

Yorkshire Parkcare Company Limited

Meadow View

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out 9 October 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. The service was previously inspected in February 2017 and was rated Inadequate and placed in special measures, with five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read the report from our last inspections, by selecting the 'all reports' link for 'Meadow View' on our website at www.cqc.org.uk.

At this inspection we found significant improvements. The new registered manager had followed the action plan submitted following our last inspection. Although at this inspection we identified some minor issues and systems still required embedding into practice, the service has been removed from special measures.

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.

Meadow View is a care home for older people who require personal and nursing care. It also accommodates people who have a diagnosis of dementia. It can accommodate up to 48 people over two floors, which is divided into three units. The floors are accessed by a passenger lift. The service is situated in Kilnhurst near Rotherham.

The provider had safeguarding procedures and staff were aware of these procedures. Staff had received training in the topic and people were protected from abuse.

We found there were sufficient staff on duty to meet people's needs but deployment of staff could be improved.

Risks to people had been identified but we found these were not always followed. Systems were in place for safe management of medicines. However, we identified a number of errors that meant systems had not always been followed to ensure people received medications as prescribed. The service was well maintained and clean.

We found that the recruitment of staff was robust and thorough. Staff supervision took place and staff told us they felt supported by the new registered manager. Staff received training that ensured they had the competencies and skills to meet the needs of people who used the service.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Most staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required. However, we found two people who were admitted urgently for respite care had not been assessed and met

the criteria for an urgent DoLS application; this was addressed by the peripatetic manager during the inspection.

A well balanced diet that met people's nutritional needs was provided.

We found staff approached people in a kindly manner. They were kind, considerate and caring. We saw staff respected people and maintained their dignity.

Care records did not always reflect people current needs. We observed staff did not always follow care plans which could put people at risk.

People who used the service and their relatives we spoke with were aware of how to raise any concerns or complaints and felt listened to.

There were processes in place to monitor the quality and safety of the service. However, these were new and had not yet been reviewed. We found issues that had not been identified by the systems and they were also not fully embedded.

There was a culture of openness and transparency promoted by the registered manager. Staff told us they were well supported.

We found two continued breaches 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 end of this 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.

Risks had been identified but were not always followed to ensure people were safe.

Systems were in place to manage medicines safely but these were not always followed.

Recruitment procedures were robust to ensure the right people were employed to work with vulnerable people.

We found the service was maintained to a good standard of cleanliness.

Is the service effective?

Good ●

The service was effective.

People's consent was sought in line with legislation and guidance.

We found people received adequate nutrition to meet their needs.

People had good access to health care support.

Is the service caring?

Good ●

The service was caring.

Staff interactions we observed were kindly and caring. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas.

Care plans reflected people's wishes, choices and decisions.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always reflect peoples changing needs.

People took part in meaningful enjoyable activities.

There was a complaints system in place; complaints had been recorded and resolved

Is the service well-led?

The service was well-led but some improvements were still required and then needed embedding into practice.

People and their relatives told us the culture of the service was improving and was more positive, open and inclusive.

The Registered manager had introduced new quality monitoring and audit systems these had identified issues that required improving but had not yet been embedded into practice or sustained. We found some systems required reviewing and improvising to ensure all areas were covered to identify any improvements required.

Requires Improvement 

Meadow View

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 9 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of the inspection 28 people were using the service. We spoke with 10 people who used the service, five visiting relatives and one health care professional. We also spoke with the regional manager, registered manager, deputy manager, senior care workers, care staff, two catering staff and a domestic. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including the outside garden space, some people's bedrooms, communal bathrooms and lounge areas.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care records. We looked at the systems used to manage people's

medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and had identified areas for improvement.

Is the service safe?

Our findings

At our previous inspection in February 2016 there was three breaches of Regulations; 12, 13 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always ensure people received safe care and treatment, that people were safe and that deployment of staff met people's needs.

At this inspection we found improvements had been made; people were protected from abuse and improper treatment. We found staff could still be deployed more effectively, although this had improved since our last inspection. However, we found a continued breach of regulation 12 that people did not always receive safe care and treatment.

