Care Quality Commission

Mr & Mrs C Thomlinson

Tweedmouth House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 8 and 9 July 2015 and was unannounced. A previous inspection, undertaken in October 2014, found there were no breaches of legal requirements.

Tweedmouth House is registered to provide accommodation for up to 55 people. At the time of the inspection there were 48 older people using the service, some of whom were living with dementia.

The home had a registered manager in place, who was also the registered provider, and our records showed she had been formally registered with the Care Quality Commission (CQC) since October 2010. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they were safe living at the home and felt the staff treated them well. Staff understood safeguarding issues and demonstrated they could recognise potential abuse. They told us they would report any concerns to

Summary of findings

the registered manager. There were processes in place to support the maintenance of the premises and fire systems and other safety checks were carried out on a regular basis. However, we found that some windows did not have restrictors that met with current Health and Safety Executive guidance for care homes and a risk assessment was not in place. Accidents and incidents were monitored and reviewed to identify and issues or concerns.

The registered manager had a system to review people's needs and levels of dependency. This information was used to determine appropriate staffing levels. Suitable recruitment procedures and checks were in place, to ensure staff had the right skills to support people at the home. Medicines were handled safely and effectively and stored securely.

Most people told us they were happy with the standard and range of food and drink provided at the home. Some people told us the choice was sometimes limited and they would like more variety. The assistant manager told us people could request alternative dishes, if they wished. Kitchen staff had knowledge of specialist dietary requirements.

People told us they felt the staff had the right skills and experience to look after them. Staff confirmed they had access to a range of training and updating. The assistant manager told us the home had introduced a system of learning events throughout the year, when they would concentrate on particular subjects; such as food and nutrition. Staff told us, and records confirmed that regular supervision took place and they received annual appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The assistant manager confirmed that action had been taken to make applications to the local authority safeguarding adults team, where people may have their liberty restricted. It was not always clear from records that decisions about people's care and health had been taken in line with best interests guidance.

People told us they were happy with the care provided. We observed the majority of staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with regular access to general practitioners, dentists, district nurses and other specialist health staff. People said they were treated with respect and their dignity maintained during the provision of personal care.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care. A range of activities were offered for people to participate in including; entertainers visiting the home and trips out. On the day of the inspection a Hawaiian party was taking place, with some staff dressed up. People and relatives told us they would speak to the registered manager if they had any concerns. The assistant manager explained how she was dealing with a current complaint.

The registered manager told us she carried out regular checks on people's care and the environment of the home. Staff felt well supported and were positive about the culture of the home. They said the management were approachable and supportive. People and their relatives told us there were regular meetings at which they could express their views or make suggestions to improve their care. Records were well maintained and up to date.

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?

Requires Improvement

The service was not always safe.

Some windows in the home did not have restrictors in place that met current guidance from the Health and Safety Executive and a risk assessment was not in place. People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues and recognising potential abuse.

Care plans reflected people's particular needs and the risks associated with delivering care. Medicines were handled securely and there were appropriate systems for administration, safe ordering and storage of items.

Suitable recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. The registered manager ensured staffing levels were maintained at a level that effectively met people's care needs. The home was clean and infection risks managed appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and formal applications and assessments under the Deprivation of Liberty Safeguards had been made for this people who potentially met the criteria. It was not always clear that best interests decisions had been undertaken in line with the MCA, where people were unable to make decisions for themselves.

People told us food and drink at the home was plentiful and people's special dietary requirements were catered for. Some people suggested that food choice could be limited and proposed a more varied menu. A cooked breakfast had been introduced after consultation with people at the home.

People said staff had the right skills to support them. A range of training had been provided and staff received regular supervision and annual appraisals.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff. The majority of staff supported people appropriately and recognised their needs, likes and dislikes. Relatives were kept informed of any changes to people's care or condition.

People had access to a range of health and social care professionals for health assessments and checks.

Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

There were a range of activities for people to participate in, including entertainers visiting the home and trips out. People told us they were able to make choices about their care, including what they ate, whether they wished to remain in their rooms and what activities they engaged in

People were aware of how to raise complaints or concerns and said any issues raised were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager regularly undertook checks to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from management. They said the staff team was supportive and flexible. People and their relatives described the registered manager and assistant manager as approachable.

