meeting showed people had been asked about menus, activities and about raising any concerns.

Staff were encouraged to contribute to improve the service. Staff completed a survey in May 2017 and these had been analysed. Staff had suggested they wanted more time to get to know people. The provider had responded to this and recently increased staffing levels. At the time of our inspection, although an action plan hadn't been drawn up to address the feedback from staff, there were plans to follow staff suggestions up at the next staff meeting. Staff meetings were held regularly and staff had been able to discuss topics such as medicines, training, entertainment, rotas and staff levels.

The provider had a clear vision for the home which was to help people remain in control of their own lives as far as possible and thus, to maintain their personhood through person centred care. Staff were aware of the values of the service and told us, "We're getting there. It's more organised and the management is working now." Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to

discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

The provider had engaged a management consultant to guide the quality assurance process. A service improvement plan had been created and this included identifying dates when checks such as equipment and electrical items were due. There were effective quality assurance systems in place to monitor care and plan ongoing improvements. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example, audits identified not all accidents were being recorded. Staff were provided with training and recent audits showed all accidents had been recorded. Audits had identified that the process for ordering new medicines for people who brought their own medicines into the home with them needed to be improved. The provider had arranged to discuss this with the pharmacy. Audits had identified staff needed more specific information when applying topical medicines; these changes were being made. This demonstrated the quality assurance systems in place had identified the same issues we had during our inspection and the provider was in the process of taking action to address these shortfalls.

The service worked in partnership with the local authority, the mental health team, district nurses and local GP practices.

According to the records we inspected, the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.