We looked at people's risk assessments and found these were not always followed to ensure people were safe. We saw risks had been identified and some measures put in place to manage the risk. However, we found the risks were not always managed appropriately and risk assessment lacked detail. This meant people were at potential risk of harm. Staff were aware of the correct procedures to follow and were able to explain to us how they would maintain people's safety. However, the care files lacked detail. For example, one person had a risk assessment in place for the use of a hoist to safely move them. The risk assessment indicated that a large sling should be used, but did not give any instructions as to where the loops should be positioned to ensure the hoist was operated safely. Another person had a safety gate on their bedroom door. However, there was no risk assessment in place to identify any hazards this could present. This person had a Personal Emergency Evacuation Plan in place, to safely assist the person in the event of an emergency, but there was no mention of the safety gate within this plan.

We found people were not always protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines, however these were not always followed.

We found staff who administered medicines did not always record the amount of medicines received or the amount carried forward from the previous month. This made it difficult to account for medicines. There were many missed signatures and hand written entries which were not signed. We also found many errors in the documentation. For example we found one person's medication documented that 18 tablets were in stock at the start of the cycle and that 15 tablets had been given, yet there were none left in stock. Therefore three tablets were unaccounted for. This meant staff could not always evidence medication was given as prescribed.

We found people were prescribed medication to be taken as and when required known as PRN (as required) medicine. For example, for pain relief and to alleviate agitation. We found people had PRN protocols in place and these detailed when to give PRN medication and explain how people presented when they were in pain and agitated. However, staff did not always record on the reverse of the medication administration record (MAR) why the medication had been given and if it had been effective.

We found the systems in place for recording topical medication were not followed and it was not possible to determine if people were given creams or ointments as prescribed. For example, one person was prescribed cream directed to be applied three times a day, but we found this had not been signed by staff as given three times a day. On some days it was only signed once and on others it had not been signed on any occasion.

We checked controlled drugs (CDs), these are drugs covered by the misuse of drugs regulations. We found these were correct.

We found medication storage rooms had air conditioning installed and this was set to 18 degrees centigrade. However, the air conditioning unit in the upstairs medication room was not always turned on. The room temperature was monitored but the thermometer was not a minimum/maximum thermometer so it was not possible to determine what temperature the room reached over a 24 hour period.

The medication was administered by staff who had received training to administer medication. The deputy manager told us all staff had received competency assessments, yet we found staff still did not correctly record when medication was administered, so these were not effective.

This is a continued breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

People told us the staff managed their medication and they received it on time. One person said, "My tablets are always on time." Another said, "The person in charge of the tablets makes sure we get them regularly."

Through our observations and talking with people who used the service we found there was adequate staff to meet people's needs. One person said, "The staff come straight away when you use the buzzer." Another said, "The night staff are good at making sure we are alright." Another person commented, "I don't have to wait long for assistance, they [Staff] are very good." Relatives also told us they felt there was enough staff. One relative said, "There does appear to be enough staff these days - but there are fewer residents."

The provider had a dependency tool in place to identify the number of staff required to support people safely. During our observations we saw that the upstairs unit was staffed by a nurse and two care workers. However, we found that at times one lounge area was left without staff presence, when people using the lounge required support. For example, we saw one person attempting to walk around on their own. This person had been assessed as being a high risk of falls. This person had a sensor cushion in situ when sitting in the lounge. On the day of the inspection we noted that the sensor cushion was not working. We raised this with staff who told us the cushion required a battery. We spoke with the quality manager who immediately sorted the issue.

We discussed the ineffective deployment of staff on the upstairs unit with the registered manager and the regional manager and they agreed to review this. We have received confirmation in writing that this has been addressed and will be continually reviewed to ensure staff were effectively deployed to meet people's needs and keep them safe.

The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at three staff recruitment files and found they contained all the relevant checks.

Staff told us they had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. They said they would escalate concerns up the management team if necessary. However, not all staff we spoke with were aware of the contact details for the local authority safeguarding team, should they need to speak to them. Staff said they had received training in this subject as part of their induction and refresher courses were available. Staff were aware of the company whistleblowing policy. One staff member said, "I am fully trained on relation to safeguarding and in adult protection in particular." Another staff member said, "I would certainly use our whistle-blowing procedures if I was worried about anything - the managers encourage this."