There were meetings with people who used the service and their relatives and questionnaires had been used to gain people's views. Professionals told us the home was responsive to any issues they highlighted.

Tweedmouth House

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 8 and 9 July 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used their comments to support our planning of the inspection.

We spoke with 14 people who used the service to obtain their views on the care and support they received. We also spoke with six relatives, who were visiting the home on the day of our inspection. Additionally, we spoke with the registered manager, assistant manager, four nurses, seven care workers, two activity workers, one domestic assistant, the cook and a kitchen assistant. We also spoke with a community matron, two care managers and received written feedback from a continence advisory nurse.

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 observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; five care records for people who used the service, ten medicine administration records (MARs), six records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Is the service safe?

Our findings

We noted some windows at the home either did not have window restrictors fitted or had internal catches that could be easily overridden and have a risk assessment was not in place. The meant window safety did not comply with current guidance from the Health and Safety Executive on preventing falls from windows in care homes. We spoke with the assistant manager and the home's safety consultant about this. They told us they had not been aware of the most recent guidance, but would immediately carry out a risk assessment of the home and take action to meet the guidance.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12(1)(d). Premises and Equipment.

People and their relatives told us they felt safe at the home. Relatives we spoke with told us, "I have no worries about my (relative)" and "It feels safe enough. We feel she is safe." Outside professionals we spoke with told us they had no concerns and had not raised any safeguarding issues about the home.

Safety checks had been undertaken on the premises, including checks on fire safety equipment and fire systems such as alarms and emergency lighting. A fire risk assessment was in place and the home's independent safety consultant told us this was in the process of being updated to reflect some recent changes in guidance. The provider showed us copies of gas and electrical safety certificates for the home. We saw small electrical items had been subject to Portable Appliance Testing (PAT).

Staff members told us they had undertaken training on safeguarding and protecting people from abuse and training records confirmed this. They told us they had read the home's policies and procedures related to safeguarding and were confident in their answers about recognising the signs of potential abuse. They said they would report any concerns to the nurses on duty or the registered manager. All staff we spoke with said they had no concerns about the level of care at the home, but felt the registered manager would take action if they did raise issues. We saw there had been one recent safeguarding incident raised with the home, but this had been investigated in line with procedures.

People's right to free access were respected. All individual rooms at the home were unlocked and people could access them at any time.

The home had systems in place to assess and manage items that could be harmful or hazardous, so ways could be identified to reduce potential risks. Risk assessments were in place for individuals that were appropriate to their needs. For example, the use of bedrails and the risk associated with the use of wheelchairs, bath seats and hoists. We saw these risk assessments reflected people's current needs. Advice had been sought from the local falls reduction team and was reflected in people's records. Risk assessments help to ensure people are safe and comfortable living in the home.

Accidents and significant incidents were recorded. These were detailed and demonstrated appropriate actions were taken and other professionals were involved, as necessary. For example, when a person became upset or agitated there was clear information to show staff responded consistently and that family and professionals were informed. We saw records confirmed preventive measures were taken to protect the person and other people in the home. The assistant manager showed us she regularly monitored incidents to identify any trends, such as accidents occurring at specific times of the day. She told us she could also identify if an individual showed an increased risk from falls.

Most people and relatives we spoke with told us they felt there were enough staff at the home to meet people's needs, although two people told us they felt more staff would be helpful and they occasionally had to wait for support. Staff told us they felt there were enough staff on duty, although it was not always possible to fill absences if staff called in sick close to the actual shift. The assistant manager showed us how she carried out regular assessments of people's level of dependency and then used a nationally available tool to calculate required nursing and care staff hours, based on these dependency levels. She told us the home was generally staffed above the calculated hours.

We saw staff had enough time to spend with people and spent time in the communal rooms with people throughout the day, supporting them and reassuring people who were anxious or confused. They never appeared rushed when talking to people. One staff member told us, "There are always enough staff and any

Is the service safe?

sickness or holidays are always covered." One of the nurses told us, "There are some changes going on now as one nurse has just left, but another has been appointed and is just waiting for checks to be completed. We always have enough staff and we feel well supported." Outside professionals we spoke with told us they felt the home was sufficiently well staffed.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made and at least two references had been taken up, with one from the staff member's previous employer. Staff who originally travelled from overseas had been subject to checks to ensure they were permitted to work in the United Kingdom. Disclosure and Barring Service (DBS) checks had been made to ensure staff working at the home were of fit and proper character to care for vulnerable people. We noted there was no formal record of the interview process. The assistant manager told us she did have a system she followed, but did not formally record this. She agreed this would be useful and would look to introduce it for future staff recruitment.

