Forest Care Limited

Cedar Lodge Nursing Home

Inspection report

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Date of inspection visit: 22 July 2015
Date of publication: 15/09/2015

Ratings

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

Overall summary

Cedar Lodge Nursing Home provides accommodation, nursing care and respite care for a maximum of 60 older people. The home was well maintained, bright, welcoming and had a pleasant, quiet atmosphere. The common rooms were well equipped with furniture; there was a piano and television.

Care and support are provided over two floors. Access to the first floor is by passenger lift or stairs. Modifications have been made to the home to meet the needs of people that live here. At the time of our visit 51 people lived here, some with living with dementia. People were free to access all areas of the home. The front door was locked and operated by a button release so that people were kept safe.

The inspection took place on 22 July 2015 and was unannounced.

Overall there was positive very feedback about the home and staff from the people and their relatives. However there was one particular area of concern they told us about - the quality and choice of the meals. This concern

Summary of findings

had been raised at previous residents' meetings and was commented on during the day by people and relatives. Their concerns were borne out by our observations and discussions on the day.

Everyone we spoke with praised the care and support they received from the staff and the registered manager. When asked if they would recommend the home one relative said, “I already have done so as my second relative is now here.” Another said, “Absolutely."

There was 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.

Where people did not have the capacity to understand or consent to a decision the provider had not always followed the requirements of the Mental Capacity Act (2005). Decisions had been made for people without an appropriate assessment and review being completed. People told us that staff did ask their permission before they provided care. One person said that "They ask us and involve us, they don't just take over".

Where people’s liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards to ensure the person’s rights were protected.

People told us that the quality of the food was variable and could be improved. The menu had little variation and was repeated on a four week cycle. Very little fresh produce was used, and people did not have input in the menu planning. People had enough to eat and drink. The hydration of people was high on staff’s priority as they understood how this could affect people’s health.

People were safe at Cedar Lodge. Risks to people’s health and safety had been identified and managed by the staff.

Staff had a good knowledge of their responsibilities for keeping people safe from abuse. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received training to support the individual needs of people in a safe way.

People received their medicines when they needed them, and staff managed the medicines in a safe way. Staff were trained in the safe administration of medicines, however they had not had competency checks in line with best practice.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People told us that they had been included in the development of their care plans, and involved in reviews.

The staff were kind and caring and treated people with dignity and respect. One person said, “The girls are fabulous, they really are. I’m more than happy with everything.”

There were enough staff to meet the needs of the people that live here. People were very positive about the staffing levels and said they received support quickly when they needed it. One person said, “There’s always someone around if I need them.” A relative said, “Staffing levels are good, nothing is too much trouble for them.”

People were supported to maintain good health as they have access to relevant healthcare professionals when they needed them.

People had activities that met their needs. The home had a dedicated activities room so that those who did not want to take part were not disturbed. The equipment and environment was personalised to the people that used it. The staff knew the people they cared for as individuals.

People knew how to make a complaint. Feedback from people was that the registered manager and staff would do their best to put things right if they ever needed to complain.

People and staff had the opportunity to be involved in how the home was managed, and the management generally listened and acted on what was said. The registered manager carried out a number of audits to check that a good quality service was being provided.

We identified one breach of the regulations. 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?

Good

The service was safe.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

The provider had taken appropriate measures to protect people from risks to their health and safety.

There were enough staff to meet the needs of the people. People and relatives were very complimentary about the number of staff. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Requires improvement

The service was not always effective

People's rights under the Mental Capacity Act were not always met. Assessments of people's capacity to understand important decisions had not been recorded in line with the Act.

Staff received training to enable them to support people; however practice around checking competency of staff who administer medicines could be improved.

People had enough to eat and drink and had specialist diets where a need had been identified. However they told us the quality of food was variable and wanted it to improve.

Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that live here.

Is the service caring?

Good

The service was caring.

People told us the staff were caring, friendly and respected them

The home's decoration and facilities in bedrooms were appropriate to meet people's needs. There was individuality to people's rooms which showed they lived in a caring environment.

Staff knew the people they cared for as individuals, and people were involved in how their care was given.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People had been involved in planning their care.