Everyone spoken with told us that they felt safe at all times. They were really clear about who they could turn to if they were worried or had any concerns. The staff we spoke with were also aware of the role they played in keeping people safe by reporting any concerns. All of the relatives and visitors we spoke with also had no concerns and were confident that their loved ones were safe and well cared for.

One person said, "I feel so much safer than I used to." Another person said, "Staff make sure you are safe." Another said, "Everyone does their best to make sure we live in a safe home." Another commented, "The staff do all within their power to keep us safe."

As part of the inspection we looked around the service we found it was well maintained and clean. People we spoke with also told us the home was kept very clean. One person said, "It's lovely and clean here - I like that." Relatives also told us the home was kept clean. One relative said, "It's wonderfully clean here - and [My relative's] room is smashing."

Is the service effective?

Our findings

Everyone we spoke with had nothing but praise for the staff. One person said, "The carers know me really well - they understand my needs." Relatives we spoke with also praised the staff. One relative said, "The staff here are so skilful - they know just how to handle [My relative]."

Staff we spoke with told us they received training which gave them knowledge to carry out their role. One care worker said, "We do e-learning and every month there is a different subject to do. We also have annual refresher training for subjects such as moving and handling. We are doing this tomorrow."

We looked at training records and found staff completed training in subjects such as basic life support, safeguarding, infection control, moving and handling and health and safety. We saw that training required had been identified and dates set for completion. For example, some staff were due to have a refresher training session for moving and handling. This had been arranged and was taking place on the day after our inspection.

Staff we spoke with told us they were supported by the registered manager. We saw they received one to one sessions with their line manager. We also saw that staff annual appraisals took place which looked at the staff member's performance and identified any training needs.

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.

We looked at care records and where appropriate they contained consent forms for care and treatment. We also saw that where people lacked capacity, best interest decisions had been made and documented, which showed that people's views had been considered. Where people had a DoLS in place a care plan was available which indicated what support they required from the staff team.

We observed lunch in all three dining areas. People said that they could have cooked food for breakfast if they wanted it. People were seen ordering their main lunch time meal. Menus were clearly displayed, including clear pictorial versions and people were seen referring to this during the morning to make their choices. If they did not prefer the main menu on offer an alternative was offered.

The upstairs dining areas were set with table clothes, serviettes and condiments, it was much more welcoming than the ground floor dining room, which in stark contrast to the dining room on the first floor. The tables were not set prior to people coming for a meal and the television was still on and was quite loud. The registered manager turned this off as she entered the dining room half way through service. This dining room did not look or feel welcoming. The condiment sets were on the top of a display unit and were empty. When people asked for condiments, a staff member had to go around the room with one set.

We discussed the dining experience for people in the downstairs lounge that it was not as positive an experience as those eating in the upstairs dining room with the registered manager. The registered manager had joined the downstairs meal service and agreed it could be improved. We saw the service did improve when they were there and were confident they would ensure staff were effectively directed in future.

The catering staff took the lead on serving meals and the staff were seen to be very calm and patient when delivering these meals. The food was served hot and fresh from a heated trolley.

People said that the cooks were aware of their likes and dislikes and told us that specialist diets were also catered for. People were heard to offer compliments to the cook for the meal they had just eaten.

We found everyone in all three dining rooms were served a nutritious meal which looked appetising. Staff made sure that people had a choice and were happy with the meal they had chosen. Staff supported people who required assistance to eat their meal.

Throughout the day we saw people were offered several drinks and snacks on a regular basis.

Staff we spoke with spoke positively about the food provision. One staff member said, "We undertook a survey with regard to food and the menus with the residents. So currently we are trialling the first menus developed following the review, it seems to be going down well." Another staff member said, "All the catering team will do whatever they can to accommodate peoples choices at mealtimes." Another said, "We are fully informed of peoples' dietary needs and special medical conditions, currently its mainly diabetic diets." Another commented, "The management make it clear the residents must have a choice."

Care files sampled showed that people were supported to maintain good health and had access to healthcare services. People said that they had attended appointments at the hospital recently and said that staff supported them to follow the advice of the GP. One person said, "I see a specialist nurse in relation to my special health needs." Another person said, "If you tell the staff you are poorly, they get the nurse- or they call the doctor.

