Langford Park Ltd

Langford Park

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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection on 17 and 19 August 2015. Langford Park is registered to provide accommodation, nursing and personal care support for up to 34 older people, people living with a dementia and younger people with a physical disability.

We last inspected the service on 9 and 14 May 2014 when we found that the service was in breach of Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010. The provider did not operate an effective recruitment process to ensure people were protected from unsuitable staff.

The provider sent us an action plan in August 2014 which explained what they would do to meet legal requirements in relation to improving their service. At our inspection on 17 and 19 August 2015 we judged that the selection and recruitment of staff was now satisfactory.

There was a new manager in post. A registered manager application had been submitted to the Care Quality Commission but the registration process was still in progress. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 new manager was open and honest about the strengths of the service and areas for improvement. Everyone was positive about her, and felt she was approachable, caring and committed to the improvement of the service and the well-being of people there.

The service did not ensure staff had the information they needed to provide safe care. Risk assessments and care plans were not always kept up to date. This put people at risk of not having their current needs met, particularly if staff were new or from an agency, and did not know the people they were caring for. Care plans did not always record whether people had been consulted when their plans were being drawn up and reviewed.

The service did not always manage people's medicines safely. Recommendations made by a visiting pharmacist in March 2015, related to the development of a comprehensive 'Medication Management Policy' and the safe storage of oxygen had not been carried out. Oxygen cylinders were not stored in a portable trolley or safe container and could cause injury if they fell over. Regular auditing of medication administration records (MAR) was not being undertaken. This meant that there was a risk that medication errors may not be picked up promptly and people may not receive medicines as prescribed.

The service was not using an effective programme of audits to monitor and review the quality of care, and ensure the service continued to meet people's needs effectively.

The manager and deputy manager recognised that the service was not fully meeting its requirements in relation to protecting people's human rights, where people lacked the mental capacity to make certain decisions about their care and welfare.

Following a period of high staff turnover at the service there was a relatively new but stable staff group, and sufficient numbers of staff to care for people. Staff met people's needs appropriately and promptly and treated people with dignity and respect.

People were supported to take part in a range of social activities if they wished, inside and outside the home, and in the local community.

The provider actively sought the views of people, their relatives and staff through staff and residents meetings and questionnaires to continuously improve the service. There was a complaints procedure in place and the manager had responded to concerns appropriately.

We found 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 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?
Some aspects of the service were not safe.

Requires improvement

Risk assessments and care plans were not always up to date.

The service did not always manage people's medicines safely.

People were protected from abuse and avoidable harm by sufficient numbers of staff who had been carefully recruited and suitably trained.

The premises and equipment were managed to keep people safe.

Is the service effective?
The service was not always effective.

Requires improvement

People's rights were not always being protected in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. (DoLS)

Staff received effective inductions, training and appraisals.

People were supported to maintain good health. They had access to healthcare services and received ongoing healthcare support.

People were supported, where needed, to eat and drink and had adequate nutrition to meet their needs.

Is the service caring?
The service was caring.

Good

Staff treated people with dignity and respect and in a caring and compassionate way at all times.

People were encouraged to express their views about their care and the service, and were listened to.

People, relatives and health and social care professionals told us the service was caring. Staff knew the people they supported and their individual needs, likes and dislikes.

Visitors were made welcome with no time restrictions.

Is the service responsive?
The service was not always responsive.

Requires improvement

Care plans did not record whether people had been consulted when they were being drawn up and reviewed.

People received personalised care and support that was responsive to their needs and preferences.

Summary of findings

There was a clear complaints procedure and people were encouraged to give feedback which was acted upon.	
Is the service well-led? One aspect of the service was not well led. Robust quality assurance processes were not in place. The manager and deputy manager at the service were well supported by the provider. They were approachable, understood their responsibilities and were committed to improving the service. The provider and manager actively requested feedback from people and stakeholders, to help develop and improve the service.	**Requires improvement**

Langford Park

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.

