

The Flowers Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The Flowers Care Home is registered to provide accommodation and personal care for up to 23 people and specialises in caring for people who are living with dementia. There were 21 people living at the home on the day of inspection. The home is located in a residential

area close to local shops and other amenities. There is a bus route nearby. There are two shared bedrooms, the remaining are single rooms. Some bedrooms have en-suite facilities.

Summary of findings

We inspected The Flowers Care Home on 16 June 2015 and the visit was unannounced. Our last inspection took place in January 2014 and at that time we found the service was meeting the regulations we looked.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

We found the registered person did not have a medicines policy in place which conformed to current guidance and medication was not always administered at the time prescribed.

We saw there was a staff recruitment and selection policy in place. However, the recruitment policy was not dated and did not show the procedures the provider took to ensure only people suitable to work in the caring profession were employed. However, when we looked at the staff files it was apparent the registered manager operated a robust system.

In addition, the majority of policies, procedures and environmental risk assessments in place had not been reviewed on a regular basis and therefore it was difficult to establish if they provided staff with accurate and up to date information. The registered manager was also unable to find the electrical wiring certificate for the premises and was unsure when this test had last been carried out.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. The staff we spoke with had a general working knowledge and understanding of the MCA 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one when required.

We saw staff were patient and caring toward people in their care. People who were able told us they were happy living at The Flowers Care Home and were complimentary about the staff. However, the relatives of two people who used the service told us they had some concerns about the level of support people received with their personal care.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received.

We found the quality assurance monitoring systems in place were not robust as shortfalls in the service highlighted in the body of this report had not been identified through the audits carried out by the registered manager or provider.

We found two 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?

The service was not consistently safe.

The registered person did not have a medicines policy in place which conformed to current guidance and there were no protocols in place for medication administered as and when required (PRN). In addition, medication was not always administered in a timely manner, which meant people were not receiving their medication as prescribed.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received. However, the policies and procedures which underpinned the recruitment of new staff were not fit for purpose.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Fire safety records and maintenance certificates for the premises were up to date with the exception of the electrical wiring certificate for the premises which could not be found.

Requires improvement



Is the service effective?

The service was effective.

People who used the service told us the way their care, treatment and support was delivered was effective and they received appropriate health care support.

We saw documentary evidence which demonstrated that people were referred to relevant healthcare professionals if appropriate and staff always followed their advice and guidance.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

Good



Is the service caring?

The service was not consistently caring.

People who were able told us they found the staff caring, friendly and helpful and they liked living at the home.

The relatives of people who used the service told us they had been involved in planning people's care, treatment and support. However, three relatives told us they had some concerns about the level of support people received with their personal care.

Requires improvement



Summary of findings

Staff were careful to protect people's privacy and dignity and people told us they were treated with respect.

People's information was treated confidentially and personal records and reports were stored securely.

Is the service responsive?

The service was responsive.

People's needs were continually assessed and care and treatment was planned and delivered in line with their care plan.

Care plans and risk assessments were person centred and contained good information about how people preferred their care and treatment to be delivered.

The relatives of people who used the service told us they knew how to make a complaint if they were unhappy and were confident if they made a complaint it would be investigated by the registered manager.

Good



Is the service well-led?

The service was not consistently well-led.

We looked at a number of recently completed quality assurance questionnaires completed by the relatives of people who used the service. We found most of the comments received were positive and people were pleased with the standard of care and facilities provided.

However, although there was a quality assurance monitoring system in place we found the system was not robust and therefore had been ineffective in identifying shortfalls in the service.

Requires improvement



The Flowers Care Home Limited

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 16 June 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience with expertise in the care of older people. An expert by experience is a person who has personal experience of using care services or caring for people who use this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the required timescale. We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events, which the home is required to send us by law.

During the course of the inspection we spoke with the operations manager, the registered manager, eight people who used the service, five relatives and five care staff. Some

people who used the service had complex needs, which meant they could not share their experiences. We used a number of methods to help us understand their experiences, including 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 reviewed the standard of décor and furnishings in people's bedrooms and shared facilities.

We reviewed a range of documents and records including: the care records of five people who used the service; medicine administration records; staff training and employment records; and records relating to the management of the service.

We contacted health and social care professionals to obtain feedback about their experience of the service and spoke with one visiting healthcare professional on the day of inspection.

