

Sisters of Mercy Sunderland

Hexham Carntyne Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 1 and 3 December 2015. We last inspected the service in December 2013. At that inspection we found the service was meeting all the regulations that we inspected.

Hexham Carntyne Residential Care Home provides residential care for up to 18 people, some of whom are living with dementia. At the time of our inspection there

were 17 people living at the service. The service is made up of four flats with bedrooms and dining/lounge areas with the rest being individual rooms with en-suite toilet facilities.

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

Summary of findings

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.

Medicines management had some areas that needed to be improved. For example, risk assessments. We discussed this with the registered manager and she sought to address these areas.

People told us they felt safe at the service. Staff were aware of their personal responsibilities to report any incidents of potential or actual abuse to the registered manager.

Accidents were reported and recorded and monitored for any trends and where action could be taken to improve areas, it was. We found emergency procedures, including fire safety were monitored.

People told us they were happy with the food and refreshments available to them. We found staff were adequately trained and received induction, supervision and appraisal from the registered manager.

People told us there were enough staff at the service to support them and we confirmed this through records and observations. The provider had employed staff safely following good recruitment procedures and ensured they remained trained and supported throughout their employment with the service.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards

(DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements.

Staff at the service were extremely caring and nurturing in their approach. They provided people with a range of information and activities to help them avoid social isolation and ensured that each individual received person centred care.

People could make their own choices and any complaints were dealt with quickly.

The management team was open and honest and this culture appeared to have been passed on to the staffing team.

Audits and quality checks were in place, although the registered manager intended to review the medicines audit in light of some of the issues we had raised. From the feedback we received at the inspection, the staff team and service were well thought of.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the management of medicines. 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.

Risks to people were identified and managed appropriately but there were areas that needed to be improved with the safe practices in the management of medicines.

The premises was well maintained with good standards of cleanliness in place.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded and monitored.

Requires improvement



Is the service effective?

The service was effective.

There were induction and training opportunities for staff and staff told us they were supported by their line manager.

The registered manager and staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 and had made appropriate applications to the local authority.

Meal times were a social event which people told us they enjoyed. A range of suitable food and refreshments were available throughout the day.

Good



Is the service caring?

The service was very caring.

People who used the service and relatives were very positive about the service and the way staff treated the people who lived there.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved with people's care needs and were able to make choices and have control over the care and support they received.

A wide range of activities were provided for people to participate in, should they wish to.

Good



Summary of findings

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

The service was well-led.

We noted the home had a welcoming, relaxed atmosphere and the staff were open and honest.

Quality assurance questionnaires and regular meetings were held to assist staff and people to comment upon the service.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

Good



Hexham Carntyne Residential Care 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 1 and 3 December 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider about deaths and serious injuries. We also

contacted the local authority commissioners for the service, the local authority safeguarding team and the local Healthwatch. We used their comments to support our planning of the inspection. On the day of our inspection we spoke with a healthcare professional who was visiting the service.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with twelve people who used the service and three family members/supporters. We spoke with the nominated individual, two visiting catholic sisters, the registered manager, the deputy manager, three senior care staff and four other members of care staff. We also spoke with the cook and housekeepers. We observed how staff interacted with people and looked at a range of records which included the care and medicine records for four of the 17 people who used the service, four staff personnel files, health and safety information and other documents related to the management of the home.

Is the service safe?

Our findings

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medicines Administration Records (MARs). A process was in place to dispose medicines when no longer required, although we noted that these were not kept in line with best practice guidelines, for example, that any medicines awaiting disposal should be in a tamperproof box within a locked cupboard. We discussed this with the registered manager who later confirmed the system had been changed to address this.

We noted that not everyone had medicine care plans or a risk assessment in place when a need had been identified. For example, risk assessments were not in place for one person who administered most of their own medicines and also for medicines that were more 'risky' than others, including Alendronic Acid; where it is necessary to stay upright (sitting, standing or walking) for at least 30 minutes after taking the tablet and must be taken at least 30 minutes before the first food of the day. Although there had been no issues or incidents the registered manager agreed that these should have been in place and said they would address the issue. 'As required' medicines and topical medicines were not always recorded correctly on MAR's. 'As required' medicines are medicines used by people when the need arises; for example tablets for pain relief. We noted that a full description was not always available for staff to support them when administering this type of medicine to people, which may lead to people not receiving this type of medicine or being given it inappropriately.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us medicines were administered by senior staff when they needed them. There was an effective process in place for ordering medicines and storage arrangements were secure. Any time limited medicines were dated when opened and people's allergies were documented.

