

Evans Care Limited

# Crowborough Lodge Residential Care Home

## 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



### Overall summary

Crowborough Lodge Residential Home is located in a residential area close to the seafront. It provides care and support for up to 31 older people with care needs associated with age. The needs of people varied, some people were mainly independent others had low physical and health needs and others had a mild dementia and memory loss. The care home provided some respite care

and can meet more complex care needs with the support of community nurses which has included end of life care. At the time of this inspection 26 people were living at the home.

This inspection took place on 29 August and 2 September 2015 and was unannounced.

# Summary of findings

The service had a registered manager in place. 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.

The provider had not ensured the home had been suitably risk assessed with suitable measures being put in place to ensure people's health and safety. Individual and environmental risk assessments to maintain people's health, safety were not full or effective and therefore could place people at risk. For example, windows above ground floor had not been fitted with restrictors risk assessments had not been undertaken to mitigate any risk to people using these rooms.

Systems for effective management had not been fully established. The registered manager had limited time for management duties that included quality audit. The provider did not undertake supervision of the registered manager to review appropriate resources for the management of the home were in place. Up to date policies and procedures were not readily available to provide clear guidelines for staff to follow. Systems for planning the future of the home including the ongoing maintenance planning were not established.

Feedback received from people their relatives and visiting health professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home.

People told us they felt they were safe and well cared for at Crowborough Lodge Residential Home. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the registered manager. On call arrangements were in place to provide suitable management cover.

People were very complementary about the food and the choices available. One person said the food was, "Marvellous." People needed minimal support with eating and staff were positive in their approach to promoting people's independence.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home and this was promoted by the pleasant staff and visible registered manager and provider. Staff enjoyed working at the home and felt supported. Systems for quality monitoring were in place and were being used to improve the service. People were encouraged to share their views through 'residents meetings' and satisfaction surveys.

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 this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

The provider had not ensured the service had suitable environmental risk assessments and measures put in place to ensure people's safety.

Recruitment practices in most areas ensured the required checks had been completed before staff worked unsupervised.

There were sufficient staff numbers to meet people's personal care needs.

Staff were able to recognise different types of abuse and understood the procedures to be followed to report any an allegation or suspicion of abuse to protect people.

Medicines were stored appropriately and there were systems in place to manage medicines safely.

Requires improvement



### Is the service effective?

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

People's nutritional needs were assessed and recorded. People were consulted with about their food preferences and were given choices to select from.

Good



### Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Good



### Is the service responsive?

The service was responsive.

People received care and support that was responsive to their needs because staff knew them well.

Good



# Summary of findings

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activity that staff supported people to participate in if they wanted to.

A complaints policy was in place and people said that they would make a complaint if they needed to.

## Is the service well-led?

The service was not consistently well-led.

Up to date policies and procedures were not readily available to provide clear guidelines for staff to follow. Systems for planning the future of the home including the ongoing maintenance planning were not established.

The registered manager had a high profile in the home but had limited time for management duties and was not supervised by the provider.

Systems for monitoring the quality and safety of the service were in place and included people and representative's satisfaction surveys. Information gained was used to improve the service.

The registered manager and the provider were seen as approachable and supportive.

**Requires improvement**



# Crowborough Lodge Residential Care Home

## Detailed findings

### Background to this inspection

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

This was an unannounced inspection on 29 August and 2 September 2015. It was undertaken by an 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 our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

On this occasion we did not ask the provider 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.

During the inspection nine people told us about the care they received and we spoke to three visiting relatives. We spoke with four members of staff which included the registered manager the chef, cleaner and four care staff. We also spoke to the registered provider.

One visiting health care professional was visiting the service during the inspection process and was asked to share their view on the service. Following the inspection a further three health and social care professionals were contacted. This included a GP, a community nurse and a district nurse.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining area.

We reviewed a variety of documents which included four people's care plans, four staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home. We observed a midday meal.