We also contacted the local authority commissioning team. At the time of the inspection the local authority had suspended admissions to the home due to contractual concerns. This suspension was imposed between the 22 May 2015 and 02 July 2015.

Following the inspection we asked the registered manager to send us some additional information including some certificates and training records. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

We saw medicines were administered to people by appropriately trained care staff and we were told no one who used the service self-administered their medicines. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant that the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments.

We saw the morning medicine administration did not commence until 10:00 hours. However, many of the medicines were prescribed to be administered at or around breakfast time with the prescribers instructing some medicines specifically to be administered before or with food. It was apparent to us that starting the morning medicines round at 10:00hrs made this impossible. Furthermore the morning medicine round was still being conducted whilst lunch was being served, which compromised people who required further medicines at lunchtime.

We also saw two further contributing factors to delaying the safe and effective administration of medicines. Firstly the care worker wore a red tabard denoting they should not be disturbed whilst conducting medicine administration. Despite this they were frequently disturbed by staff asking questions or having to respond to people's general care needs. A second distraction was in relation to the medicine trolley keys. Attached to the medicine keys were keys for other locks in the home. Therefore when the care worker wished to re-open the trolley after administering medicines to people the keys were being used by other staff for non-medicine related tasks. The delay issues were recognised by the management team who gave us assurances that organisational actions would be taken to remedy the problems.

In addition, we found the provider did not have protocols in place for medicines prescribed as and when required (PRN). We saw two occasions where medicines had been prescribed on a PRN basis but where the medicine had a number of actions. For example; a person was prescribed Prochlorperazine Maleate 5mgs but there was no indication to staff as to whether this was for use to combat nausea or in the treatment of anxiety. We also found the registered person did not have in place a medicines policy which conformed to current guidance. The registered manager

told us they would update the policy and make reference to Managing medicines in care homes guidance (March 2014) issued by the National Institute for Health and Care Excellence (NICE). This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to determine the prescribing and administration of medicines to treat the behavioural symptoms of dementia. We found no evidence medicines were being used or prescribed inappropriately. This meant that excessive sedation, accelerated cognitive decline and increased mortality were not a risk factor for people who used the service.

The registered manager told us sufficient staff were employed for operational purposes. The registered manager told us staffing levels were based on people's needs although no specific dependency tool was used. The registered manager told us the service did not employ agency staff.

The staff rota showed three care staff including a senior care assistant were on duty during the day and two care assistants were employed on night duty. The registered manager told us in addition to the care staff the service also employed a cleaner, laundry assistant and maintenance person.

We were told catering staff were not employed as the home used a cook-chill frozen meals service, which care staff including the registered manager helped to prepare. However, prior to the inspection we had received information from a concerned relative that at times there appeared to be more care staff in the kitchen than actually caring for people who used the service. This was discussed with the registered manager to ensure the main role of the care staff, which is to provide people with care and support was not being compromised by them undertaking duties which could be carried out by auxiliary staff. We received reassurance that this was not the case but both the operations manager and registered manager confirmed they would look at the catering arrangements and staffing levels currently in place.

The registered manager told us either they or a designated senior member of staff were on-call at all times and could be contacted day or night if an emergency situation arose.

We saw there was a staff recruitment and selection policy in place. However, the recruitment policy was not dated

Is the service safe?

and did not show the procedures the provider took to ensure only people suitable to work in the caring profession were employed. For example, the recruitment file made no reference to obtaining satisfactory references or carrying out a Disclosure and Barring Service (DBS) check before new staff started work. This was discussed with the registered manager who told us the recruitment and selection policies and procedures would be updated immediately.

We looked at the policy and procedure file for the service and found the majority of policies and procedures in place to ensure the service was managed safely had not been reviewed for several years. In addition we found some of the risk assessments completed for the environment and equipment used by staff had also not been reviewed on a regular basis. This was discussed with the registered manager and operations manager who acknowledged the shortfalls in the service and confirmed this matter would be addressed immediately. Following the inspection we received confirmation that this process had started and all policies, procedures and risk assessment would be reviewed and made available to staff in the near future.