People had access to activities that interested them.

People knew how to make a complaint and felt the registered manager and staff would do all that they could to address any concerns they raised. There was a clear complaints procedure in place. The manager was able to show what actions they had taken to satisfy the person who made them.

Is the service well-led?

Good

The service was well led.

The registered manager carried out checks to make sure people received a good quality service.

People, staff and healthcare professionals were involved in improving the service.

People were very complimentary about the friendliness and openness of the staff and the registered manager.

Cedar Lodge Nursing Home

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 22 July 2015 and was unannounced.

The inspection team consisted of three inspectors, a nurse specialist and an expert by experience (ExE). 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 gathered information about the home by contacting the local authority safeguarding and quality assurance team. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were carrying out this inspection in relation to some concerns we had received about the home.

During our inspection we spoke with 24 people, five relatives, and 16 staff which included the registered manager, and two senior staff from the provider. We observed how staff cared for people, and worked together. We used the Short Observational Framework (SOFI) to understand the experiences of people we were unable to verbally communicate with. We also reviewed care and other records within the home. These included eight care plans and associated records, four staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in September 2013 we did not identify any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Cedar Lodge Nursing Home. They said this was because staff were available when they needed them and that staff responded quickly when people used their call bells to request assistance. A person said, "I feel safe and secure here and the girls take good care of me."

People's individual support needs in the event of an emergency had been identified and recorded by staff. This information was contained in a number of documents within the care plans. Staff were able to tell us of the support people needed. This information could be expanded by the use of a personal emergency evacuation plan (PEEP). This would pull together the information already recorded into one document on the support needed by individuals and make it easier for staff to access. The registered manager and clinical lead said they would look into this.

People knew they could talk to staff if they had concerns for their safety. One person said, "This is a safe place to be." Staff understood their responsibilities in relation to safeguarding people. Staff had undertaken safeguarding training and they were able to tell us what abuse was and the various types. They knew what action they needed to take should they suspect or see it taking place. People and visitors were given information on how to recognise and report abuse. There was information on display about abuse and contact numbers for the local authority safeguarding team for people to ring if they felt unsafe.

People were kept safe because assessments of the potential risks of injury to people had been completed. These assessments looked at risks from the environment as well as from people's personal support needs. Assessments had been carried out to in areas such as risk of falls, nutrition and hydration and pressure ulcers. Measures had been put in place to reduce these risks, such as pressure relieving equipment for people at risk of pressure ulcers. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Environmental risks included the use of oxygen in the home. Clear instructions were in the people's care plans and signage was visible to remind people and staff of what they needed to do to keep safe where oxygen was in use. Staff were seen to support people in accordance with the risk management guidance in care plans.

The management of risk around the home did not affect people's choice and activities. People told us there were no restrictions around the home as there were no keypads on internal doors, and they could go in the garden when they wanted. Staff supported people to reduce the risk of falls, but did not stop people from making their own choice of how they wanted to move. The home's design and maintenance also reduced the risk of harm to people. Flooring was in good condition to reduce the risk of trips and falls, and handrails had been painted a different colour to the walls so they would be easier for people to see and use.

Equipment used to support people was regularly checked to make sure it was safe to use. Items such as hoists and fire safety equipment were regularly checked. People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. These gave clear instructions on what staff were required to do to ensure people were kept safe. Specialist equipment was also readily available to assist in evacuations such as fire evacuation chairs. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

There was a good level of staff to meet the needs of people. People and relatives told us there were enough staff. One person said, "There's always someone around if I need them." A relative said, "Staffing levels are good, nothing is too much trouble for them." An assessment of people's needs identified the minimum number of staff required. By looking at staffing rotas and talking with people we could see that staffing was over and above that identified in these assessments. A director of the company explained that getting the right numbers and type of staff was key to ensuring people received the support they needed. This was seen in practice during our inspection. People did not have to wait for care or support, people who ate food in their bedrooms were supported to eat at the same time as those in the dining area, and staff had time to spend with people. This good practice also included night staffing levels. A person told us that when they used their call bell at night the staff came quickly and offered her a drink and that they would make a sandwich if she wanted one.