We 'pathway tracked' four people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

People said they felt Crowborough Lodge Residential Care Home was a very safe place to live. People said they felt the premises was safe and secure and their property was safe in their rooms and if need be they could use the office safe. They told us staff looked after them well and they felt safe. People said the staff were quick to respond to any of their needs and answered the call bells quickly. One person said, "It's a gift to live here rather than live at home on my own. Nights at home were always a worry since my husband died." Relatives had confidence that people were well cared for and safe in the service. One relative said, "I can relax now that my mother is in this safe place, before she came here she stopped eating and walking. Now she is fine, she is eating a substantial lunch and enjoying it."

Despite this positive feedback we found that the premises and equipment had not been managed to ensure the safety of people. The provider had not responded to health and safety legislation to ensure the safety of people using the service.

For example the windows on the second floor had not been risk assessed and had not been fitted with restrictors to prevent people falling from them. In addition we found a number of radiators without guards and were not low surface temperature radiators accessible to people. This included radiators in people's own rooms and in communal bathroom and toilets. There was no evidence that the risks associated with these had been assessed. This meant that people could be at risk from falling from windows and burning themselves on hot radiators. Following the first inspection day the provider completed an environmental risk assessment on all bedrooms to identify any potential risk presented by windows and radiators without guards. They also purchased windows restrictors which were being fitted to windows above floor level.

There was no evidence that the safety of the electrical wiring of the home had been checked recently to ensure its safety. In addition although the passenger lift and the lifting equipment in bathrooms had been serviced regularly, there was no evidence they had been thoroughly checked to ensure they were safe. This meant that people may be at risk from injury when using this equipment. Whilst a new water system had been installed systems to ensure people

were safe from the risk of Legionnaires disease had not been established and a report to demonstrate the necessary checks and safety measures were in place had not been completed.

These issues meant that the provider had not ensured care and treatment was provided in a safe way. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 201.

People were protected, as far as possible, by a safe recruitment practice. The manager was responsible for staff recruitment. Records included application forms, identification, references. Each member of staff had a disclosure and barring checks (DBS) completed by the provider apart from one. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The registered manager was made aware for the need for this check on all staff unless a risk assessment indicated otherwise and was progressing a suitable check. This was identified as an area for improvement.

There were systems in place to deal with an emergency. There was guidance for staff on what action to take in the event of a fire or other emergencies that affected the home with relevant contact numbers for staff to contact. Each person had personal evacuation and emergency plan in place and these were kept centrally for easy access in the event of a fire. The service was staffed day and night with enough staff to respond to an emergency. An on call arrangement was in place that ensured senior staff were available to provide advice and guidance if required. This meant people would be protected in case of an emergency at the service.

People told us they thought there was sufficient staff working in the home to meet all their needs during the night as well as the day. They told us they knew the staff and liked the fact that the work force was consistent. One person said, "Staff are always around when you need them." Another said, "Most of them have been here for years." Staff told us minimum staffing levels were always maintained and this included three waking staff at night. The staffing arrangements took account of the people's individual needs and ensured staff were available to attend to people when they needed support.

Systems were in place for staff to assess risks associated with people and to respond to them. Records confirmed

## Is the service safe?

people were routinely assessed regarding risks associated with their care and people's health. These included risk of falls, skin damage, nutritional risks and moving and handling. For example those people at risk from pressure area damage to their skin were assessed using a recognised risk assessment tool.