People's care plans included any necessary risk assessments based both on actual risk and perceived. The identified areas of risk depended on the individual and included areas such as skin integrity, mobility and health needs. The home used recognised assessment tools for looking at areas such as nutrition and tissue integrity. Generic risk assessments were completed for areas such as fire safety and food safety arrangements.

We saw where risks had been found, risk reduction strategies had been identified. For instance one person had been identified as being at risk of falls during a particular time of day. The person had been given one-to-one care during the period which had mitigated the risk. We also saw evidence of people being found to need specialist mattresses to help prevent tissue damage. We saw in one case both a specialist mattress and seat cushion were needed. We saw both appliances were being used to good effect.

The staff we spoke with demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously.

The relatives we spoke with told us they had no concerns about people's safety and found the staff kind and caring. One person told us "I've never seen anything to concern me." Another person said "I have never had concerns; the family are very satisfied and I've never heard a raised voice, only positive encouragement."

We saw the provider kept a small amount of money in safekeeping for a number of people and transaction sheets had been correctly completed. We saw the money was kept in a locked safe which only the provider had access to and receipts had been obtained for any purchases made by staff on behalf of people who used the service.

We completed a tour of the premises and inspected a number of bedrooms as well as bathrooms and communal living spaces and no concerns were raised. We saw fire-fighting equipment was available, emergency lighting was in place and all fire escapes were kept clear of obstructions. We found all floor coverings were appropriate to the environment in which they were used and properly fitted ensuring no trip hazards existed.

We also reviewed fire safety records and maintenance certificates for the premises and found them to be compliant and within date with the exception of the electrical wiring certificate for the premises, which could not be found. The operations manager and registered manager were unsure when the electrical wiring had last been checked and following the inspection confirmed that a new test certificate was required.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection 21 authorisations had been sent to the supervisory body. The managing authority had received 14 acknowledgements of receipt of the application but no authorisations. We were told of previous use of urgent authorisations, which demonstrated the manager had a competent understanding of the processes to ensure legal frameworks were operated within the home. Our discussion with the manager demonstrated they had a thorough understanding of the main principles of the Mental Capacity Act 2005 and DoLS.

The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions where appropriate. We saw these were valid and completed properly. Staff understood the need to ensure DNACPR forms accompanied people to hospital.

We spoke with care staff about the use of restraint. They were able to describe de-escalation techniques to minimise the use of restraint. They also demonstrated their understanding that restraint should only be used in a way which respected dignity and protected human rights. They described to us the value of providing a stimulating environment and effective communication to prevent behaviour that may be of risk to individuals. This meant that the care staff we spoke with demonstrated a good understanding of the people who lived at the home and how they could deliver care respectfully. We also spoke with the registered manager and operations manager about the use of restraint. Again they demonstrated a good understanding of what constituted legal restraint. However, the home did not have a written policy on restraint and relied upon training to keep staff aware of current good practice. The manager said they would ensure a written policy was produced.

The registered manager told us all new staff completed comprehensive induction training on employment (care certificate) and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. The registered manager told us the majority of mandatory training was done in-house by staff completing a workbook and assessment which was then sent to the external

training provider for marking. The registered provider said mandatory training including health and safety, infection control and moving and handling was updated on an annual basis. The training records we looked at confirmed this.

The registered manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

People had records in place which showed they attended appointments with other health care professions such as dentists, opticians and chiropodists. We saw that these attendances with other health care professionals had been instituted either by care staff or as a result of dialogue between care staff and relatives.

During the inspection we spoke with one healthcare professional who was a regular visitor to the home. They told us that overall the care was good. We also saw the community matron was a frequent visitor to the home taking a particular interest in people weight management. The care plans we looked at showed evidence of visits by healthcare professionals. We saw written instructions made by the healthcare professionals were being incorporated into care plans and followed in practice.

The home used recognised nutritional assessments, which were reviewed every month. Associated with people's nutritional assessments were charts to record weight. Whilst care staff were recording weights we found up to four different locations in people's care plans where this was recorded. We also found significant variance in one person's weight records. We discussed this with the registered manager who acknowledged the problem of multiple recording and confirmed they would take immediate action to address this matter.

We saw the home procured a cook-chill frozen meals service. We saw the home maintained accurate records to allow for the traceability of all food. Records were kept to ensure the correct temperature had been achieved in the re-heating process. This action mitigated risks associated with inadequate reheating of frozen foods.

