

R.M.D. Enterprises Limited

Manor Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

This unannounced inspection of Manor Lodge took place on the 15 March 2016. At our last inspection on 5 March 2014 the service met the regulations inspected.

Manor Lodge is registered to provide accommodation and personal care for 16 people. The home provides care for older people some of whom have dementia. The home is owned and managed by R.M.D. Enterprises Limited. On the day of our visit there were 16 people living in the home. Public transport and a range of shops are located within walking distance.

People informed us they were satisfied with the care and services provided and told us staff were kind. We saw people were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People's privacy and dignity were respected.

People received the medicines they were prescribed. However we found there were aspects of the storage and management of medicines where improvements were needed.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm.

Care plans were personalised and reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required. People had the opportunity to participate in some activities of their choice.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was maintained and promoted. People were supported to maintain links with their family and friends.

People were supported to maintain good health and their well-being was promoted. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed.

People were provided with food and refreshments which met their preferences and dietary needs. However, the menu did not indicate that people had choice during some meals.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

People had opportunities to feedback about the service. There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

We found one breach of the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were aspects of the service which were not safe. People received the medicines they were prescribed. However there were aspects of the storage and management of medicines where improvements needed to be made.

People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people.

Requires Improvement ●

Is the service effective?

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs. However the menu did not demonstrate that people had a choice of meals.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Good ●

Is the service caring?

The service was caring. Staff were kind and provided people with the care and support they needed. Staff respected people and involved people in decisions about their care. People's

Good ●

independence was encouraged and supported.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. People received personalised care.

People were supported to take part in some recreational activities but people told us they felt the opportunities to participate in a range of leisure pursuits could be increased.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service, relatives and staff informed us the provider and registered manager were approachable, listened to them and kept them informed about the service and of any changes.

People were asked for their views of the service and had the opportunity to provide feedback about the service during residents' meetings. Satisfaction surveys indicated people were satisfied with the service including the management of the home.

There were a range of processes in place to monitor and improve the quality of the service.

Manor Lodge

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 was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. Prior to the inspection we looked at the Provider Information Return [PIR] which the provider completed. The PIR 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. The PIR was discussed with the registered manager during the inspection.

Some people using the service were able to tell us in detail about what they thought about the service. Others were less able to describe their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

During the inspection we spoke with the provider, registered manager, a healthcare professional, a senior care worker, two care workers, cook and a hairdresser who regularly visited the home. We spoke with ten people using the service, and five relatives of people using the service.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; a local authority quality monitoring report, care files of four people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. Comments from people included "I would speak with staff if I was worried about something," "There seem to be enough staff," and "The staff are very good. They look after me." Relatives of people told us that they had no concerns about people's safety. Comments from relatives included "I have never heard staff say a nasty word to anyone. It's home from home, I never worry about [Person]," "Staff here are like an extended family. [Person] is very safe here," and "[Person] is safe."

There were systems in place to manage and monitor the staffing of the service so people received the care they needed. Care workers told us they felt there was enough staff on duty to meet the needs of people using the service. The registered manager informed us staffing levels were adjusted to meet people's specific needs, such as when people attended health appointments or when people were unwell. Throughout the inspection; observation, talking with staff and from looking at the staff rota we found no indication that there was not sufficient staff to meet people's needs and to keep them safe. A relative told us "I know all the staff. I think there are enough staff, sometimes staff are very busy." The provider told us about recent changes that had been made to improve the staffing and running of the home. These included employing a deputy manager to support the registered manager and the registered manager now being supernumerary so they could focus upon management duties and the running of the home. Although people told us staff provided them with the assistance they needed, some people told us they felt there could be more staff on duty at times. A person said "There is only two [staff] at night and they are always busy."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. The contact details of the host local authority safeguarding team were displayed. Care workers were able to describe different kinds of abuse and were aware of whistleblowing procedures. They told us they would immediately report any concerns or suspicions of abuse to the registered manager and were confident that any safeguarding concerns would be addressed appropriately by her. Care workers informed us they had received training about safeguarding people and training records confirmed this.

People using the service spoke in a positive manner about the care workers, registered manager and provider. People told us they would speak to the provider if they had concerns about their personal safety and/or welfare. People's relatives informed us they were confident that people were safe. A person's relative told us they did not worry about the safety and well-being of a person using the service. They told us they were confident the person was safe living in the home.

Care plan records showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments included risk management plans for a selection of areas including; risk of pressure sores, falls and moving and handling. They had been regularly reviewed. Staff we spoke with were aware of the details of people's risk assessments.