Relatives also said that their family members had regular appointments with chiropodists, opticians and dentists and also with specialist nurses. One relative said, "They are pretty swift at calling the doctor if [My relative] is not well." Another said, "They call the opticians and chiropodist for [My relative] they always let me know when they do it."

Is the service caring?

Our findings

People, relatives and visitors we spoke with all made very positive comments about the staff. It was very clear that staff got on well with people. Observations showed that staff treated people with kindness.

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The staff and people who used the service looked comfortable together. We heard a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them. Relatives and visitors were also welcomed in a caring and friendly manner.

People told us, "The staff are wonderful." Another said, "I am so grateful for all the first rate help and care I receive." Another said, "They look after me very well." Another said, "The whole staff team do a wonderful job at looking after us." Another commented, "Every member of staff is so caring and kind they always knock on your door before entering."

A relative told us, "We cannot praise the staff highly enough for the wonderful care and attention they give [My relative]." Another relative said, "The staff are so kind, caring and considerate." Another commented, "The staff give such wonderful care, kindness and understanding."

We looked at care records and found that people's preferences and choices were recorded. We also saw that people had a life story, which assisted staff to get to know people and important people in their lives. For example, one person's life story included their occupation, family, and important dates such as birthdays and anniversaries.

The staff spoken with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They felt the care provided was very person centred.

People were given choice about where and how they spent their time. We saw staff enabled them to be as independent as possible while providing support and assistance where required. Staff gave examples of how people could choose what time they went to bed and got up, and the activities they joined in.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

End of life champions had been identified taking a lead on promoting positive care for people nearing the end of their life. Staff had undertaken specific training to ensure they had were able to support people appropriately as they approached this stage in their life.

Is the service responsive?

Our findings

At our previous inspection in February 2016 there was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always ensure people received care that was person-centred. At this inspection we found people's care was person-centred and staff understood people's needs.

We looked at care records and found that they had improved since our last inspection. We saw that people's needs had been identified and reflected their current needs. For example, one person's care plan stated they could become anxious and distressed at times. This person's care plan indicated that staff should communicate clearly and give time for the person to process the information. We observed staff communicating with this person in this way and they remained calm.

However, although staff were very knowledgeable on people's needs and were able to tell us how they supported them, we found not all aspects of people's care documented in their plans was followed by staff. For example, one person had a care plan in place which stated they required a specific piece of equipment to transfer from chair to chair. This was to be used by two staff. We observed this person being assisted on two occasions. On one occasion the person was moved by one care worker using no equipment and the second time with the equipment but with only one care worker. This was not in line with the person's current care plan.

Even when care plans were followed we identified that when people's needs changed action was not always taken. For example, one person's care plan we looked at indicated that the person was at risk of weight loss. The care plan stated that the person should be weighed on a weekly basis. The weight record indicated that the person was weighed on 1 October 2017 and weighed 57.5kg and again on the 7 October 2017 and weighed 53.6kg, showing a considerable weight loss. We spoke with staff on our inspection and it was not clear if anyone had taken any action to address this issue. We looked at other people's weight loss and found that there was lots of variation in the weights recorded.

We discussed both incidents with the registered manager and they agreed to speak with the staff regarding the moving and handling. However, in regard to the weight loss they thought there was a problem with the scales and they required calibrating. We asked the registered manager to action this and re-weigh people to ensure an accurate weight was recorded. We have received confirmation that the scales have been calibrated and everyone had been re-weighed. The registered manager has agreed to then re-weigh again in a week's time to be able to see clearly if people are losing weight and take action.

This is a continued breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

The service had an activity coordinator and regular activities were organised. The number and range of satisfying meaningful activities were good and much appreciated by people. Some people in particular praised the fact that there was a minibus for their use. They said, "We love the minibus." and "We go out so

more often now we have a minibus."

Entertainers were also booked to come into the home. People told us they really liked the entertainment. One person said, "We had an entertainer visit us, it was such fun." Another said, "All the entertainment seems to be downstairs, it is good but I wish it was up here sometimes."

There was also a well maintained accessible garden for people to use, where there were rabbits and chickens. People were encouraged to look after the animal and maintain the garden. One person said, "I really enjoy the gardening. I also enjoy keeping an eye on the rabbit, and the chickens." Another person said, "I love the rabbit they bring it in so we can stroke it he is lovely."