People said they got their medicines when they needed them and had the option to make decisions about what medicines they needed. Staff were professional in their approach checking that each person wanted to receive their medicine and that they took it. Staff also asked people if they had any pain or discomfort and responded to the feedback received. When administering medicines staff wore a red tabard to ensure they were not interrupted. All medicines were administered on an individual basis. The medicine storage arrangements were appropriate. These included a drugs trolley and suitable medicines storage cupboards and fridge. Checks were maintained on what medicines were received into the home and what was

returned to the pharmacy. Medicine administration was undertaken in a safe and person centred way. Staff who had undertaken additional training to administer medicines and their competency was checked by the registered manager on a regular basis. They completed the medicines administration records (MAR) chart once the medicine had been administered safely.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis. Staff were able to describe different types of abuse that they may come across and referred to people's individual rights. They talked about the steps they would take to respond to an allegation or suspicion of abuse. Staff knew how to raise concerns with the police or the social services directly as necessary. On the second day of the inspection the relevant contact number for safeguarding referrals was displayed in the office to facilitate the referral system.



# Is the service effective?

## Our findings

People told us the staff were well trained and were considerate in their approach, people had confidence that they had the skills to care for them. One person said, “The staff are well trained and skilful but occasionally I have a problem understanding the accents.” People said they could do as they wished and were not restricted in any way. One relative said, “I think the staff were very well trained and skilful.”

Staff had undertaken training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This act protects people who lack capacity to make certain decisions because of illness or disability. Staff told us people living in the home had capacity to make decisions about everyday care and events and how they gained consent from people before providing care. The registered manager knew to seek further advice from social services if they had any concerns about people’s capacity in making any decision or if they were having their liberty restricted in any way. They also described how they had applied for a DoLS in the past and how this had been monitored in practice. There was guidance on the MCA and DoLS available to staff in the office. This meant staff were aware of people’s rights and people did not have unnecessary restrictions put upon their liberty.

The provider had established an induction programme that new staff completed. Staff told us the induction programme had included a shadowing period alongside an allocated senior staff member. The registered manager showed us a new training programme to be implemented. This was the ‘care certificate framework’ based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Records confirmed that a programme of on-going training had been established and staff had undertaken essential training throughout the year. This training included health and safety, MCA and DoLS, infection control, safe moving and handling, safeguarding and equality and diversity. Staff confirmed that most training was completed on line however this was supported with some practical training. For example staff told us they had recently received training on supporting people to get up from the floor after a fall. The on line training programme used allows staff to complete additional training of interest and included

dementia care and managing behaviours that challenged. Staff told us they could ask for training on areas of interest and were often asked if they wanted to undertake further training. This included recognised health and social care courses.

Systems were in place to support and develop staff. Staff told us that they felt very well supported by the registered manager. Staff told us they received supervision and were able to raise any issue or concern at any time. Supervision sessions were held regularly and gave staff the opportunity to discuss individual training needs and development.

People were supported to maintain good health and received on-going healthcare support. People were supported to keep their original GP following admission to the home if possible. People said that they could see the GP when they wanted to and were supported in attending hospital appointments. Staff told us dentists, opticians and chiropodists visited the home if people were unable to travel for appointments.

Records confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. During the inspection visit a community nurse was attending to one person. They confirmed she liaised closely with the staff around the care needed that included regular application of topical creams and a further referral to the chiropodist. Other health care professionals confirmed they were contacted in a timely fashion and the staff provided care in accordance with their recommendations.

Most people ate in the dining room at small dining tables that could be used individually or with others. The dining room was cheerful with tables set out with condiments and covered with checked table cloths. A few people had chosen to eat in their own rooms and where people wanted to this was respected. People mostly ate independently staff were discreet in any support they provided that included cutting some foods to enable people to eat independently. One person told us, “They have provided me with a small knife and fork to help me eat.”

All feedback about the food from people’s relatives and staff was very positive about the food and choices available. People told us the food was ‘excellent’. We



## Is the service effective?

observed the midday meal on two days, the food was well presented and well received by people. One person told us, "We have a choice of menu and it is substantial and nutritious."

The chef and staff were well aware of people's dietary needs and preferences. These were reflected within the menus and food provided and demonstrated that people's needs were responded to appropriately. All staff had an understanding of specific diets that included gluten free diets. People and staff were positive about the chef who they said responded to requests and preferences. One person told us, "I like to eat baked potatoes, the chef provides these for me with different fillings."