We sat in the dining room at lunchtime and chatted to two people who used the service whilst observing lunch.

Is the service effective?

People were served hot drinks, a main course and dessert. We saw at least two people didn't want the main course on

offer and they were offered sandwiches and crisps as an alternative. People who were able told us the food provided was good and they always had sufficient to eat and drink.

Is the service caring?

Our findings

We found people's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. Throughout the inspection visit we saw that staff treated people with respect and approached them in a way which showed they knew the person well and knew how best to assist them.

Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. We saw people's personal information was treated confidentially and their personal records were stored securely.

Staff knew people well, they responded to people's requests and offered them choices. Staff knew what people were able to do for themselves and supported them to remain independent. One staff member told us that they supported people to have choice and control over their lives. They gave examples of offering people choices of drinks, asking if they liked something done in a certain way and encouraging people to be mobile. We saw staff addressed people by their preferred name and always asked for their consent when they offered support or help with personal care.

The relatives we spoke with told us that they were able to visit their family members at any reasonable time. One relative explained that they visited their family member at different times of the day and they were always made to feel welcome and there was always a relaxed and friendly atmosphere. We asked another person about the care their relative received and they told us "There is good communication; they keep us informed. They are always clean and their room is clean. I have no worries about the place and it's friendly."

However, three relatives told us sometimes people who used the service did not always get their own clothing back

from the laundry and therefore had worn clothing that did not belong to them. One person told us "It's not an issue but there are not always mum's clothes in her wardrobe." We asked another person about their relatives clothing and they said "Sometimes they are not hers. I named them. But she is clean and tidy." We looked in the laundry room and found a number of personal items of clothing which were not marked. We discussed the laundry service with the registered manager and they acknowledged that it was difficult to ensure the service was 100% effective but staff did try hard to ensure people only wore their own clothing at all times.

Prior to the inspection we had also received concerns from the relatives of two people who used the service about the level of support people received in relation to their personal care. This was discussed with the registered manager who told us the service provided person centred care and because people were living with dementia they were at times reluctant to accept or refused assistance with their personal hygiene. They told us staff tried hard to ensure people's needs were met but confirmed that given the concerns raised by relatives they would ensure the staff were more vigilant in relation to people's personal care needs.

We looked at four people's care plans and found they contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs, their likes and dislikes, their lifestyle and the social and leisure activities they enjoyed participating in. This showed that people who used the service and/or their relatives were able to express their views and were involved in making decisions about their care and treatment.

The registered manager told us the daily routines of the home were based around people's needs and wherever possible people were encouraged to get up and dressed or go to bed at a time of their preference.

The registered manager told us that no one who used the service required an advocate. However, they confirmed that they would assist people to gain access to an independent advocacy service if appropriate.

Is the service responsive?

Our findings

We saw a pre-admission assessment was carried out before people started using the service to determine people's needs and to ensure that the service could support them. Care records were clear and detailed with comprehensive information about people's needs, life histories and preferences. Where needs had been identified, care plans were in place with specific information detailed about how best to support the person including how to meet people's communication needs.

Many people who used the service exhibited varying degrees of cognitive impairment. Some people demonstrated some of the common types of behaviour associated with dementia. We saw people exhibiting repetitive behaviour by asking the same question over and over. Some were restless, pacing up and down whilst others were constantly following their carers or us. We saw staff giving positive, thoughtful reassurance. We saw staff trying to distract people with calming activities such as playing their favourite music and throughout our inspection staff were engaging with people on a one-to-one basis.

The care plans showed how people liked to spend their time and how they liked to be supported. The plan also showed what people or their relatives had told staff about what provoked their anxieties and inappropriate behaviours. This meant that care could be provided in a sensitive way to avoid anxiety for people.

The care plan focussed on the need to maintain a safe environment and promote personal independence and dignity. The life history enabled care staff to engage in meaningful reminiscence therapy with people which may help those with dementia. We saw people had reminiscence boxes with old family photographs. We observed people taking an active interest in the reminiscence boxes.

We saw some people had indicated their preferences for end-of-life care. A brief discussion with one member of care staff demonstrated this particular member of staff was knowledgeable about people's wishes.