Appropriate checks were carried out to help ensure only suitable people were employed to work at the home. The

Good

Is the service safe?

management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely. People told us they had their medicines when they needed them. Only those staff who were trained could administer medicines. The nurse used a non-touch technique so that they did not make contact with the medicines when giving them to people. The medicine administration records (MAR) were correctly completed. This was done immediately after people had taken their medicine so an accurate and complete record was kept of what each person had taken.

People's medicine records gave a good level of detail so that staff could support people safely. The folders were easy to follow and included their photographs, details of their GP, and information about any allergies. It was noted that some abbreviations were used on the MAR charts. All the staff we spoke with understood what they meant, however there is a risk that new or agency staff may not understand what they mean. The clinical lead and registered manager said they would review this.

Medicines were stored and disposed of in a safe manner. Medicines were stored securely in a locked trolley in the home's clinical room area. It was secured to the wall, once medication administration was completed. Medicines that needed to be kept cool were stored appropriately in a locked refrigerator in this area. These medicines were in date and stored correctly. The temperature for the refrigerator and clinical room were being checked and recorded on a daily basis to ensure they were stored at the correct temperature. Accurate records were kept when medicines were disposed. This made sure that this had been done in a safe manner and met legal requirements.

Requires improvement

Is the service effective?

Our findings

People and relatives told us that care staff had sufficient knowledge and skills to enable them to care for people. They said staff were, “Trained well in their job.” Staff said they had received ample training to undertake their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure people in care services are looked after in a way that does not inappropriately restrict their freedom.

Staff had carried out mental capacity assessments but had not done so in line with the Act’s Code of Practice. The Code of Practice makes clear that, for people who may lack capacity, an assessment should be carried out in relation to a specific decision. Staff had used the mental capacity assessments to make a blanket decision about whether people had the capacity to make decisions for themselves. This meant that where staff made a decision on a person’s behalf, for example giving medicine, or when a person came to live at the home, they would not know if this was done with the consent of the person.

This was a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s consent was sought before staff gave care or support. One person said that "They ask us and involve us, they don't just take over." Staff were seen to talk to people before taking any action, asking them if they could help them rather than just doing it. In one bedroom, where the person chose to stay, it was quite cluttered. This was covered in the risk assessment, with actions to take to assist in making the environment safer. It told staff to ensure that they got consent from the person before tidying the bedroom.

Some people’s freedom was restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. These applications were being reviewed and authorised by the local authority on the day of our inspection to ensure that people’s human rights were protected.

People told us that they had concerns about the quality and choices regarding their meals. The majority of people felt that this was the weakest part of the home, and needed to be improved. One person said, “I rarely like the main menu options, but the chef is always willing to make me an alternative.” Other comments included, “It’s not good enough, I expect better", "Menus are always the same", and “We are not asked for our choices." Food came pre-plated from the kitchen with gravy so people could not choose what was on their plate. Portion sizes were variable, and not at the request of the individual. Staff told us that the menu was a four week rolling menu and it had not been changed in the last eight months.

People told us that the food served on the day of our inspection looked unappetising. Carrots and Brussel sprouts were very soft, and appeared overcooked. This would meet the needs of people on a soft diet, but everyone had the same, whether they were on a soft diet or not. Very little of the food was home cooked, or used fresh ingredients. Soups were tinned. Food is a very important part of people’s day, and can have an impact on their wellbeing. This was an area the home really could improve on. **We recommend that the provider, with the help of people who live here, review the menus and daily choices to ensure people have access to healthy and nourishing food that they enjoy.**

People had sufficient food to eat and fluids to drink. On several occasions during the day large jugs of cold drinks being provided for people, in addition to the tea, coffee and biscuits provided. Staff supported people to eat and drink where necessary. Staff encouraged people to drink throughout the day to maintain adequate hydration levels. A care worker said, “It is very important for people to drink as they could become dehydrated.” This was written in people’s care plans where a risk of dehydration had been identified. This demonstrated effective care, and that staff were aware of people’s needs. Records that peoples weight was being maintained

Relatives said that their family members’ dietary needs were met and that any specialist diets were known by staff. One relative said, “They know she doesn’t eat much and they take the time to encourage her.” Another relative said their family member found using cutlery difficult and preferred to be supported to eat finger-food. Staff had amended their family member’s care plan to reflect this

Requires improvement

Is the service effective?

and to ensure that all staff provided support in the way their family member preferred. They said this had "made all the difference" to their family member's enjoyment of food and mealtimes.

