Cleveland Lodge Limited

Cleveland Lodge

Inspection report

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Date of inspection visit:
29 November 2017

Date of publication:
22 February 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

At the comprehensive inspection of this service in February 2017 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a Notice of Decision, imposing conditions on their registration for two of the breaches. This was because records of medicines management were not always completed correctly and staff had not received the necessary supervision and training to enable them to carry out their duties. We also found a sufficient number of staff were not deployed in order to meet the needs of people using the service and keep them safe at all times. We issued a requirement notice for one breach, stating they must take action. This was because the service did not make every reasonable effort to provide opportunities to involve people in making decisions about their care and treatment, and support them to do this. We shared our concerns with the local authority safeguarding and commissioning teams.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on Cleveland Lodge our website at www.cqc.org.uk"

We undertook an unannounced focused inspection of Cleveland Lodge on 29 November 2017. We inspected the service against three of the five questions we ask about services: is the service well led, is the service safe and is the service effective. This is because the service was not meeting some legal requirements.

Cleveland Lodge is a care home which provides accommodation and personal care for up to 18 older people who are living with dementia. At the time of our inspection 13 people were living at Cleveland Lodge.

The service had a registered manager in post. 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.

Medicine administration systems were not safe. Procedures were not in place for medicines to be taken "when required" (PRN). Medicine Administration Records (MAR) showed people were receiving PRN medicines. We also found missing signatures on peoples MAR's and not all staff who administered medicines were competent to do so. An audit completed by the provider had identified shortfalls, but sufficient action was not taken to address these issues.

The service was not consistently meeting the requirements of the Mental Capacity Act 2005 (MCA). The service was liaising with Wiltshire Quality Assurance team and had received advice on the implementation of the MCA.

We found lessons were not always learnt and the registered manager had no action plan in place on how

they were making improvements to the service and monitoring the outcome of accidents and safeguarding incidents.

Where people were losing weight or was at risk of dehydration, food and fluid intake was monitored and consumption was recorded daily. However, we found the monitoring forms had no information about the target the person should reach each day and the actual total of their food and fluid intake. This meant staff would not be able to identify if there were any concerns about a person's food and fluid intake.

We found where people had been losing weight, options such as a fortified diet had not been considered.

Where people had specific dietary requirements, for example coeliac disease, there were clear instructions regarding the need for a gluten free diet both within the care plan and a record kept in the kitchen.

The registered manager worked alongside staff, which gave them an insight into staff practice. However, that left no time for the registered manager to manage the service. The registered manager told us "residents" had to come first.

Staffing levels had improved and staff were more visible and available to people. A new senior carer was due to start soon and the registered manager told us they would be able to step back and spend more time managing the service.

The registered manager observed staff performance; however staff had not received formal supervisions or appraisal. Staff felt supported by the registered manager. Staff told us they had received the necessary training to complete their role. However, they felt they could benefit from further training about the management of behaviours that could be seen as challenging.

People who were able to tell us, said they felt safe living at Cleveland Lodge.

Staff told us they knew the processes they needed to follow should they suspect abuse had taken place. Staff said they would report abuse if they were concerned and were confident the registered manager would act on their concerns.

The building was easily accessible for people living with dementia. There were coloured walls, pictorial signage on bathroom and toilet areas and clearly named room doors to help people find their way around independently.

People, relatives, staff and visiting professionals spoke positively about the registered manager. The registered manager and owner told us they were continuously looking at improving the service. New ideas from staff were encouraged.

We found two repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The Notice of decision, imposing conditions on the provider's registration remains and they continue to send us monthly updates. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. We found sufficient action had not been taken to improve the safety of the service.

People's medicines were not managed safely. An internal audit completed by the registered manager identified shortfalls, however these were not effectively addressed.

Staffing levels had increased and staff were more available to people. Where people were able to they told us they felt safe living at the home.

Staff told us they knew the processes they needed to follow should they suspect abuse had taken place.

Is the service effective?

Requires Improvement

The service was not effective. We found sufficient action had not been taken to improve the effectiveness of the service.