The inspection took place on 17and 19 August 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor and an expert-by-experience with expertise in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked at the care provided to16 people, which included looking at their care records and speaking with most of them to help us understand their experiences. A few people at the service were living with dementia and were unable to communicate their experience of living at the home in detail. We used the Short Observational 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 also spoke with 10 visitors, 10 staff, which included nurses, care staff, the manager, the deputy manager, administrator, activities organisers and cook. After the inspection we contacted nine health and social care professionals who supported people at the service to ask for their views about the service and received feedback.

We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records, medicine records and quality monitoring audits.

Requires improvement

Is the service safe?

Our findings

There was a risk that people may not receive safe care, because risks to their health and welfare had not been fully assessed, recorded or reviewed. Information about anybody at risk was shared verbally at the staff handover and recorded on the handover sheet and daily notes, but care plans and risk assessments were not always updated accordingly. This meant that staff did not have access to written information about potential risks or the actions they must take to reduce those risks. For example, some care plans contained up to date nutrition and fluid screening records, while others had not been reviewed for some time or the review date was missing. This meant that it was not clear from the records whether some people had been receiving adequate food and drink. One person occasionally had a psychotic reaction to their medication, which put them at risk of significant harm. Although the manager had taken action to minimise risks, there was no information in the care plan for staff about how any future adverse reactions might be recognised and safely managed. The care plan of someone new to the service with complex needs, contained very little information about their risks or guidance for staff.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

The Provider Information Return (PIR), completed in March 2015, stated that there had been a significant number of medication errors in the previous 12 months. The manager told us that these had been due to inaccurate recording by staff, for example, medicines being signed for when they hadn't been given or staff not recording when medicine had been refused. She advised that people had not suffered harm, but this was a potential risk if the issue wasn't addressed. The manager had sought advice from an independent pharmacist, who carried out a medicines audit in March 2015. She was planning to introduce a new system of managing medication as a consequence. Recommendations had also included; 'The service should develop a comprehensive Medication Management Policy' and, 'Oxygen stored in a residents room be kept in a portable trolley or other safe container'. These recommendations had not been acted on at the time of the inspection. This meant that people remained at risk of medicines not being given as prescribed. The storage of an oxygen cylinder which was not in a portable trolley or safe container could cause injury if it fell over. These aspects required improvement.

On the day of the inspection we saw that people's medicines were administered by a registered nurse and dispensed from blister packs and boxes or bottles. Each person had individual medication which was clearly labelled with the residents name, the start date and number of tablets in a box. There was suitable storage for medicines which required refrigeration. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were kept.

Staffing levels at the service were now adequate following a period of high staff turnover when a lot of agency staff had been used. This had impacted on the consistency of care for people. Comments included; "There are some wonderful staff but they do not stay." One member of staff told us that it had been a "difficult time", but it was "getting better" now, although some days were very busy and the trained nurses did not have time to complete paperwork properly.

The staffing schedule showed that there were two trained nurses with seven care staff for the morning shift, one trained nurse and five care staff for the afternoon shift and one trained nurse with three care staff for the night shift. Staffing levels were determined by looking at the time and level of support that people needed.

During the inspection, staff were busy but did not appear rushed. They took the time to talk to people and go at their pace, for example when supporting people with meals. Every resident at the service had a key worker, which meant that there was a named link for that person and their family. The key worker's name and photograph was displayed in people's rooms to remind people of who their key worker was.

During the inspection call bells were answered quickly. However, people had different perceptions of staff response times. One person said; "I'm safer here than at home, they come quickly when I ring the bell". A visitor told us that their relative sometimes rang them at night

Is the service safe?

distressed, having waited 20 minutes for the commode. The manager told us that they had not been made aware of this concern, and hoped that the relative would come forward so that they could address it.

Staff told us, and records confirmed that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the manager's attention they had worked in partnership with people, relatives and the relevant authorities to make sure issues were fully investigated and people were protected.

At our last inspection on 9th May 2014, the provider did not operate an effective recruitment process to ensure people were protected from unsuitable staff. The provider sent us an action plan in August 2014 which explained what they would do to meet legal requirements in relation to improving their service. At this inspection we judged that the selection and recruitment of staff was now satisfactory. References from previous employers were obtained and checks completed by the Disclosure and Barring Service, to ensure that prospective staff were safe to work with vulnerable people.