People received support from their relatives, local authority or court of protection with the management of their monies. We saw appropriate records were maintained of people's finances including their spending. To reduce the risk of financial abuse regular checks of people's monies were carried out.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

A general fire risk assessment and individual fire safety risk assessments were in place and were regularly reviewed. Accidents and incidents were recorded and addressed appropriately.

The home had a current certificate of insurance. There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the moving and handling hoists, fire safety, gas and electric systems. Fire drills had taken place. However, there had not been a fire drill for approximately one year. Following the inspection the manager informed us they had carried out a fire drill involving staff and people using the service. There was clear fire guidance displayed in the home.

There were arrangements for the recording, storage, administration and disposal of medicines. There was a record confirming that unused medicines were disposed of. Records of medicines received by the home and returned to the pharmacist were maintained. . Records showed a pharmacist carried out checks of the medicines in the home. A medicines policy which included procedures for the safe handling of medicines was available. Medicines administration records [MAR] showed that people received the medicines they were prescribed. During the inspection we saw a care worker administer medicines to people, she explained to people what their medicines were, provided them with a drink and waited until they had swallowed their medicines. However we noticed the care worker signed one person's medicines records just before the person consumed their medicines. We spoke with the registered manager and the care worker. The care worker was later seen to sign the medicine administration records after the medicines had been administered to people. The registered manager informed us following the inspection that she was monitoring care workers who administered medicines and had found no further incidents of similar inappropriate practice. A person told us they received on time the medicines they were prescribed.

Most medicines were stored in a locked medicines trolley attached to the wall. A few medicines were stored in a locked cupboard. This cupboard was not metal so was of risk of being insecure. Following the inspection the registered manager told us that a metal medicines cabinet had been purchased and would shortly be installed to make sure medicines were stored safely. The service is currently receiving support from community nurses in providing a person with palliative care who had been prescribed Controlled drugs [CD's] which are prescribed medicines that are usually used to treat severe pain, and have additional safety precautions and requirements. Appropriate management, recording and checks of CDs were carried out. CDs were stored in a separate locked container fixed to the inside of the medicines cupboard. The need for a separate CD cupboard was discussed with the provider and registered manager. Following the inspection the registered manager told us she had ordered a specific CD medicine cupboard that meets legislation.

Care workers who administered medicines told us they had received medicines training and assessment of their competency to administer medicines. They provided us with details of this assessment and examples of the action they would take if they made a medicines error or if someone refused a prescribed medicine. However, records of staff medicines competency assessments were not available. The provider and the

registered manager showed us a template of a medicine competency assessment and told us she would ensure that in future written assessments would be completed for all staff administering medicines. Following the inspection the registered manager confirmed that all staff who administered medicines had received a written competency assessment. At the time of this report the registered manager had demonstrated they had suitably dealt with the issues to do with medicines that we found during the inspection.

These above examples showed some areas of medicines were not being managed in a safe way. We noted that action was only taken following our inspection which identified where improvements were needed. This is a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons. Guidance about washing hands was displayed. People and relatives told us the home was kept clean. We saw a domestic member of staff carrying out cleaning duties during the inspection. Staff had received infection control training. A relative told us that the home was "Warm and clean."

Is the service effective?

Our findings

People told us they received the care and support they needed from staff. A person told us "I have never had a problem with staff not knowing what to do." Relatives of people informed us they found staff understood people's individual needs. Relatives told us "I could not find fault with any staff," "Staff know what they are doing. They are very pleasant to the older people. They understand people," and "They [staff] are very efficient, they understand."

Care workers were positive about their experiences working at the home and told us they enjoyed their job supporting and caring for people. They told us they received the training they needed to provide people with effective care and support. They informed us that when they started working in the home they had received an induction, which included learning about the organisation and people's needs so they knew what was expected of them when carrying out their role in caring and supporting people. A care worker told us that their induction had been good and had helped them gain the confidence and competence to do their job. The registered manager was aware of the induction Care Certificate, which is the benchmark, set in April 2015 for the induction of new care workers and told us that she planned to incorporate it into the staff induction programme.

Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, fire safety, food safety, health and safety, dementia care and Mental Capacity Act 2005 [MCA]/Deprivation of Liberty safeguards [DoLS]. A senior care worker was in the process of completing 'Falls champion training course.' The senior care worker told us they shared knowledge from the course with the staff team to develop and improve their practice. Some staff had completed or were in the process of completing vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this. The registered manager has a 'leadership in dementia' qualification. She told us she had recently carried out 'in house' sessions with staff about engaging with people who had dementia.