The service did not always follow the requirements of the Mental Capacity Act when people lacked the capacity to give consent to care and treatment. Best interest principles were not adhered to.

Staff did not have access to effective appraisal and supervision to support them to carry out their work as effectively as possible.

People had access to food and drink throughout the day and were provided with support to eat and drink where necessary. People had limited choice in what they wanted to eat or drink.

Is the service well-led?

Requires Improvement

The service was not consistently well led. We found sufficient action had not been taken to improve the well-led of the service.

The registered manager regularly worked alongside staff, which meant they had minimal time for the management of the service.

Quality assurance systems were in place to get feedback from relatives and visiting professionals about the quality of care. However, people's experience of care had not been monitored.

Staff felt supported by the registered manager and felt confident they would deal with any concerns staff raised.

Cleveland 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.

We undertook a focused inspection of Cleveland Lodge on 29 November 2017. This focussed inspection was carried out to assess whether the provider had taken action to ensure they were meeting all of the regulations and adhering to conditions imposed on their registration.

We inspected the service against three key questions we ask about services: is the service safe, is the service effective, and is the service well-led. This is because the service was not meeting some legal requirements in relation to those questions.

The inspection was undertaken by two inspectors, a specialist nurse adviser 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 our inspection we reviewed the information we held about the home, this included monthly updates the provider had sent us and any notifications received. Notifications are information about specific important events the service is legally required to send to us.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with eight people and three visiting relatives about their views on the quality of the care and support being provided.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included eight care and support plans, daily records, staff duty rosters, complaints, staff meeting minutes and staff files. We looked around the premises and observed care practices.

We spoke with the registered manager, the owner, one senior carer, three care staff and the chef. We received feedback from one health and social care professional who worked alongside the service.

Requires Improvement

Is the service safe?

Our findings

At the last comprehensive inspection in February 2017 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because records of medicine management were not always completed correctly. The audit of medicine management had not identified any shortfalls. Following that inspection, we issued a notice of decision and imposed conditions on the provider's registration. The provider was required to send us monthly updates on how they were meeting the legal requirements.

During this inspection we still found medicines were not managed safely. We checked people's medicine administration records (MAR) charts and found missing signatures for six out of 13 people. The registered manager selected some MAR charts to audit monthly, however we identified some poor recording on MAR charts that had not been selected for the audit. We found the MAR charts were not always completed with the right instructions. For example a person was prescribed a medicine to reduce the symptoms of their Parkinson's disease. It is recommended that these tablets should be taken at specific times. The MAR chart only stated "administer three times a day".

Some people had been prescribed antibiotics. We saw staff had recorded that one person had finished their course of antibiotics. However, staff had recorded various times that the person had refused to take this medicine. Other ways of administering the antibiotic had not been considered. The person may not have received effective treatment as their course of antibiotics had not been administered as prescribed.

We found some people's prescribed medicines had run out and were recorded by staff as unavailable on peoples MAR charts. However it wasn't always recorded if more stock was requested and when these were received by the service. Stock counts were not always recorded correctly, which meant it wasn't clear if people had received their medicines as prescribed. Orders of prescriptions were not always done in a timely way, leaving some people without their prescribed medicines which could impact their health and wellbeing.

Staff used a separate recording sheet for to record people's medicines they administered covertly. Where people received their medicines covertly (hidden in food or drink without the person's knowledge) we found staff did not consistently followed advice from the pharmacist. For example, we found one person was prescribed a medicine, which the pharmacist recommended was not suitable to be administered covertly. The pharmacist recommended another medicine instead. Instructions on the MAR clearly stated "Do not crush or chew". We saw an entry where staff had recorded they had given the medicine which was not suitable to be given covertly, in a drink.

The service had a medicines policy in place dated January 2017. The policy lacked clear guidance regarding the use of PRN (as required) medicines, different routes of medicine administration, for example oral or topical and the use of covertly administering medicines. We saw evidence that most people's MAR charts included PRN (as required) medicines. The registered manager was aware of the need for a PRN protocol for each person's PRN prescription. They told us they had a template and were due to complete this for each

person.