The manager explained the formal disciplinary process which had been recently introduced. We saw from some staff files that it was being used in accordance with the provider's policy. Some incidences of poor practice had been investigated and staff disciplined or dismissed, in order to protect the users of the service. These incidents had been discussed at staff meetings and the manager ensured that any training needed was delivered to the whole staff group.

The environment was safe and secure for people who used the service and visitors. The home had an 'open door' policy so that people could access all areas of their home freely, and there was a new automated front door for easy wheelchair access. Any potential risk from unwanted strangers was minimised by the rural location and the fact that the office window, where visitors and staff signed in, was by the front door. Regular risk assessments were completed for people who might be at risk if they left the home, for example people with dementia.

We saw examples around the home of detailed advice to staff about keeping people safe; for example, there was a reminder on the door of one room not to enter if unwell, as the person was very susceptible to infection.

There were effective arrangements in place to manage the premises and equipment, and any repairs were completed promptly. Fire checks and drills were carried out in accordance with fire regulations. There were plans for responding to emergencies or untoward events. These included individual personal protection evacuation plans (PEEP's), which took account of people's mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely. An efficient new laundry system had recently been introduced. A new laundry room had been provided with ample space for storage. People's clothes were washed on the premises by their key worker and there were good systems in place to minimise the risk of items being returned to the wrong person. Other items of laundry such as sheets, bedding and towels were supplied and washed by an external laundry company. There were ample stocks of clean, good quality and neatly ironed sheets and bedding. Individual needs were recognised and met, for example someone with sensitive skin had their clothes washed in non-biological powder. There was a good supply of slide sheets and slings which were washed after each use. This minimised the risk of the spread of infection.

People were supported to look after their own money where possible. Where they were unable to look after their own money there were safe systems in place for handling and storing cash. Records were kept of all transactions, and balances were recorded. Relatives were involved where appropriate.

Requires improvement

Is the service effective?

Our findings

The service was not always effective. People's rights were not being protected in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The managers recognised that several people at the service required an assessment under DoLS, especially following the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. At the time of this inspection there was one application being made to the local authority DoLS team, to deprive a person at the service of their liberty. The service was therefore not meeting its requirements, although they told us that this task was being prioritised.

Some staff did not fully understand the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. This ensures that their human rights are protected. Although staff received relevant training, managers recognised that the service needed to do more to help them to understand the principles and apply them in practice, for example, recognising the importance of assessing people's capacity when they are signing consent forms. Capacity assessments related to activities of daily living were recorded on a 'yes/no' tick box form, with no information about how capacity had been assessed or how a decision had been reached about how the care should be provided, in the person's best interests.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

Qualified nurses with a range of specialist skills and experience were always on duty. This ensured that people's diverse clinical needs were monitored and met. Health professionals commented on the good quality care that was provided by enthusiastic and skilled nurses.

Care records showed regular visits from social and health care professionals. Visitors told us that staff quickly informed them of any changing needs and their relatives had the medical care from outside professionals that they needed. Healthcare professionals who provided feedback, such as a speech and language therapist and community dietician, said staff contacted them promptly to discuss issues related to individual's healthcare and acted on any advice given.

The induction programme used by the service had been improved and now gave staff the basic skills to care for people safely, providing additional training where gaps were identified. This might be for nurses to extend their clinical skills, or in relation to specific conditions such as acquired brain injury, epilepsy or diabetes. During their first week, new staff were supported by a mentor who then assessed their competency and reported back to the manager. The induction period was extended if necessary. The manager also planned to support all staff to undertake the new Care Certificate. This qualification ensures that all staff have the introductory skills, knowledge and behaviours needed to provide safe, high quality and compassionate care.

Ongoing development and training needs were discussed in staff supervision, which took place every eight weeks and was formally recorded. This included the administrator who was going to do some dementia training to support her interaction with people at the home. Specialists amongst the staff team supported other staff members to develop their skills, for example in relation to working with people who have a learning disability. External specialists delivered training as required according to people's individual needs, for example in motor neurone disease and Huntingdon's disease. Staff told us that the training was very good. A GP who supported people at the service commented that the service was constantly trying to improve the quality of the care and to keep their training and skills up to date.