Staff told us that they were well supported in their work. They had opportunities to meet with their managers to discuss their performance. They had access to training they needed to provide people's care effectively. However some staff had never had a formal supervision with their manager. Supervision and appraisal records showed that meetings with the line manager were sporadic and did not follow the provider's supervision policy.

People did not always have support from staff who had received appropriate supervision from their manager in order to carry out their role. The nurses were tested on competency during supervision sessions, but this was only a discussion about medicines and did not cover other areas if clinical supervision. **We recommend that the provider ensure that their policy is followed with regards to the frequency of staff supervision and appraisal.**

Staff had appropriate training to undertake their roles and responsibilities to effectively care and support people. All new staff undertook induction training. This included agency staff who had three days of induction prior to them working on their own. This allowed them time to familiarise themselves with the people who lived there, the lay out of the building and what they were expected to do. Induction training included moving and handling, fire safety, safeguarding, and shadowing experienced colleagues. Staff also attended training in topics related to people's specific needs, such as dementia and diabetes. Registered nurses said that they had opportunities for continuing professional development. Refresher training was regularly arranged to keep staff's skills and knowledge up to date.

People received support to keep them healthy. People said they were able to see the doctor whenever they needed to, or go to hospital if necessary. People were registered with a GP who visited the home weekly or more frequently if required. People had access to other health care professionals for example one person attended the ulcer clinic at the local hospital for dressings and treatment for vascular ulcers. Other specialist advice was available from a dietician, speech and language therapist (SALT), continence advisor, tissue viability nurse, and occupational therapists. People with specific health conditions such as Parkinson's disease and breathing difficulties, had been visited regularly by specialist nurses i.e. Respiratory Nurse and Parkinson's Nurse.

Good

Is the service caring?

Our findings

We had very positive feedback from everyone we spoke with about the caring nature of the staff. People told us that they had good relationships with staff and that staff were kind and caring. One person said, "The girls are very, very nice. They look after us very well." Another person told us, "The girls are fabulous, they really are. I'm more than happy with everything." Signs of wellbeing were evident with people engaging with one another or their relatives and staff. They were smiling, alert to their surroundings and engaged with the activities. People looked well cared for, with clean clothes, tidy hair and clean spectacles.

People were supported by kind and caring staff. One member of staff said, "I love working here, I enjoy spending time with the residents." Staff were able to describe the needs of people they supported. The atmosphere in the home was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were proactive in their interactions with people, making conversation and sharing jokes. Staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care.

People were given information about their care and support in a manner they could understand. Staff spoke with people at a pace and in a manner which was appropriate to their levels of understanding. Staff gave people time to respond to questions. When giving medicine the nurse gave explanations and descriptions of the tablets to be taken, and stayed patiently with people whilst they took them. Relatives were happy that the registered manager and her team were approachable, and that they were called if anything happened or decisions needed to be made around the care of their family member.

Several people were being nursed in bed. We saw these people were well cared for and looked comfortable. They had access to a call bell and staff who looked after these people were attentive and made frequent observation visits to their rooms to ensure they were cared for.

People told us they were involved in the care and support they received. They said they were encouraged to tell staff how they wanted their support to be given. For example how they spent their time and if they chose to spend time alone or in the company of others. Relatives confirmed that the family had been involved in completing the care plans where people could not be involved themselves.

The feedback from people was very positive about the caring nature of the service; They said that staff knew their family members' needs and provided care in a kind and sensitive way. One relative told us, "They're very attentive; they're always popping in to check on her. They're doing all they can for her at this stage of her life" and another relative said, "The care staff are fantastic, they're brilliant with the residents." Relatives said they could visit whenever they wished and that they were made welcome by staff. They told us that staff kept them up to date about their family members' health and welfare.