On the morning of our visit people were enjoying a quiet one-to-one manicure. This included people that were nursed in beds or people who chose to stay in their bedrooms. This meant people were not isolated. The activity worker was new in post and along with the registered manager was reviewing the activity recording procedures. However, current records did still indicate who had engaged in activities. Recent activities have included; arts and crafts, a visit to Graves Park, a trip on the Swinton Barge, a day trip to the coast and a charity fund raising event for Comic Relief.

The activity worker produced a daily newsletter named the "Daily Sparkle - The Meadow View". This provided seasonal informative items and various historical items of news from previous decades. People were seen reading this and discussing the matters inside. One person said, "They make sure I get a newsletter every day I like reading it."

The provider had a complaints procedure in place which was displayed in the home. People we spoke with all said if they had any concerns they felt able to raise these with staff. One person said, "I always speak my mind and would say if anything was wrong." Another said, "I would certainly talk with the manager if I was worried about anything."

Relatives we spoke with were also aware of how to raise concerns but said they would always talk with the registered manager if they had any. One relative said, "The manager has made it clear that if we have any concerns we must tell her." Another relative said, "If ever I have a problem I would go straight to the manager I know she would listen."

Is the service well-led?

Our findings

At our previous inspection in November 2016, we found a breach of regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. At this inspection although we found the quality monitoring of the service had improved, we identified some areas that required improvement that had not been identified by the systems. The systems were new and required reviewing and embedding into practice.

We looked at audits and saw these took place and were designed to identify areas of improvement within the service. These included checking areas such as care plans, staff files, infection control, people's weights and the environment. The registered manager also completed a weekly audit to identify any concerns which required addressing. This included areas such as the environment, gardens, reception area, communal areas, and the dining experience. We saw that some audits had identified areas to action such as the accident and incident analysis. This recorded all the accidents for the month and any actions taken. For example, one person had three falls and was referred to the falls team and the GP was notified.

The provider had an action plan. However, some issues that we found throughout our inspection had not been identified in the providers audit process. For example, care plan audits had not identified the concerns we raised regarding appropriate risk assessments. The weight loss audit recorded people's weights, but did not record what action had been taken to address the issue. We also found that the medication audit had been completed and found no errors, yet we had identified issues. When we checked the audit the areas we identified as requiring improvement were not included in the audit, so it was not effective.

We spoke with the registered manager about this and in some instances was able to explain the action taken. For example, one person had been referred to the dietician due to forgetting to swallow their food. However, some issues she was not able to explain why they had not been identified.

This is a continued breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good Governance.

People who used the service and their relatives we spoke with spoke very highly of the registered manager. We received many positive reactions from people who used the service and their relatives in relation to the management of the home. They all commented on the recent improvements the new registered manager had made.

Relatives told us that they felt very involved. There were a range of formal meetings with people who used the service, relatives and friends. These were to determine people's thoughts and ideas.

There was a range of quality assurance methods. Relatives said that they had completed questionnaires and were informed the outcomes of the surveys. This resulted in a; 'What we asked', 'You Said' and 'We Did' initiative. These results were prominently displayed in the home for people to see.

Relatives said that they felt as though they were listened to by the management of the home. The people who used the service had every confidence in the registered manager and her team and knew how to complain.

One person said, "I really like the manager. I hope she stays." Another said, "I have always thought that this place is well run." Another commented, "The manager and staff are approachable, there is nothing that the manager will not do for you."

Staff told us that they felt confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. One staff member said, "The management is so much better." Another said, "I feel so much more valued these days." Another commented, "The team meetings are much better, much better communication."

The manager was visible and fully accessible on the day of our inspection. Throughout our inspection we saw the registered manager greeted people by name and they obviously knew them well. We saw people living at the home, their relatives and staff freely approached the registered manager to speak with them. We found the atmosphere in the home was friendly and we saw positive interactions between people using the service, their families and staff.

Maintenance of the service was carried out and all checks required had been completed. We saw that a fire risk assessment and personal emergency evacuation plans were in place.

The home had policies and procedures in place which covered all aspects of the service. The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. They confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's care needs were not always met, risk assessments were not always followed and management of medicines did not always ensure people received the medication as prescribed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were in place to monitor the quality of the service. However, these had not always identified areas that required improvement and were not fully embedded into practice.