Relatives were complimentary about the food and how it was making a difference to people who lived in the service. One said, "My mother stopped eating and walking before she came here. Now she is eating a substantial lunch and enjoying it. She is never dehydrated." People were able to have drinks whenever they wanted and had jugs of water within easy reach. Staff monitored people for signs of poor nutrition and this included completing regular weights and checking people's clothing for signs of poor fitting. Nutritional risk assessments were used to identify people at risk and those people at risk or difficulty with swallowing were referred to the GP for further medical review.

# Is the service caring?

## Our findings

People were treated with kindness and compassion in their day-to-day care by people who knew them well. People and relatives spoke very highly of the care and support provided by staff at Crowborough Lodge. People told us the staff were kind and compassionate and considerate. Comments included, "You cannot fault them, they work very hard," "The staff are so very kind and look after us all so well," and "They care about you and do everything they can for you" Everything is done well and they do a wonderful job of looking after us." Relatives said, "She is receiving excellent care from the care staff," and "When my mother in law was in Sheffield, she had 'given up' but in this home before she died, she had resumed writing letters to her friends and relatives, she was eating well and there was a remarkable difference in her wellbeing."

Observed interactions between staff and people were positive. Staff showed a genuine concern for people's welfare and approached them with a pleasant manner. Staff gave people time to chat and shared a joke with them. People were given space and time to do things for themselves with staff in the background ready to assist if required. For example staff ensured people had walking aides available and watched to ensure they were using them when needed taking time to ensure that they were able to move by themselves safely. When staff walked past people they acknowledged them, asked if they were alright and commented on what they were doing with interest. Staff and people chatted about a variety of topics that were not just care related.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people's choices, personal histories and interests. For example one person liked their own company and liked to read in their own private room. Staff ensured they had enough books and they were checked on regularly. People were called by their preferred name and this was recorded within individual care records. The service had a regular hairdresser who attended people who wanted to have an appointment. People were given the choice of using the hairdresser if they wanted to with the option of using other hairdressers if preferred.

People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. People's rooms were individual and contained

items that made the room as homely as possible. This included items of furniture, pictures and photographs. People said they liked their rooms, they appreciated their en-suite toilets and some people benefitted from a sea view and direct access to the garden. People talked about the service as their own home and used it as such. One person said, "I have an excellent view of the garden on the ground floor. The door opens on to the garden and I have complete access when my visitors come and join me on warm days."

People told us they could make their own decisions and were treated with great dignity and respect. One person said "I don't mind if it is a male or female who helps me to bathe, they are very discreet I don't think I would like a young female but they are mostly middle-aged and very good. I have a bath once a week." Staff told us baths and showers were available to people as often as they wanted.

Relatives were also complimentary about the approach of staff and told us, "Privacy and dignified approach is faultless. No one says to her at 90+ (like they did in hospital) 'that's a good girl now!' which is very undignified. Hers is not a generation that liked to be talked down to" Another relative told how supportive and caring the staff were during end of life care. One relative said, "There is a measure of watchfulness here, which cannot be surpassed." Relatives felt they could visit at any time and were always made to feel welcome. One said, "We never feel in the way." Another said, "I come from Sheffield about every 6 months and I bring the children. I am always made to feel welcome."

Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity. The registered manager was the allocated dignity champion of the service. They had undertaken additional training and were committed and knowledgeable about promoting dignity. They had a very caring and sympathetic approach to people and went out of her way to ensure people were treated correctly. For example one person was unsure where to go and she took time to reassure and comfort them. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. There was a dignity board which included information about what dignity is and how people could expect to be treated. There were reminders in everyone's care plan that choice and

## Is the service caring?

ensuring people's dignity must be part of everyday care.  
This showed there were systems in place to ensure people,  
visitors and staff were aware of their rights and  
responsibilities in relation to maintaining people's dignity.