We observed staff administering people's medicines. We saw people were given their medicines appropriately; with time given for them to take their tablets and a drink given to help them swallow the dose. We examined the medicine administration record (MAR) sheets and found there were no gaps in the recording of medicines. Where people were being supported with creams and lotions there was a body map in place with the area that the cream needed to be applied identified. Medicines were stored safely and securely in locked cupboards or a locked cabinet.

A number of people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. Where this was the case we saw a care plan, detailing how the as required medicines should be administered was available in people's care records. We also noted one person was receiving their medicines through a nasogastric tube. This is a tube that helps people who have difficulty with swallowing and leads directly into their stomach. We saw advice on how to deliver medicines in this way had been sought from various health professionals.

The home was clean and tidy. The assistant manager told us the home employed three domestic staff on a rota basis, to cover the home throughout the week. Domestic staff said they had access to a range of equipment and cleaning products. They confirmed cleaning equipment was colour coded to ensure it was used in the correct location. The assistant manage told us they were gradually changing carpeted flooring to vinyl to ensure areas could be cleaned effectively. The assistant manager confirmed a legionella assessment had been carried out at the home and there were regular checks on water temperatures. The home's kitchen had recently been assessed as having a five star rating following an environmental health inspection.

Is the service effective?

Our findings

The assistant manager confirmed a number of applications had been made to the local safeguarding adults team regarding potential applications under Deprivation of Liberty Safeguards for people who may have their liberty restricted. She confirmed assessments had taken place and they were currently awaiting confirmation of the outcome from the local authority. Staff we spoke with were able to describe how they would support people to make individual choices. However, it was not always clear that they fully understood the concept of best interests meetings and how decisions should be made when people did not have capacity to make their own choices. In some circumstances it was recorded that relatives had made decisions and it was not clear the person's best interests had been fully considered. We spoke to the assistant manager about this. She said staff would consult with relatives and key professionals about decisions rather than asking them to make decisions, but perhaps this was not fully reflected in the recording.

Most people we spoke with told us they were happy with the food at the home. Comments from people included, "The food is good; it is well cooked" and "The food is good." Two people told us that they felt it lacked variety and could be 'bland' at times. These people commented, "The food can be monotonous" and "We get mince too often and only get haggis once a year." We looked at the homes monthly menu. We saw that mince based meals were provided at least once a week for main meals and occasionally for tea time meals, in the form of lasagne.

We spoke to the assistant manager about this. She said people were able to request alternatives, if they wished and said she had spoken to people who had raised issues about the food. She told us that following consultation with people and their relatives they had introduced a cooked breakfast one morning a week, which people seemed to enjoy. She said they had talked about extending this, but people seemed happy with the current arrangements.

Information was recorded about people's weight and dietary intake. Where there were concerns, we saw advice was sought from dietitians and speech and language therapists. The cook was aware of people's dietary needs and special diets, although he highlighted there was no formal system for this information to be passed to kitchen staff. He talked knowledgeably about special diets and fortified diets. We observed care given during mealtimes. We saw staff supported people who needed assistance with diets in a patient and friendly manner. The kitchen was well stocked and contained a range of foodstuffs.

The home was adapted to support people who had limited mobility, with lifts to all floors and ramped entrances. The home's Orchard Unit specifically supported people living with dementia. Some attempts had been made to provide an environment that would assist people with this type of cognitive impairment. Bathrooms and toilets had visual signage to help identify them. There were items on the wall to help stimulate people's memories and reminiscences. People's individual room doors had photographs from their past and the present, to help people recognise themselves and their family and identify their rooms. However, the general decoration was less supportive, with most doors of similar colour, walls also painted in a single colour and items such as toilet seats not in a strong colour, to help people identify and recognise these items. We spoke to the assistant manager about this. She said there was still work to do on the Orchard Unit and that she was committed to developing the environment to better support people living with dementia.