Care workers told us they felt well supported by the registered manager and provider. They informed us and records showed that care workers received regular supervision and appraisals to monitor their performance, identify their learning and development needs, and discuss people's needs. Records showed a range of topics including; team communication, staff responsibilities and training had been discussed during supervision meetings.

Care workers told us they read people's care plans and spoke at least daily with other staff including the registered manager about each person's needs, so they were up to date with people's progress and knew how to provide people with the care and support they needed. We heard staff communicating about people's requirements and progress during the inspection. People using the service confirmed they liked the staff who provided them with assistance with their care. A relative told us that staff knew when people needed "Extra help," and provided the care they needed.

People were supported to maintain good health and were referred to relevant health professionals when

they were unwell and/or needed specialist care and treatment. Each person had an up to date health care plan. Records showed people had access to a range of health professionals including; GPs, opticians, dentists, chiropodists to make sure they received effective healthcare and treatment. A person was receiving support with their end of life care needs from a palliative care team. A healthcare professional visited a person using the service during the inspection and carried out an assessment of the person's needs. People spoke of attending health appointments. A person using the service attended a hospital appointment during the inspection. A person told us "Staff take me to appointments."

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. The provider and care workers were aware of the requirements of MCA and DoLS. The home had a MCA/DoLS policy. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Staff training certificates confirmed they had completed MCA and DoLS training. The registered manager told us that one person using the service were subject to a DoLS authorisation at the time of our visit and an application for DoLS for another person was in the process of being authorised.

People's care plans showed they were supported to be involved in decisions about their care and treatment, and the decisions they made were respected. Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest.

Care workers were knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. Care workers told us they always asked people for their agreement before they assisted them with their personal care or with anything else. People confirmed this.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Staff we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. People's weight was monitored closely. Staff knew to report significant changes in people's weight to the registered manager.

Meals catered for people's varied preferences, dietary and cultural needs. The menu was displayed in written format and the day's meals were written on a white board in the lounge. Most people were complimentary about the meals. We saw people each had the breakfast of their personal choice. A person confirmed they had chosen their breakfast. Some people were provided with an alternative lunch to the meal recorded on the menu for example a person received a vegetarian option. However the menu did not show people had a choice of main meal at lunch or evening meal. The registered manager said she would address this and would develop a picture menu so people who had difficulty in reading the menu. The cook was very knowledgeable about each person's food preferences and dietary needs, for example she spoke of one person who liked mashed potatoes rather than chips, and another person who received a gluten free diet. The cook told us she regularly asked people for feedback about the meals. However this feedback and the action taken in response to any feedback about the meals was not recorded. The cook said she would in future record people's views of the meals. Comments from people using the service about the meals varied. They included; "I usually have a choice, but it's a fixed menu," "The food is average," "I can refuse something and they will make me something not on the menu," "I get special vegetarian food," and "It's [food] is very limited, I am used to good food."

People were offered a range of drinks during the inspection. Relatives told us they sometimes had a meal

when they visited people using the service. A relative told us "The food is very good. They give me food when I am here."

People using the service told us they were happy with their bedrooms, which were personalised with items of their choice. A person told us "My room is quite nice, it's a biggish room, and I have some pictures and things." The provider told us about some furnishings that had been recently renewed and said there were plans to replace the carpets in the communal passageways. We observed that the walls and doors in the communal areas outside people's bedrooms were painted one pale colour, which was not conducive to assisting people with who might have difficulty with orientation such as those who had memory needs. The provider told us they would look into improving this aspect of the environment and seek advice about décor from relevant agencies that supported older people including those who lived with dementia.

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Care workers and other staff spoke with people in a friendly and sensitive way. A person told us staff were kind and treated them well. Comments from people included "It's nice here," "The staff are really good here they are very caring," and "The staff are good," Relatives of people spoke highly of the staff and the service provided to people.

Care workers told us that they knew people well and had good understanding of each person's needs. They spoke of their role as a keyworker in providing specific support for some people with their day to day needs such as making sure they have toiletries, arranging birthday celebrations and communicating with people's relatives. Care plans included a detailed profile about each person to help staff understand their individual needs. Care workers told us they got to know each person by talking with them and staff, and reading care. People's communication needs were written in their care plan.