At our last inspection staff raised concerns that there wasn't a competent medicines trained staff member on night duty. If a person needed any PRN medicines during the night, for example pain relief, there would not be a competent medicines trained staff member to administer the required medicines. This could potentially cause people discomfort and distress. The registered manager told us staff could always call on-call to come in and administer the medicines. During this inspection staff raised this concern again. Staff told us they were concerned that there would be a time delay administering PRN pain relief, if they had to use the on-call number for support. They said there had been occasions where on-call was used to administer pain relief at night time. Depending on who was on-call, it could take from 15 to 30 minutes to respond. Staff also felt concerned that the afternoon shift had to administer medicines before the night shift came on duty. This meant that some people were administered tea time medicines around 3.30/4.00pm and then again night time medicines at 7.30pm. Staff said they were concerned about the timings between medicines and that some people were giving a sleeping tablet at 7.30pm.

The registered manager was responsible for training staff in the safe management of medicines and to assess staff competency. Only staff who had been assessed as competent by the registered manager was allowed to administer medicines. However, One staff member had consistently made mistakes regarding the recording of people's prescribed medicine. This member of staff was still allowed to administer medicines. The registered manager told us they had been working with the staff member and they would no longer be allowed to administer. This was because the staff member had not learnt from additional training and support from the registered manager.

Records showed relevant health and social care professionals were involved with people's care. We found though that care records were not always complete. For example for a person with Parkinson's disease, there was nothing recorded regarding the need for time specific medicines, the risk of rigidity, shaking or communication difficulties.

People's medicines were not always managed safely. This remained a breach of Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

At the last comprehensive inspection in February 2017 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because a sufficient number of staff were not deployed in order to meet the needs of people using the service and keep them safe at all times. Following that inspection, we issued a notice of decision and imposed conditions on the provider's registration. The provider was required to send us monthly updates on how they were meeting the legal requirements.

During this inspection we found improvements had been made. Staffing levels were increased and we found staff to be more visible. A staff member remained in the lounge area at all times ensuring people's safety. This meant if a person showed a behaviour that could be seen as challenging to others or put another person at risk, staff could intervene. We found though that people who stayed in their bedrooms had less interaction with staff and only saw a staff member when they provided support. Some staff told us they did not have time to spend with people. On the day of our inspection we observed many people sat in the lounge, asleep in front of the television. We were told by the registered manager and owner that they were planning on recruiting a person responsible for social activities, however in the meantime it was staff responsibility to provide social interaction. Staff were engaging with people, but did not offer any activity.

People who were able to tell us, said they felt safe living at Cleveland Lodge. Comments included: "Feel very

safe being in this home.", "Very happy and satisfied with everything." and "Feels very safe and happy with the support being given by some fantastic caring staff and good management.". We observed people looking relaxed amongst staff and no reluctance to approach staff when needed. People were able to move freely around the home if they wished to do so. Comments from relatives included "All the staff are always understanding of the residents needs, which reassured us as family, that the home was a safe and caring environment for X [family member]." and "We are very happy with the home and it's ability to offer good care and support.".

Occasionally people became upset, anxious or emotional. At our last inspection we saw that there wasn't always consistent guidance for staff on what to do when a person became aggressive or resistive to care. We saw some guidance was not always appropriately recorded in people's care records. This meant staff were not always consistent in their approach in supporting people who had behaviours that could challenge others. We found the same concern during this inspection. All staff we spoke with said they did not feel confident in managing certain behaviours, for example when people may be physically aggressive. They said they did not know if they were allowed to use restraint and if they did how to use it safely. They all said they could benefit from further training. The service worked very closely with the care home liaison team (Mental health support service). They were very positive about the work staff did in supporting people. One professional said staff were very good at completing documents to observe distress, which helped them in identifying any solutions.

We saw safe recruitment and selection processes were mostly in place. We looked at the files for two of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. We found that there wasn't always a full employment history for staff and any gaps were not explained. We raised this with the registered manager who told us it was the previous manager who had not checked the gaps. Any new staff now would have to explain gaps in their employment.