People and their relatives told us they felt staff who supported them had the right skills to provide their care. One relative told us, "The care workers are very good. They do all they can."

Staff told us they were able to access sufficient training and could make suggestions about training needs. They said training was discussed at regular supervision sessions and they were well supported by the manager to access additional learning. One of the nurses told us they had discussed training at their recent supervision and had completed specialist courses in venepuncture, verification of death, wound care and Percutaneous Endoscopic Gastrostomy (PEG) tube feeding. This is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicine. Staff training files contained evidence of a range of training having been undertaken, including areas such as food hygiene, fire safety and infection control.

The assistant manager told us they had decided to focus on themes for training throughout the year and showed us a training programme that had been developed to support this. She said the current theme was food and nutrition. She had identified a lead who would be focussing on

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ensuring training was delivered. She said kitchen staff would also be included in this training. A notice board in the staff office also contained information about supporting people with their nutritional intake and special diets. The assistant manager said the next focus would be on supporting people with dementia, which she felt was an area they needed to develop more.

Staff who had recently been employed at the home told us they had undertaken an induction process and had been given the opportunity to shadow more experienced staff as part of their introduction to the home and the people who lived there.

Staff told us they had regular supervision and annual appraisals and records confirmed this. Care staff told us they received supervision from nursing staff and nursing staff were supervised by the assistant manager, who was a nurse, or the registered manager. We saw supervision covered key topics for discussion, such as whistle blowing or Deprivation of Liberty Safeguards, along with any identified training needs and any personal issues the staff member wished to raise.

The assistant manager told us she had introduced yearly personal development plans (PDP) for all staff. We saw copies of these and noted they identified areas for development over the next year, identified how the outcome was to be achieved and a target date. It was not always possible to identify how people were progressing against their objectives. The assistant manager said she would look to improve recording of progress.

People's care records contained copies of consent forms related to issues such as the taking of photographs. We saw that on a day to day basis, people were asked to consent to the delivery of care or support. For example, people were asked if they would like to move to the dining room for a meal. We saw one person who said they preferred to stay in the lounge and ate there. Staff told us they took particular notice of people's expressions or behaviours, if they were living with dementia, to ensure they were happy. They said they would often show people bath and shower rooms, so they could better understand what they were being asked or offered. One staff member told us, "I always ask people before I start to provide care. I think then they are clear about what is going on. When they first come in I ask them what they like. I think that is really important."

We recommend the provider considers guidance and research on dementia care and environments from national interest bodies and the National Institute for Health and Care Excellence.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care provided. Comments from people about their care included, “The staff do a good job here. They are lovely people”; “I am looked after well” and “We are looked after well. The staff are very nice.” One relative told us, “I have no worries about my (relative) in here. They are very caring.” One staff member told us, “We always try and present a caring attitude to everyone. We are careful when approaching people with dementia to keep them calm. We try and befriend them to make them feel at ease.”

We spent time observing how staff interacted with people and how they approached them. Overall, we found staff to be patient and responsive to people. They spoke in a calm and careful way, to help people understand. We saw one care worker repeatedly return to a person who was distressed, crouched down, so she was at eye level with the person, spoke reassuringly and also stroked the person’s hand in a comforting manner. However, we witnessed another member of staff who’s approach was not always helpful to people. For example, on approaching a person with dementia, who had been eating their lunch, they simple said, “Finished?” And then asked, “Pudding?” Rather than taking time to ensure the person understood what they were being asked. We spoke to the assistant manager about this. She told us this was not the usual approach from the staff member and felt perhaps they were anxious about the inspection. She said she would speak to the staff member about this issue.

Staff told us no one at the home had any particular religious or cultural needs. The assistant manager told us they had recently started supporting people to attend church and this had proved to be well received. A minister also attended the home once a month to deliver a communion service.

We saw that, where possible, people had been involved in determining and reviewing their care. People told us their relatives were also involved in the process and were kept informed of any changes. The assistant manager told us how one person, who had previously had a Do Not Attempt Cardiopulmonary Resuscitation document in place when they arrived at the home. However, having settled into the home they and their relatives had requested this was removed. Relatives we spoke with told us they were kept informed about care or any changes to people’s condition. One relative told us, “This place is absolutely brilliant. I am kept informed on my (relative’s) well-being constantly.”