Care workers informed us they made sure they involved people fully in decisions about their care and other aspects of their lives. People told us they were supported to make decisions and were happy with the care they received. People told us they chose what to wear, when to go to bed and where they spent their time. A person told us "They [care workers] suggest, I choose what I wear." We heard a person ask a care worker to assist them to go to their room and the care worker responded appropriately and promptly to the person's request. Another care worker was heard asking a person using the service what they wanted to wear. Care workers spent time talking with people in a friendly relaxed manner.

People's care plans emphasised the need to support people's independence, for example one person's personal care plan included 'Please encourage me to do as much as possible by myself to remain independent.' Another person made her own hair appointments with a hairdresser.

Care workers told us they were happy working in the home, enjoyed supporting and caring for people using the service and worked well as a team. During the inspection care workers encouraged and praised people. A person using the service told us that staff had been very understanding and supportive regarding a significant personal matter.

Care workers understood people's right to privacy and we saw they treated people with dignity. Care workers had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's records were stored securely. Care workers and other staff knocked on people's bedroom doors and waited for the person's permission before entering their bedroom. A person told us "They [staff] knock on the door and wait." People's care plans included information about respecting the person's privacy, for example one person's care plan included 'Please don't let anyone in to my room whilst I am washing my body.' We saw that when people decided to spend time alone in their bedroom their decision was respected.

People were supported to maintain the relationships they wanted to have with friends, family and others

important to them. People spoke about the contact they had with their family members and friends. A person using the service spoke of regularly going out with relatives. Another person told us "I have visitors, my grandchildren come." A person went out with a relative during the inspection. People's relatives told us they regularly visited people using the service. The registered manager told us there was frequent contact with people's relatives about people's needs. Records and relatives confirmed this. A relative told us that they knew the staff well and spoke highly of some of the staff. Another relative told us that staff supported a person using the service to regularly speak with them via the telephone.

Care plans included information about people's life history and their spiritual needs. Records, staff and people using the service confirmed a range of religious festivals as well as people's birthdays were celebrated by the service. A representative of a religious faith visited the home regularly. A person's family member on occasions accompanied them to a place of worship. It was recorded in people's care plans when they had no religious needs. Care workers we spoke with had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. A care worker told us "We are all different, we should respect everyone equally."

Is the service responsive?

Our findings

People told us they were happy living in the home and had their needs met by the service. A person told "When I felt unwell they [staff] listened." Relatives of people told us they were fully involved in decisions to do with people's care.

The registered manager told us before a person moved into the home, an initial assessment was carried out with the person and if applicable, their family to determine if the service was able to meet the person's needs and to make sure they were compatible with people currently using the service. People's care plans were developed from the initial and on-going assessment of their needs. Records confirmed people's needs were assessed with their involvement.

The registered manager told us she had recently changed the format of people's care plans so they were more personalised and representative of each person's individual personal needs and abilities. The care plans we looked at were in written and picture format, individually personalised and identified where people needed support and guidance from staff. For example details of a people's personal care needs included significant information about the support they needed including 'I need help with getting my flannels, soap and towels together, I have an ensuite bathroom where I wash. Above the sink are my deodorants and, talcum powder, I can do the washing bit myself but would like a carer to be there for support,' and 'I have always slept with my dentures in overnight. I would like to continue doing this.' The four care plans we looked at contained detailed information about each person's health, support and care needs and what was important to them. However, although there was some information written in a person's care plan about their diabetic needs there was not a specific care plan that included information about the symptoms of diabetes and guidance staff should follow in response them. The registered manager informed us promptly following the inspection that this had been addressed.

Care plans had been reviewed regularly with involvement from people and when applicable their relatives. People's relatives told us they felt fully involved in people's care. A relative told us "There is on-going dialogue, they always ring me and keep me informed. I am definitely involved." Care workers told us and records showed that staff consulted health and social care professionals for advice and support to make sure people's needs were met.

Care workers we spoke with had a good understanding of people's needs and knew how to provide them with the care and support they needed. They told us people's needs were monitored closely and discussed during 'handover' meetings each shift. During the inspection we heard staff sharing information about people's care.

People's activity preferences were recorded in their care plan. People told us they participated in some activities including music sessions, ball games, knitting, colouring, watching television, reading the newspaper and participation in the occasional outing including a visit to central London to see the festive lights. Other regular activities included 'music for health' sessions and visits from pupils from a local school who spend time talking with people. A relative told us "A lovely singer" regularly sings in the home. The

registered manager told us the home had enjoyed a "Big party" at Christmas and guests had included the local Mayor. She said there were plans to celebrate St Patrick's day. A person's relative spoke in positive manner about a recent celebration event held by the home.