Staff told us they knew the processes they needed to follow should they suspect abuse had taken place. Staff told us they received training in the safeguarding of vulnerable adults and training records confirmed this. Staff said they would report abuse if they were concerned and were confident the registered manager would act on their concerns. Staff were aware of the option to take their concerns to agencies outside of the service if they felt actions to deal with their concerns were not being taken.

Risks to people's safety had been assessed and plans were in place to minimise these risks. This included risks in relation to falls, malnutrition and developing pressure ulceration. There was information in people's care plans which provided staff with guidance on how to reduce these risks. Where people were at high risk of falls, equipment such as sensor mats were put in place to alert staff when the person was moving. The service had also purchased low beds to prevent injury if a person fell out of bed. One person though was not able to use the low bed as he wanted to remain independent with getting out of bed. A sensor mat was put by his bed to alert staff if he had a fall.

We found the home overall to be clean and tidy. However we identified some areas during our inspection, which were not clean. Some toilets were found to be dirty. Staff told us there was no cleaner on the day of our inspection and care staff were expected to complete certain tasks, which they did not always have the time to do. When there was a cleaner on duty, they had a schedule to follow. We saw the macerator was situated next to the sluice. From certain bedrooms, it meant staff had to walk through the dining area,

carrying the used receptacle. There was a small bin in the sluice labelled for urine bags and dressings; however the bin was not lined. This meant that urine or dressings placed in this bin could be emptied but it would be contaminated with the previous contents. We saw staff had access to gloves and aprons and there were hand towels and soap in toilets.

We recommend the registered manager seek advice regarding infection control from a reputable source.

Requires Improvement

Is the service effective?

Our findings

At the last comprehensive inspection in February 2017 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Following that inspection, we issued a notice of decision and imposed conditions on the provider's registration. The provider was required to send us monthly updates on how they were meeting the legal requirements.

During this inspection we found some improvement had been made, however there was still no formal supervision or appraisal system in place for staff to access. The registered manager told us there wasn't enough hours in the day; however they spent a lot of time working alongside staff. They had completed some direct observations for staff practice and any issues would be verbally addressed. Staff told us the registered manager was approachable and they could talk to them at any time. Although staff received a direct observation they did not have an opportunity to meet on a one-to-one basis to discuss any learning or professional development.

Staff told us they had the training and skills they needed to meet the needs of the people they were supporting, except for training in behaviours which could be challenging. New staff were supported to complete an induction programme when they started working at the home and were able to shadow more experienced members of staff before working independently. Training undertaken by staff included safeguarding of vulnerable adults, fire safety, infection control, mental capacity and moving & handling. A relative said "I and dad are very happy since moving into this home and feel the staff are well trained to give dad the care and dignity he needs so much now."

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection we found that where people were not able to consent to living at Cleveland Lodge, associated mental capacity assessments to consent to care and treatment at Cleveland Lodge, were not completed. Where people lacked capacity to make specific decisions for example around their personal hygiene or nutrition, mental capacity assessments were in place, however these assessments were not decision specific and did not evidence who was involved in best interest decisions.

During this inspection we found the registered manager was in the process of completing mental capacity

assessments for people who received care and treatment at Cleveland Lodge. However, these mental capacity assessments did not include who was consulted in the assessment and how the best interest principles were adhered to. There was also no evidence of attempts to involve the person in the decision. For example we saw the outcome of a mental capacity assessment to consent to receive support with personal care, stated "Cleveland lodge feel it is in M's [person] best interest that staff intervene with any personal care intervention". The registered manager told us they had been receiving support from the Wiltshire Quality Assurance team in relation to recording people's mental capacity assessments. Staff mainly supported people with choices, but people were not always asked about their choice, for example what to eat or drink.

The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body and were awaiting assessment. They told us three people had their DoLS applications authorised. Where there were conditions in place for example to have monthly contact with a paid representative, we saw evidence that these conditions were met.

People had nutritional assessments within their care plans and their weight was monitored regularly. One person was recorded as having lost a significant amount of weight recently and was at risk of malnutrition. Their nutrition care plan stated "Interventions are to prompt with meals, offer alternatives if they decline, give supplement drink as prescribed and weigh weekly." This care plan was dated April 2017 and had not been reviewed since. The person had lost almost eight kilograms between August and October 2017and was on weekly weighs. We saw the GP had been contacted and the person was prescribed supplement drinks. We asked a staff member if other alternatives had been considered but they said they did not know what else could be done. The registered manager had not considered an alternative such as providing the person with a fortified diet or making a referral to a dietician.