We saw people’s wellbeing was monitored and maintained. People’s care plans indicated they had access to general practitioners, opticians, dentists and other health professionals, when they required them. For example, we saw care plans had been updates in relations to changes in medicines recommended by their general practitioner and advice from the community matron or tissue viability nurses. A community matron told us she felt the staff were very responsive to advice and support and sought clarification if they were unsure about anything. This indicated people’s health and wellbeing was monitored and action taken to address any issues that arose.

The assistant manager told us no one at the home was currently accessing an advocate although this could be arranged, if required. We witnessed staff advocated for people on a day to day basis, when they were not always able to make their needs known. For example, we saw one care worker repeatedly go to comfort one person who was becoming distressed. We then saw the care worker spoke to the nurse and highlight the person was unsettled. She enquired if they were due any medicine because of this or whether there was something else that could be done to support the person and reduce their distress.

We found people’s privacy was promoted by staff. For example, we saw staff knocked on people’s bedroom doors and waited for permission to enter. When people were being supported with personal care we saw doors were closed. People told us staff treated them with dignity and respected their privacy. They told us if they wished to remain in the rooms all day this was respected. They said they could also eat in their rooms, if they wished.

Staff told us they had received training on supporting people with palliative care and end of life care. People had care plans related to their end of life wishes and how they wanted to be supported at this important time. The community matron told us she had arranged nursing staff from a local hospice to visit the home and deliver specific training on the care of the dying, which many of the staff had attended.

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs. One person told us, "I get everything I want here. The staff are smashing. I only have to ask and they get it for me." Comments from relatives included, "He (relative) came from hospital to here as I could not cope. The nurses here are great" and "We just go to the carers or nursing staff if we need to raise something. They will always try and address it." Another relative told us, "Staff did their best to adapt to (relative's) needs and we see a big difference in her. Her mental state has improved."

One relative told us that since her relative had come to live at the home, staff had helped identify a number of concerns about their health. They had promptly sought medical attention and she was very satisfied with the action the staff had taken. She said that if staff had not been so vigilant the health concerns may not have been identified.

People's care plans provided consistent and up to date information about each individual. We saw an assessment of people's needs had been undertaken prior to them coming to the home and contained clear information about people's needs and personal preferences. The assistant manager told us she often went to hospital to assess people before agreeing to them coming to the home.

Care records had individual risk assessments in place for areas such as falls, nutrition, skin integrity and weight loss. For example, one person with a risk of choking had been assessed by the speech and language therapist and the advice incorporated into the person's care plan. Another person, who was prone to skin problems, had been assessed with the support of the tissue viability nurse and provided with a specialist mattress. Their care plan showed their skin had improved over time and they were now spending time out of bed. All the care plans we checked had been updated on a monthly basis or more frequently if changes had occurred.

People told us they had access to baths and showers and were supported by staff when they needed help with these tasks. One person commented that they only received bath or a shower once a week and felt this was not enough.

We spoke with the home's activities co-ordinator who told us another member of staff now assisted her with events at the home. She told us she arranged regular visits out to local garden centres, places of interest and a local farm where there were heavy horses for people to see. She told us, and records confirmed there were regular visits from entertainers, musicians and a puppet show. One person told us about a regular visit from a local pets as therapy (PAT) dog.

On the first day of our inspection the home was having a Hawaiian party afternoon, with fruit punch, a chocolate fountain and fruit and sweets to dip into the fountain. Some of the staff had dressed up for the occasion. On the second day we visited, we saw a craft session being enjoyed by a small group of people. The activities co-ordinator said she tended to provide one to one sessions for people on the Orchard Unit. Staff on the unit said they spent time playing dominoes or chatting to people. They said they tended to engage on short term activities as people found it difficult to concentrate for long periods. However, during our visit there were limited activities evident on the Orchard Unit, although some people did visit the Hawaiian party.