People, families and staff told us that the food was very good. Comments included; "The food is OK, Oh yes! No complaints there!" Meals were made on the premises and

Requires improvement

Is the service effective?

there was a good choice. The menu was being updated following consultation with people, with an emphasis on more traditional home cooked dishes. The chef talked to people about their likes and dislikes, which meant that alternatives were offered according to their individual preferences. People who required a specialist diet had the appropriate meal to meet their needs safely. The service had sought guidance from the Alzheimer's Society, in how to make food more appealing for people with dementia, for example using finger foods. Moulds had been purchased for those on a pureed diet to make food more attractive. Throughout our inspection people were offered a variety of drinks and appropriate snacks. Lunch was served in the dining room, although several people ate in their rooms either through need or choice. The lunchtime experience appeared calm and unrushed, with staff offering people support discreetly and appropriately.

The home had recently undergone some significant renovations, which people approved of. A relative told us; "This place is lovely. They have done so much to make it nice." The downstairs environment was bright, modern and well lit. There were extra wide doors to allow easy wheelchair access and a comfortable quiet room, with a reminiscence area for people with dementia.

Good

Is the service caring?

Our findings

On our arrival, the atmosphere in the lounge was calm and relaxed, with some people having breakfast or just sitting. It was noticeable that staff, including the cleaner and the administrator, were spending time chatting with people around the home, as well as in the lounge.

Overall, people were positive about the caring attitude of staff. Comments included; "Everyone's very thoughtful and kind. It didn't take me long to adjust and I'm having a nice rest and the food is lovely." Visitors were happy with the care provided to their relatives. Comments included; "I feel they're treating [person's name] exceedingly well. I couldn't be happier." Healthcare professionals told us they found staff to be caring, welcoming and friendly. One professional told us how they had dropped in unexpectedly and found a lovely atmosphere and a leaving party underway for a person returning home after a respite stay. They also told us how staff had gone 'above and beyond' in supporting a person with complex needs who was admitted to hospital. Staff from the home visited the person in hospital and advocated for them, which ensured that the person got the treatment that they needed.

All staff were friendly, open, and person centred in their approach. When asked about the people in their care they talked about them in a respectful and compassionate way. They told us about the importance of asking people before any care is given, and involving people in decision making as much as they are able. They had a good knowledge of people's individual needs, likes and dislikes. One carer told us; "Some people like to be washed and dressed before breakfast, while others like to stay in their pyjamas until lunchtime. It's important to know each person and their individual needs and preferences."

People told us that they were able to have visitors at any time and see them in private. One relative said; "They told me you can come when you like and stop as long as you like. We've been together 63 years so this is hard but I can have my lunch too for only £2.00."

People's rooms were pleasant and personalised with their own furniture, possessions and family photographs. Some people had chosen their own bedding and curtains. The manager told us that when a room became vacant, it was initially redecorated in neutral colours for the next person, who could then choose their own colour scheme.

People were encouraged to express their views about their care and the home, and we saw that they had been listened to. For example, at a recent Residents Meeting, somebody requested that the buttercup meadow in front of the home was left uncut as long as possible, so that they could continue to photograph the butterflies. The provider agreed to fence the area off and move the horses so that it was protected. The person was then asked if they would like to display some of their photographs in the lounge.

Minutes of staff meetings showed the service emphasised the importance of treating people with dignity and respect, for example, catheter bags should be put in over bags to give more dignity to people. New towelling bathrobes were ordered for every person, so that dignity could be maintained during personal care.

Is the service responsive?

Our findings

Some care plans had not been signed by people or their representatives. This made it difficult to determine whether every person had been involved appropriately when the plans were being drawn up and reviewed. One relative told us that the service invited them to review the care plan annually. However one person with full capacity did not recognise their care plan, which was signed by their relative. Another told us that they had had no involvement, while another person, who had signed their care plan, told us, "I can't remember a discussion with the nurse about anything long-term even though they've introduced a good system now of the nominated nurse." This area requires improvement.

Care plans did not always contain information about people's history, interests and preferences to support staff in giving person centred care. The manager recognised this and had begun to use the Alzheimer's Society 'This Is Me' tool. This is a document for people with dementia and their families to complete, which lets staff and other professionals know about their needs, interests, preferences, likes and dislikes. The service was also planning improvements in care for people who had difficulty with communication, for example using pictures to help people to make choices around food and drink.