Where people's food and fluid intake was monitored, their consumption was recorded daily. However, we found the monitoring forms had no information about what target the person should reach each day and the actual total of their food and fluid intake. This meant staff would not be able to identify if there were any concerns about a person's food and fluid intake.

Where people had swallowing difficulties, we saw a referral had been made to a Speech and Language therapist. Recommendations made by the speech and language therapist weren't always recorded in each relevant person's nutritional care plan. For example, one person drinks had to be stage 2 (custard like), food textured C (thick puree) and instructions for staff to "use a small teaspoon, very slow rate and wait for swallows." We asked four members of staff and the chef what texture the person's food should be. They all said pureed. Where people were prescribed thickeners (to reduce the risk of choking when drinking) we found an increased risk to people due to conflicting information available and the knowledge of the staff. Some staff said one scoop was needed and some said one and a half. Staff said it should not be too thick or too thin. Only one staff member said it should be "custard" like. This person did not receive the correct textured diet as recommended by the speech and language therapist. We raised this with the registered manager who told us staff was due to receive training from the speech and language therapy team, however they were no longer offering this training. The registered manager had not sourced alternative training.

People did not always receive safe care and treatment as recommended by health professionals. This was a breach of Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

People were not involved in creating the menu but the chef told us people's likes, dislikes and preferences were known and recorded in people's care plans. The chef said that if people did not like what was on the menu, they would be given an alternative. There was only one choice of a main meal on offer. We observed

lunchtime and saw a couple of people did not like the chicken that was on offer. Staff reassured people and offered them an alternative.

Where people had specific dietary requirements, for example coeliac disease, there were clear instructions regarding the need for a gluten free diet both within the care plan and a record kept in the kitchen. The registered manager told us they had separate toasters for the gluten free bread to ensure there was no cross contamination. Where people were able to, they told us they liked the food. One person said "There is more than enough food".

We saw people were offered drinks and snacks during the day. However, we found that people didn't always get a choice, for example if they wanted tea or coffee. Drinks were made in the kitchen and brought out on trays. We did not see staff asking people what they wanted to drink. We also found that only decaffeinated coffee was available. We raised this with the registered manager who told us a best interest decision was made for a couple of people to have decaffeinated coffee due to their high coffee consumption. The registered manager could not explain why other people were also given decaffeinated coffee. There was no choice to have caffeinated coffee if people wished to do so.

People did not always have care or treatment that was personalised specifically for them and reflecting their preferences. This was a breach of Regulation 9 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

The building was easily accessible for people living with dementia. There were coloured walls, pictorial signage on bathroom and toilet areas and clearly named room doors to help people find their way around independently. People had signs up by their bedroom door, with pictures of items significant to them which helped people find their way to their bedroom without assistance. The owner told us a person was getting lost within the home. They had put extra signage with arrows and bedroom numbers, so the person was able to find their way. We saw that around the home there were different objects for reminiscence.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day to day running of the service, alongside the provider. The registered manager regularly worked on the floor as a carer, which meant they didn't have much time to manage the service, for example keep up to date with records. The registered manager told us "Residents come first, then the paperwork". The registered manager spoke passionately about people and knew people well. They said they wanted this to be a family home and they felt since our last inspection, the home had a happier and friendlier atmosphere. The registered manager worked with the provider looking at the sustainability of the service; however they told us they would not compromise the safety of other people and would not agree to take a person who was not suitable for the service.

The registered manager told us staffing levels had improved, but recruitment continues to be a challenge. They said they were able to retain staff and had increased staff wages to be in comparison with other provider's. Cleveland Lodge is located in a remote village with limited access to public transport, which was difficult for staff who could not drive, unless they lived locally. The service did not use agency staff, but had access to their own bank staff for covering absences.