# Is the service responsive?

## Our findings

People told us the care and support they received was focussed on their individual need and reflected their choices and preferences. Everyone was treated as an individual and all support was personalised to their needs and wishes. One person told us how they were happy to manage their own medicines and the staff supported them with this process and ensure their choice on this matter was respected. People were not bored and joined in with activities as they wanted however some people preferred to entertain themselves.

The registered manager carried out an assessment before people moved into the home to make sure they could provide them with the appropriate care and support they needed. People were involved in this pre-admission assessments which was then used in developing the person's care plan. The assessment process included information about people's likes and dislikes, beliefs important to them and how they would like their care provided. This information was then used to formulate individual care plans. We asked staff about the care people required and saw care plans reflected the care people received. Care plans were reviewed each month and people or their representatives were involved in reviews on a regular basis. People and relatives said they were involved in formulating people's care plans. One person said, "My daughter attends to that sort of thing. All I know is that I am very well cared for by everyone here." A relative said, "We are very involved with my mother's care plan. My wife takes a particular interest in the plan."

Care plans gave clear guidelines to staff on how to meet people's needs while promoting an individual approach. Care plans were written very individually. For example specific care needs were explored thoroughly this included health needs like diabetes. Clear guidelines were given to staff on what care was to be provided and included advice and guidance from the diabetic nurse specialist. The registered manager was aware that further assessment and documentation was needed to assess and record people's social and individual person hood and was looking at recording life stories.

Staff facilitated people to be involved in any activity that would interest them. People told us they had plenty to do either with staff and other people living in the home or on their own. Some people preferred to spend time in their

own company others liked individual time with staff to chat or read newspapers. We found that staff spent time with people in communal areas and in their own rooms. People particularly enjoyed trips and group activity that had included a trip to a garden centre and the recently held BBQ. There were designated staff that facilitated the activities and entertainment in the home and a different activity was provided each day. Activity in the home included exercise to music, quizzes and bingo. One person said, "I enjoy joining in," another said, "I don't go often." One person told us how they missed one of the activities people who was on leave as they were "great company."

People's families and friends played an important part of people's lives and people were supported to maintain links with them. Visiting was encouraged along with family outings and holidays. One person was going on holiday with their family and other people said how they enjoyed family visits. People and staff told us friends and family were welcome at any time. One person said, "My godson came from America to see me." One person told us they had difficulty using a mobile phone so to enable telephone use a land line was fitted in the bedroom.

People were encouraged to share their views on the service on a daily basis during discussion with the registered manager and staff. The registered manager advised that she maintained regular contact with people and their relatives to facilitate communication and feedback. Residents meetings were also held on a regular basis and used to gain additional feedback. People told us they knew the provider who often chatted to them. A suggestions box was available in the front entrance area for people to post their comments on the service anonymously if wished. Compliments cards were filed for staff to read. This ensured staff could access positive feedback from people using the service when received.

Everyone told us they were able and happy to express concerns or make a complaint. One said, "I wouldn't be afraid to make a complaint but I have never had an occasion to make one." People knew how to make a complaint and a complaints procedure was visible within information provided to people on admission. The home had a complaints procedure that was available to people and their representatives to use. Records confirmed that any written complaint was investigated and resolved in accordance with the home's procedure.

# Is the service well-led?

## Our findings

People told us they were happy living at Crowborough Lodge Residential Care Home. People said they could talk to all staff and the provider openly and that they were listened to. People knew who the senior staff were and told us they often spoke to the registered manager and provider. One person said, "I know the owner who often stops and chats to us." People said they liked the friendly atmosphere in the home. The visiting professionals were also positive about the relaxed and friendly atmosphere in the home. They told us the service was well managed with staff knowing people well and responding to their needs. One professional said, "They are always on the ball."