Some people told us that the standard of care at the home had not been consistent. Comments included; "'There are some fantastic carers, but they're not all as good", and, "They're good people, very good indeed, but some of them don't volunteer to meet your needs, so for example if I forget to ask for water or for my bed to be straightened, they don't ask whether I'd like it done." Overall however people felt that the service was good and improving, and that they would recommend the home. One person told us; "If I read the papers you'd think everyone in care homes was maltreated but it's a good service".

Before each person was admitted to the service the manager undertook a pre admission assessment. They would meet the person and, if appropriate, their family or the person visited the service. This was to make sure the home was appropriate to meet the person's needs and expectations. A social care professional told us that the home had done everything they could to make a person's transition into the home easier. We found that the service was able to continue to meet people's needs as they changed. A relative said: "I chose this because I thought [person's name] would be happy here. They were more mobile at first and found it difficult to adapt. They have coped with [person's name]'s changing needs, as they are now much more passive and accepting and I've never had cause for complaint."

People could choose to take part in a range of activities. There were two activities co-ordinators at the service, who told us that each person's individual interests and abilities were assessed, and plans developed to meet their social needs. The activities co-ordinators spent 'one to one' time every day with people being cared for in their rooms, reading poetry or the newspaper, or giving a hand massage. There were individual and group trips, for example to the pub, shops, theatre, art group or local garden centre. Optional daily activities in the home included quizzes, church services, art and crafts and nail and hair 'pamper mornings'. There were visiting entertainers and a weekly film club.

Individuals were able to explore their own interests. One person had his own small trampoline. During the inspection we saw people coming and going freely, and enjoying sitting out in the sunshine. Framed photographs taken by people at the home were displayed throughout. There was a computer available in a quiet room for people to use, with plans to use Skype to allow them to maintain contact with family overseas. People were maintaining the wheelchair accessible garden and growing vegetables. Others contributed to the running of the home, for example keeping the bird boxes filled, or supporting less able people with activities.

A local museum facilitated reminiscence sessions using materials from their collection, like vinyl records and knitting patterns. One relative described the difference reminiscence therapy had made. "The activities co-ordinator had ideas on how to make dementia more bearable. They really helped my mother and others. They took the time to lead them back into the past and I was really impressed. We have given them additional artefacts to help with this." Families were also involved, for example with theatre trips or the forthcoming fete. One relative told us; "The staff that do activities are absolutely smashing."

Two relatives felt that people spent too much time in their rooms. Comments included; "It used to be full up down stairs but not now…they should all be doing more and be out of their rooms." And; "They say [person's name] doesn't

Requires improvement

Is the service responsive?

want to go downstairs for activities but no-one comes to get them or encourage them.” The manager told us that it was people’s choice whether to stay in their rooms, and all had the opportunity to come down. This was confirmed by some of the people we spoke to. One person told us that they weren’t really interested in group activities apart from Bingo, so they went out on their own with the carers. Another person said; “[person’s name] doesn’t have to do anything they don’t want to. Staff try to encourage them to get out of bed if they think they should but nobody forces them.”

The manager sought people’s feedback and took action to address issues raised. Staff told us how suggestions they had made to improve the service had been listened to and acted on. For example, in relation to how staffing rotas were organised, laundry systems and the introduction of a communication book for relatives and key workers. There was a clear complaints policy which directed people to contact external organisations such as the Local Government Ombudsman, CQC and the local authority if they were not happy with the response from the provider. We saw an example of a recent complaint by a family where the registered manager had acted promptly to investigate and acted decisively on her findings. The family had been informed in writing of the outcome. We saw from the minutes of staff meetings that the manager shared complaints that had been received, with staff. She gave them clear guidance as to actions required. People told us; ‘If you make a complaint, they do something about it.’

Is the service well-led?