We found the registered manager did not always understand the legal requirements of their CQC registration. They were also unsure about what was notifiable to CQC. For example we found three people had a DoLS authorised. The registered manager was not aware that they needed to submit a notification. The registered manager had access to the provider portal, but did not keep up to date with changes implemented by CQC, for example changes to the key lines of enquiry. They told us they received the CQC newsletter, but did not always have time to read it.

The registered manager did not always notify the CQC of events, which occurred whilst services were being provided in the carrying on of their regulated activity. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Internal audits had not been completed, except for a medicines management audit. We found where a shortfall had been identified, this was not always addressed effectively. For example the registered manager had identified the same member of staff missed signatures on the MAR charts. We saw evidence that they had discussed it with the staff member, however during this inspection we found the same staff member was still administering medicines. We raised this with the registered manager who told us they would be taking further action as the staff member was not medicines competent.

We asked the registered manager how they identified any shortfalls within the service and if they had an action plan in place to monitor. We found they had no action plan in place to monitor the shortfalls identified at our last inspection. They told us a lot of information was stored in their memory. Relatives and visiting professionals had an opportunity to feedback about the quality of care through an annual survey. However, we still found people's experience of care was not monitored and people were not asked to give feedback on their experiences of care. .

The service had made some community links, for example with the GP surgery, local churches, community mental health and community nursing team. At our last inspection the registered manager told us they stayed up to date with new legislations and guidance through using Skills for Care (A organisation which provided guidance and support to care providers) and they would be looking at attending registered manager's meetings as well as Wiltshire Care Partnership meetings. Skills for care provide practical tools and support for providers to recruit, develop and lead their staff. However, we found that the registered manager did not have many opportunities to stay up to date and currently did not have time to attend the registered manager's meetings. The registered manager told us they were hoping once a new senior carer started in the New Year, they would be able to take a step back and focus more on creating streamline systems for the service. The service was also currently working closely with Wiltshire Quality Assurance team to make improvements.

The registered manager and provider did not operate effective quality assurance to monitor and improve the quality of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

The registered manager and owner told us they were continuously looking at improving the service. They had recently refurbished one of the bathrooms, which had coloured lights to enhance people's experience when having a bath. They were also in the process of extending the patio to give people better access to the garden. The owner had contact with other providers, which was an opportunity to share ideas and information. They also encouraged staff to come forward with any new ideas. They said staff suggested for people to have afternoon tea. They were arranging china cups and saucers, which would also be an opportunity for people to reminisce.

Staff told us they felt supported and the registered manager was accessible to talk to. The registered manager covered shifts at times, including night shifts. The registered manager told us this gave them an opportunity to observe staff practice, while working alongside them. The registered manager spoke positively about the staff team and told us it was a lovely staff team to work with. They said "I love my job. It's a really good team." They told us other professionals had commented on the caring support staff were giving people. A staff member said "We have the best team, we have had a high turnover of staff but it has settled down."

Some people were able to comment on the management of the service, told us they thought it was well-run. A relative said "From what I had seen over the years, I am happy to put my trust in the management and staff to look after my mother." We observed positive interactions between the registered manager and it was clear they had built positive relationships with people and their relatives
.
We found some good examples of the service respecting people's equality, diversity and human rights. For example the registered manager told us about a person who was against religion and got upset when the local church visited. Staff would warn the person before so they could avoid anything which may upset them. The person was also giving the opportunity if they wanted to stay and watch. Another person had a background in the Army. The service supported him to access the laptop to look at memorabilia and army uniform. The owner also took this person to the local army base to look at tanks and other vehicles

Staff were able to attend regular staff meetings, which was an opportunity for the registered manager to share their vision for the service and also discuss any concerns.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager did not always notify the CQC of events, which occurred whilst services were being provided in the carrying on of their regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always have care or treatment that was personalised specifically for them and reflecting their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider did not operate effective quality assurance to monitor and improve the quality of the service provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicine administration systems were not safe. People did not always receive safe care and treatment as recommended by health professionals.

The enforcement action we took:

Notice of Decision to impose a condition on your registration for the regulated activity accommodation for persons who require nursing or personal care.