We looked at one person's care plan and saw they required clothing protection during meal-times, wanted to sit

listening to soothing music and required a pressure mat at the side of their bed for added safety. We saw all three features were in place or being applied during our inspection.

We saw resources which were aimed at engaging people who used the service in activities around the home. There was a 'pub snug' room and a 'sweet shop' which had bottles of real sweets and other items on sale. The registered manager told us the shop was non-profit making and was used not only as a shop but to stimulate conversation and discussion with people who used the service. On the wall in the sitting room was a calendar with the date in very large letters. An ice cream cart, a large rocking horse and other such 'memorabilia' were also on view.

We saw that after lunch one staff member got out some memory boxes. These contain personal items and photographs which were of particular importance to individual people. We saw the staff member offered people a drink from the bar (non-alcoholic) and then talked with them in turn about their memorabilia. It was evident that people enjoyed talking about their past lives and experiences and were happy to join in the reminiscence session.

We looked at the complaints policy, which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The registered manager told us they operated an open door policy and people who used the service, visitors and staff were aware they could contact them at any time if they had a problem.

However, prior to the inspection we had received concerns about how complaints were managed as three people told us they felt the registered manager and provider were very defensive and dismissive when concerns were raised with them. This was discussed with the operations manager and registered manager who told us all complaints were taken seriously and they were always open to suggestions about how service delivery could be improved. However, they confirmed they would take the comments on board to ensure people did not lose confidence in the way complaints and concerns were dealt with.

Is the service responsive?

The relatives we spoke with told us that they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, “I’ve

no complaints, everyone is friendly.” Another said, “I have got to know the manager and staff well over the last year so I would not have a problem discussing any concerns I had with them.”

Is the service well-led?

Our findings

The registered manager and the provider completed a range of audits on the quality of the service provided. This included audits of medicines, care records, staff supervision, mattress quality, complaints, wheelchair maintenance, incidents and accidents. We saw the outcome of the audits resulted in an action plan to ensure areas in need of improvement were acted upon.

However, we found shortfalls in the service identified in the body of this report that had not been identified through the quality assurance monitoring systems in place. For example, the majority of policies and procedures had in many instances not been reviewed for a number of years. Therefore we could not be sure they complied with current legislation and good practice guidelines. The registered manager was also unable to provide the electrical wiring certificate for the building and was unsure when the last check had been carried out.

In addition, it was apparent that people did not always receive their medication as prescribed, which could have been easily identified if the audit systems in place had been robust. This raised concerns about the effectiveness of the quality assurance monitoring process. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to friends and relatives of people who used the service to seek their views and opinions of the care and support they received. The registered manager confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made.

We looked at a number of recently completed questionnaires and found most of the comments received were positive and people were pleased with the standard of care and facilities provided. Comments included “Completely satisfied with the care and condition of the

home, and general helpfulness of friendly staff” and “Excellent general and personal care, very pleased.” However, one person felt the service needed to provide people with more mental stimulation and organised activities. This was discussed with the registered manager who told us a new activities co-ordinator had recently been employed to fulfil this role.

The relatives we spoke with told us they had confidence in the registered manager and staff team and were generally pleased with the standard of care and support they received. Comments included, “My relative is very well cared for and they (the staff) have been very helpful and supportive of my own needs. I’ve recommended it to other people (the home). It’s so nice; a big part of that is that it is because it is so small” and “The staff we have come across seem patient, kind and caring. We just turn up and we have never seen anything untoward.”

The staff we spoke with told us that the registered manager and operations manager were approachable and operated an open door policy. They also told us they were confident that any issues they raised would be dealt with promptly. We asked one staff member if the management team were open to change and they told us they felt they could make positive suggestions and people could speak up if they had concerns or ideas. Another staff member said, “I love my job; we are one big happy family. The operations manager and registered manager are lovely and they are approachable.”

We saw staff meetings were held to ensure all staff were kept up to date with any changes in policies and procedures, which might affect the management of the service or the care and treatment people received.

We found the registered manager was open and honest with the inspectors about where they recognised improvements were still required. They told us they were committed to creating a culture within the home that encouraged relatives, staff and people who used the service to raise concerns or ideas for improving the service; knowing that they would be taken seriously and acted on.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered person did not have suitable arrangements in place to ensure people who used the service received their medicines as prescribed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the service provided.