We saw people were able to make choices. Some people chose to remain in their rooms and this was respected. One care worker told us people had the choice of having breakfast in bed, if they so wished. People were offered a choice of meal, although this was required to be made the day before, which was not always helpful for people living with dementia. Staff told us they did not have access to pictorial menu choice cards, but supported people to make choices, as they knew their likes and dislikes well. We spoke to the assistant manager about this. She said it was not practical to provide two full menus for people to make a choice on the day, but would look at ways of supporting people to make more immediate choices.

People and their relatives told us they were aware of the process for making complaints. The majority of people told us they had been given no cause to make a complaint about the service. We saw the provider kept a record of complaints, detailed the action that had been taken and had responded to the person appropriately. The assistant manager told us she was currently dealing with a complaint and detailed the nature of the issue and her response to the concerns raised. We considered the response appropriate and proportionate.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since October 2010. The registered manager/ provider and the assistant manager were present and assisted with the inspection on both the days we visited.

People were positive about the management of the home. One relative told us, "The manager is very approachable. I like her way of working." Professionals we spoke with told us they found the management approachable and responsive. Professionals told us, "Management are approachable and will address any concerns raised" and "The home is very receptive and welcoming. The deputy manager is making changes. It could be a bit quicker, but things are progressing."

Staff we spoke with told us the manager and assistant manager were supportive and approachable. Comments from staff included, "I have had good support from the management since I started working here and they have been very flexible"; "The manager and nurses support us and we can speak to them any time about any issues or concerns"; "The management are very flexible. If you suggest something and they can, they will oblige" and "The management team are very good; very flexible and understanding."

Staff said they were happy working at the home and there was a good team spirit. Staff told us, "It is a very good staff team. We are all very friendly and all get along"; "It is a good place to work" and "There is a good staff team. We support each other."

The assistant manager told us she felt the home had made good progress over the past 12 months. She told us they had increased domestic hours, bought new equipment, including a new dryer for the laundry, new chairs, new mattresses and an increased number of high/low beds. She said work was almost complete on the redecoration of the exterior of the home. She said future plans included changing the flooring in the Orchard Unit and a new carpet in one of the other lounges. She also wanted to extend the range of activities available at the home and the choice of soft diets available to people with special dietary requirements. Plans further ahead included redesigning some rooms and improving the ensuite facilities available; to include more wet room type facilities. She said training was also an area that was going to be looked at, including improved dementia training and more tailored training for those staff who did not want to do in-depth training, such a nationally recognised qualifications.

The manager and assistant manager told us they carried out regular checks on the home. The assistant manager said they worked to each other's strengths. She concentrated on the clinical aspects whilst the registered manager undertook the more business type tasks. She said they held a business meeting at the start of the year, where they planned the developments for the home and developed an action plan. We saw copies of notes from this meeting which had identified the need to review documentation, purchase equipment and increase domestic hours. These items were taken forward into other meetings, such as nursing meetings and wider staff meetings. Action on the plans was reviewed.

A range of audits and quality checks were undertaken including check on medicines, care plans and the environment of the home. People and their relatives told us there were regular 'residents' meetings' and we saw copies of minutes from these. A range of issues were discussed including activities at the home, laundry issues and the importance of raising concerns or complaints at an early stage. One relative told us he knew about the meetings but did not go. He said, "I see no reason to attend the meetings. I am very happy with the care my (relative) receives." The assistant manager told us she had recently sent out questionnaires to relatives to gather further feedback but had been a little disappointed with the number of returns. She said she was considering how to improve the response rate. She told us she had recently purchased an online app for the home and hoped that this interface would increase interactions and responses from relatives and the public.

Staff told us there were regular meetings and that they could raise issues or concerns and the management would listen to them. Minutes from the meetings included reminders about the importance of maintaining good fluid intake for people and good hand hygiene. Positive comments from relatives were also fed back to staff. The assistant manager told us she had regular "working lunches" with nursing staff. She said the meetings were

Is the service well-led?

important but also relaxed. She felt the format helped to achieve results. We saw the suggestion to have learning topics throughout the year had sprung from a discussion in these meetings.

One professional told us home could sometimes be better with paperwork and assessments were not always updated on time. We found records at the home, both management and care records, were up to date, stored appropriately, easily accessible and maintained in good order.

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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Systems were not in place to ensure the premises used by the service provider were safe for their intended purpose.