Staff treated people in a kind and caring manner and involved them when they gave support.

Whilst transferring a lady into a lounge chair staff talked her through the whole process, displaying patience and care as well as sharing a joke with the person. When a person asked to go to the toilet and by the time the carers came with their walking aid they had forgotten they had asked to use the toilet. The carer spoke in a calm and clear way and explained to the person what they had asked for. They then got up from their chair and proceeded to the toilet chatting to the carer as they went. People were sitting in groups in the lounge and there were staff present at all times. They gave support and talked with people.

People's rooms were personalised with family photographs and ornaments. This made the room individual to the person that lived there. People's needs with respect to their religion or beliefs were met. Staff understood those needs and people had access to services so they could practice their faith.

Staff knew the people they cared for. People and relatives confirmed that staff knew who people were as individuals and what their needs were. Staff were able to tell us about the people and their relatives.

People's privacy and dignity were respected and promoted by staff. People we spoke with told us that staff treated them as individuals and respected their privacy and dignity. People were able to arrange for their relatives to eat meals with them if they wished. Other examples of dignity and respect included people being asked before staff took actions. Staff were seen to knock on doors and

Good

Is the service caring?

introduce themselves before entering and staff made sure doors were closed when people received personal care. People's care records were also kept so that only relevant people had access to them.

People would be supported to have a dignified and comfortable death when the time came. At the time of our visit no one was receiving specific end of life care. We saw in people's care records that end of life care plans had been generated. One had specific information regarding the person's funeral wishes. In addition there were forms for future wishes which detailed end of life information i.e. who they would like contacted and where they would like to spend their final days. Staff had received training on end of life care through the local hospice, and the Head of Care said that this training was due to be rolled out to all staff. In addition one staff had attended the palliative care training for care homes.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. The care plans included information and guidance to staff about how people's care and support needs should be met. The care plans were person centred, they recorded the person's likes and dislikes and how they preferred their care to be provided. Care plans also identified any needs each person had in relation to medicines, communication, personal care, continence, mobility, pain management, hydration, nutritional needs and tissue viability. Care plans were reviewed monthly or more frequently if needs changed. Daily recording of the care given were included in the files. The files had individual sections for ease of locating information.

People said they were asked about how they would like to have their care undertaken, for example if they wanted a bath or a shower and what time of the day was better for them. The care plans covered the activities of daily living. For example the personal care plans referred to male or female staff to attend their needs. Nutrition care plans included information on food preferences and dislikes, types of fluids and how the person liked to eat i.e. on their own or in the dining room and if they needed help to eat or were independent. In addition specific heath issues were addressed under individual care plans such as Parkinson's, and breathing difficulties.

Staff communicated any changes in people's needs effectively, which ensured that people received the care they needed. A relative told us, "The communication amongst the staff is very good. They're always up to date about people's needs." Staff told us that colleagues always briefed them about any changes to people's needs. One member of staff said, "We always get told about any changes [to people's care needs] at handover." A record for family contacts was kept by staff. This recorded any visits, telephone calls or contact made with the family. It confirmed that family members were kept informed of developments that occurred.

People received care and support as it had been detailed in their care plans. People told us that they were happy with the level of care provided by the staff. The care plans and other care documentation such as risk assessments were regularly reviewed by staff to ensure that the information was up to date.

People had access to a wide range of activities. One person said, "I like it here there is always something to do." People told us that there was range of activities they could take part in if they wished. They said they enjoyed the outings that had been organised and that entertainment was regularly arranged at the home. Several people told us that they valued the library that had been established as it gave them access to new books.

The service employed an activities co-ordinator who worked full-time. We observed that the activities co-ordinator supported people with their chosen projects in the activities room and spent time in other parts of the service encouraging people to take part in activities. People were positive about the activities however they did comment that there seemed to be more varied activities when there were two co-ordinators. The co-ordinator involved people by having a weekly one to ones with them, but said this was difficult now as she was on her own. The activities schedule was built around what the people liked and tried to include new things. There were events outside the home e.g. to the coast, to Milestones (a museum), and trips on the canal. When talking with people some expressed an interest in gardening. The garden had raised beds so would be accessible for people who used wheelchairs. The activities co-ordinator said they would look into this.