Our findings

Some aspects of the service were not well led. The provider did not have a comprehensive quality assurance system in place to monitor and review the quality of care and ensure that the service continued to meet people's needs effectively. An audit file for people's medicine administration records (MAR) charts contained just one audit. This gave no indication of the time, date and year it was undertaken. Without regular and accurate auditing there is a risk that medication errors may not be picked up promptly and people may not receive medicines as prescribed. Although accidents and incidents had been reported and recorded in line with the relevant policy, we did not see that these forms had been reviewed and analysed. This would help to understand causes and identify any wider risks, trends and preventative actions needed to keep people safe. Care plans had not been consistently audited to ensure that they accurately reflected people's needs and were effective in supporting staff to care for people. These aspects of the provider's quality assurance system require improvement.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At the time of the inspection the manager and deputy manager had been in post for three weeks. The manager was waiting for the necessary checks to be completed so that she could be formally registered with the CQC. She had previously worked as a nurse at the home and was the fifth manager there in three years. She talked knowledgeably about the individual residents and their needs. She was aware of the strengths of the service and open about the need for improvement. She told us; "The care is there, the staff are there, we have a good team and provide a good standard of care, but there is a lot of work to be done to get things up to date." She had begun to make the necessary changes, and described it as "a work in progress". She was reviewing the management of accidents and incidents and had recently provided additional guidance to staff in the completion of the paperwork. She had recently begun to review and update the care files and planned to carry out three monthly reviews with residents and six monthly reviews with relatives. She showed us the audit tool that she was using and told us that care plans would become more personalised and person centred, which would support staff to provide person-centred care.

The manager's vision was for the home to be a family orientated service that provided quality person centred care. She understood that it was never going to be the same as being "in your own home", but wanted it to be as close as it could possibly be. The recently appointed deputy manager also had a good understanding of the improvements needed at the service, and was optimistic that the service could be transformed quite quickly.

People and visitors told us that the manager was approachable and that they had confidence in her ability. Comments included; "She's nice she is. She has said if I am worried about anything to go down and speak with her." A relative told us; "The manager involves the families in everything." A health professional said; "The change in management is a positive step. She has her finger on the pulse and is very 'front of house'."

Staff we spoke to told us that there was an 'open culture' at the home, and they were able to discuss any concerns with the manager. "Things are better now. There is an open happy atmosphere at the home, residents are happy and staff are friendly." We saw from the minutes of the staff meetings that the manager gave clear feedback to staff about what they were doing well and what they needed to do better.

People and their relatives were encouraged to express their views about their care and the home. A comments book was kept by the front door and checked regularly by the manager. Quality assurance questionnaires were given to people and their relatives every six months, asking for their views on issues such as the cleanliness of the home, the care provided, staff attitudes and how well the home kept them informed. A well-attended, three monthly meeting for people and their relatives, provided an opportunity for people to share their views. For example, people were asked their views on how the menus could be improved, and made aware of some changes to staff roles and responsibilities. Staff completed regular questionnaires, which asked for their views about issues such as the care provided and policies and procedures, and asked for

Requires improvement

Is the service well-led?

suggestions for improving the quality of care and health and safety procedures. We saw that suggestions had been acted on, for example the recent improvements to the laundry service.

The manager told us about the positive links that the home has with the local community, for example with the local garden centre, brewery and pubs. There was also a fund raising group for the home.

The home had a clear staffing structure in place with clear lines of reporting and accountability. Overall staff performance was monitored by the manager through observation and regular individual supervision.

People, relatives and staff told us that the provider was supportive and involved in the day to day running of the home. The provider received a weekly update from the manager, informing him of any concerns at the service. An action plan was then developed by the provider and managers to address any problems. The provider ensured that recruitment processes were being followed, and approved new appointments and any extensions to staff induction. He attended all staff and Residents Meetings and was quick to provide equipment when asked for. One person told us that the provider was there nearly every day and was confident that if they spoke to him they would be listened to. Comments included; “I have confidence in the management here. It’s improved enormously with the refurbishments. The owner has been on site a lot in the last twelve months because of the building works and so has become more aware of how things are. There have also been improvements in the equipment available for people, which makes the jobs of the staff easier.”

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 Risk assessments and risk management plans were not completed and reviewed regularly. 12(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The service was depriving people of their liberty for the purpose of receiving care or treatment without lawful authority. 13(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have effective systems in place to assess, monitor and improve the quality and safety of the service. 17(2)(a)