A person told us they enjoyed having their hair done by a visiting hairdresser. The hairdresser visited the home during the inspection and did several people's hair. People commented about the activities provided in the home. Comments included; "I like to get out. I have been out a couple of times," "We play bingo for about an hour," and "We don't seem to do a lot here, we play with a ball sometimes." Some people's relatives told us they felt there could be more activities. A relative told us there was "A lack of social activities during the day," and another person's relative said "I would like more activities for [Person]. One relative told us [Person] doesn't want to do anything but they do try and get [Person] involved in things." A visitor spoke highly about the service but said "The only thing lacking is the entertainment." The registered manager told us she would develop and improve the range of activities.

The service had a complaints policy and procedure for responding to and managing complaints. This was displayed in the home and within people's bedrooms. Care workers knew they needed to take all complaints seriously and report them to the provider. People's relatives told us they had no concerns or complaints about the service. A relative told us "I would speak with the manager if I had a concern. I am confident they would address issues." No complaints were recorded. This was discussed with the registered manager who told us she would look at ways of developing and improving the documenting of day to day concerns that people raised and to show these issues were addressed. A person using the service told us they would speak to their relative and staff if they had a complaint or concern about the service. Another person told us "If anything is wrong I tell them [staff]."

Is the service well-led?

Our findings

People, their relatives and staff were positive about the service and the way it was run. People told us "I rather like everything here," "It's very good, can't say anything bad about it," and "They look after me really well." People's relatives told us "It is not the most modern place, but it is clean, the food is good and the staff are good," "I am asked for feedback. They tell me what is going on," "It's a nice atmosphere, and the manager is lovely." Another relative told us they would recommend the home and said "Overall I am happy. The manager is smashing, she is very good, and she always has time for you."

The registered manager has worked in the home for approximately a year. She is supported by a deputy manager. She told us that she works five days a week in the home and is on call at other times to provide staff with advice and support. The registered manager told us she had an open door policy so people using the service and others could speak with her at any time. This was apparent during the inspection and confirmed by a person's relative. A relative told us "I have spoken with the manager about something and it was sorted. The provider and the registered manager engaged in a positive manner with people using the service."

The provider regularly visited the service. We saw him speak with people using the service during the inspection. A relative speaking about the provider said "The boss is very good. He comes here every week and is very pleasant." The registered manager told us that she had a weekly meeting with the provider to discuss the service and people's needs. She told us about some of the changes and improvements that had been made to the service since she commenced her post. These included ensuring staff worked in a non task based manner so that the care people received was more personalised, improving record keeping and involving care workers in the review and development of people's care plans.

Regular meetings with care workers, night staff and senior staff provided staff with the opportunity to receive information about the service, be informed about any changes and to discuss the service with the registered manager. Care workers told us they were kept well informed and were confident the registered manager would listen to them and address any matters they raised about the service. A care worker told us "We can discuss anything and the manager shares information with staff." Records showed best practice issues to do with people using the service, team work, medicines, answering call bells had been discussed during staff meetings.

People told us and records showed they had the opportunity to participate in regular resident's meetings, which provided people with the chance to be informed about changes to the service and to enable them to be involved in matters to do with the service. During one recent meeting the registered manager had reminded people that they could 'pop in the office anytime' if they had any concerns.

Records showed satisfaction surveys had been completed by people using the service, and their relatives. Results of this feedback showed people were satisfied with the service. A person's relative told us they had regular contact with the home and communication with the staff including the registered manager and provider was good. They told us "They gave me a form to complete about my thoughts of the service."

A range of records including people's care plans, visitor's book, communication logs, health records for individuals showed that the service liaised with a range of professionals to provide people with the service that they needed. Social care professionals reviewed people's needs and carried out monitoring visits of the service. The registered manager told us about the action she had taken in response to a quality check carried out by the host local authority in 2015. A healthcare professional spoke in a positive manner about the service.

Care workers knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

Staff including the registered manager carried out a range of checks to monitor the quality of the service. These included daily checks of the cleanliness of the kitchen, medicines, fridge/freezer temperatures, hot food temperatures, and regular comprehensive audits of people's care plans, infection control, medicines systems, people's finances, staff files audits and checks of people's finances. Records showed that maintenance issues were addressed promptly.

We saw the home had received a number of written compliments from people's relatives about the service provided by the home.

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 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure the medicines were managed safely. Regulation 12 (2) (g)