People's independence was promoted by staff. Throughout our inspection staff encouraged people to mobilise on their own. Staff never rushed people. Equipment was provided to help keep people independent, such as specialist plates and cutlery so people could feed themselves. Some bedrooms had individual telephones. Those seen were big button types so people could easily use them without staff support.

People were supported by staff that listened to and responded to complaints. People and relatives knew how to raise a concern or make a complaint. People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. They told us they knew who to speak with. People told us they were happy and did not have any issues. A relative told us they had previously raised informal concerns about the support their family member received and that the matter was resolved to their satisfaction in a timely manner. There was a complaints procedure in place and people had access to a copy of this. There was also a

Good

Is the service responsive?

copy displayed on the notice board. We looked at the complaints log and noted there were two complaints entered in the past year. These were both resolved using the home's complaints procedure.

Good

Is the service well-led?

Our findings

People and relatives gave us very positive comments about the atmosphere and leadership in the home. One relative said that the reason they had chosen it in the first place was that, "It had a good feel as soon as you came through the door". Another said that they had brought a second relative to the home as the first was very happy here.

There was a positive culture within the home between the people that lived here, the staff and the registered manager. We saw many friendly and supportive interactions. Staff confirmed that the management in the home were open and approachable. One staff member told us, “I have been working here for a number of years and can’t think of anywhere else I would like to work”.

Staff said the registered manager provided good leadership for the home and was willing to support the staff team in providing care and support when needed. One member of staff said of the registered manager, “She’s always happy to help out.” Staff told us that morale and team spirit were good and that they supported one another well. One member of staff told us, “We work well together, we help each other out.” Staff had a positive approach to their work and the care they provided. This had a positive effect on people as they were supported by happy and relaxed staff.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home. Staff understood what whistle blowing was and that this needed to be reported.

People and relatives were included in how the service was managed. The registered manager ensured that various groups of people were consulted for feedback to see if the service was meeting people’s needs. One relative said the registered manager was, "Competent and accessible." Relatives were positive about the communications with the registered manager and staff. During relatives and residents meetings held in 2015 the issue around the quality of the food had been raised. This was still an issue at the time of our inspection.

The staff were very helpful, open and receptive when minor areas for improvement were identified during the inspection. Senior staff addressed issues immediately or noted the issue to put into action later. During the inspection the registered manager and clinical lead had a visible presence around the home. They talked with people and relatives and gave advice and guidance to staff to ensure people were happy and received a good standard of care. People knew them well and told us that if they were passing by they always stopped for a chat.

The provider’s senior managers knew about and took responsibility for things that happened at the home. Company directors visited the home regularly to talk with people, visitors and staff. Where an incident had happened at the home the director had personally attended meetings to discuss what had happened and what could be done to stop it happening again. The director we spoke with was clear on the values of the home, and how people and staff should be treated to ensure a good quality of service was given. We saw this in practice when he talked with people and staff around the home on the day of our inspection. Staff had a clear understanding of the values of the service, to treat people as individuals, give a personalised service and promote independence.

The provider, registered manager and other senior staff checked to ensure a good quality of care was being provided to people. The results of audits and performance reports from the registered manager were discussed with the provider. The provider also carried out a monthly quality assurance visits to check various aspects of the home, and get feedback from people and staff. Medicines audits carried out by staff and the local pharmacist had also checked that people received their medicines safely. The local pharmacist had identified no issues with the staffs’ management of medicines.

Where internal audits had found issues these had been addressed. For example for agency staff to fully sign the medicine records. The information from these audits was used to improve the service. Staff meetings had a section where findings from audits and feedback were discussed so that staff understood where things were going well, and where improvements could be made.

The provider had measured how the home’s performance matched against current guidance by employing an external consultant. This person visited on a number of

Good

Is the service well-led?

occasions to check the home against the current regulations. At the time of our visit the provider was waiting for the report so that they could develop an action plan for any improvements identified.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.** The provider had not completed assessments of capacity in line with the requirements of the Act for those that lacked capacity to make decisions for themselves.