We found the policies and procedures displayed and the manual which was available for staff to use was not up to date. For example, we found procedures which referred to the previous registering authority and the complaints procedure did not include reference to the social ombudsman or contact with the local authority. This meant staff and people did not have relevant and up to date information and guidance to base their practice on. We asked for a copy of the service's business plan and maintenance and improvement plan. These were not available and although it was clear that there had been money spent on improving the service it demonstrated there was no identified framework for ongoing improvement to the service. For example, a number of carpets were stained and worn and in need of replacement. These matters were raised with the registered manager and the provider for improvement.

The registered manager worked 48 hours in the service 24 of these hours were allocated to management duties the other hours was providing direct care as indicated on the staffing rota. This provision was not adequate to oversee all areas of quality and safety. Further quality review and auditing systems needed to be introduced. For example, recruitment files did not contain records and documents to ensure effective management. These were not audited to check on the required documentation and some files did not contain signed job descriptions and terms and conditions of employment. This meant staff may not have a clear understanding of their allocated roles and responsibilities and the management of the service may find it difficult to hold staff to account. Although the registered manager met the provider regularly there was no

evidence she received any supervision to identify if further support was required. This did not demonstrate the provider had an overview of what was happening at the service or that the registered manager was adequately supported and resourced to complete her role. This was identified as an area for improvement.

The management arrangements included two senior care staff that supported the registered manager and worked as the manager in her absence. There were systems to ensure effective communication between them and other staff working in the home that included a communication book and regular verbal handovers. Staff told us the registered manager and provider were always available and were able to contact one of them in the event of an emergency or any concerns. Both were approachable and were readily available to staff and anyone wanting to talk to them. The provider had a high presence in the home attending the home most days. People and staff were very comfortable and relaxed with the registered manager and provider and approached them often and freely. There was an on call arrangement to ensure advice and guidance was available every day and at night if required. All staff were aware of the whistleblowing procedure and said they would use it if they needed to.

Staff were very positive about working at Crowborough Lodge Residential Care Home and told us how much they enjoyed their work and they felt supported and encouraged in their roles. Staff talked about how they were treated correctly by the management and had regular supervision. Staff gave an example of support received following an illness. One staff member said, "This is a very friendly home for residents and staff." Staff felt they were listened to and that their views were taken into account. Staff team meetings were held on a regular basis the notes from the last meeting confirmed the whistleblowing policy was discussed staff also requested more outings for people.

People, their relatives and the staff were involved in developing and improving the service. People were asked to complete satisfaction surveys each year and to provide feedback at residents meetings. One person said, "I attended a residents' meeting six months ago. I think they are having another soon. I shall go. I think they act on what people say." The most recent meeting had raised concerns about the number of Zimmer frames in the dining room at meal times. One person had injured their leg. Following the

## Is the service well-led?

meeting staff had started storing them in a different area to reduce the risk of injury. People thought this was, “A good thing,” which maintained their independence but promoted their safety. This demonstrated that the service responded to feedback from people in a positive way.

Staff and relatives were also asked to complete satisfaction surveys which gave them the opportunity to share their views these could be completed anonymously if wanted. Feedback from these indicated a high satisfaction with the service but a need for further redecoration and upgrading of the premises. The provider was responding to comments received about the chairs and had ordered a number to replace old and worn ones.

Information on the aims and objectives of the service care and people’s rights were recorded within the ‘resident’s guide’ which was available to people, staff and visitors. The ethos of the home was to promote dignified happy lives

with people being self-reliant and as independent as possible. Staff talked about promoting independence and a social life that suited the individual. Staff were familiar with the need to take account of people’s individual rights and choices. One staff member said, “You need to maintain people’s individual feeling of worth.” The culture in the home was open and both staff and people could say openly what they thought about services and care provided.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager was aware of the need to establish a system to respond appropriately to notifiable safety incidents that may occur in the service and to promote an open and transparent response to people and relatives.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**There was a lack of risk assessment and action to mitigate any risks to people's health and safety.**

**Regulation 12(1)(2)(a)(b)**