People we spoke with told us they felt safe living at the service and staff and visitors we spoke with agreed. One

person told us, "They take care to make sure we are safe." A visitor explained they felt their relative was safe and told us staff visited them in their room regularly throughout the day and night to check on them.

We spoke with staff about adult safeguarding, what constituted abuse and how to report concerns. Staff were able to display a good understanding of safeguarding and knew how to report any concerns, including those related to whistleblowing. There were policies in place to support staff and staff had attended training in relation to these procedures.

Staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as nutrition, mobility, and in the use of oxygen. Accidents were recorded and monitored for any trends forming. We noted that one accident had occurred which involved a minor injury to one person. This had been addressed with the person and their representatives to litigate the risk and maintain their safety.

Window restrictors were in place to prevent people from the risk of harm or injury. We checked water temperatures throughout the building and noted water was delivered at a safe temperature. Additionally, the registered manager recorded water temperatures regularly to protect people in line with health and safety guidelines. Other checks that had taken place included, equipment, gas and five year electrical safety checks. We saw a copy of the services up to date fire risk assessment which had been appropriately completed by a company specialising in this type of work. The service had CCTV monitoring the outside of the premises to ensure no unwanted visitors were able to gain entry. This all meant that the registered manager and provider took safety very seriously to ensure that people were protected from harm as much as possible.

We observed staff supporting people to maintain their safety, such as assisting people to mobilise using walking aids or wheelchairs. Corridors were kept clear to ensure people could mobilise safely.

We checked the personal finances of people living at the service, which the provider helped people manage. We found them to be in order, although we did find a larger amount of money stored in the secure cabinet used to keep financial records. Staff told us that only small amounts were kept with the records so that people could access money when they wanted and larger amounts over

Is the service safe?

£20 were kept separately and more securely. The registered manager later confirmed that the money had been transferred to a more secure place and that this was an error and would not happen again.

We looked at how the home was staffed. People we spoke with told us there were enough staff on duty to meet their needs and visitors and staff we spoke with agreed with this. Staff told us these levels were maintained as they were asked to cover any sickness. Existing staff covered any staff sickness or holidays. This meant that people were supported by staff who knew them and the support they required. Call bells or requests for help were addressed very quickly. We were able to confirm during the inspection that enough staff were available to meet the needs of people living at the service.

During the inspection we noted that there appeared to be no administrative support staff at the service. We asked the registered manager about this and they told us they had some support but most of the administrative duties were shared amongst the management team. The registered manager appeared to have a high amount of administrative work to complete which we felt may start to impact on the service as a whole. The registered manager told us that she would discuss this with the provider.

We looked at how staff were recruited. There was evidence of applications forms, references and Disclosure and Barring Service (DBS) checks. DBS checks helps employers

make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. A healthcare professional had commented to us that the service was a good place for staff to work. Where there had been any staffing issues, these had been dealt with effectively by the registered manager and the provider. For example, there had been an issue with inappropriate Facebook [social media] comments and this had been addressed with the provider's policy and procedures being followed.

People did not have any concerns regarding the cleanliness of the home. We found the service to be very clean and tidy and this included communal areas such as the dining room, lounges and corridors. There was a cleaning schedule in place and audits were completed regularly to check the cleanliness of the environment. Staff told us they had access to gloves and aprons and we viewed these in use around the service. New carpets had been laid in many parts of the home as part of an ongoing refurbishment plan. We found the kitchen clean and hygienic. Various records were in place and kept up-to-date to ensure people were protected against the risks of poor food safety. These included cleaning schedules, food safety documents and appliance temperature checks. The service had been awarded the highest grade of five-star rating following their last inspection by the Food Standards Agency. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Is the service effective?

Our findings

Staff, people and their relatives told us care provision was effective. They said this was because arrangements were in place to provide the best opportunities to maintain effective communication. One staff member said, "Communication is a really good, two-way process." This included daily handover meetings and updated information was displayed on the office and service notice boards. Another staff member told us, "Every morning the lead hands over care in handover and we get told any changes. For example, if someone has a urinary tract infection, we are told to encourage fluids with that person."

Staff told us they received training to support them to carry out their responsibilities effectively and we saw that there were appropriate induction procedures in place when a new member of staff started to work at the service. This included shadowing more experienced team members. One staff member said, "All the training is scheduled in and there's different ones all the time." Another staff member told us, "This is my career and the registered manager is really helping me." The staff member added the registered manager had supported them through training provision and one-to-one guidance. We checked the training matrix the registered manager had in place, which confirmed staff had received training. This highlighted training had been provided in health and safety, food hygiene, moving and positioning, infection control and fire safety. The registered manager was monitoring a very small number of staff who were behind in some elements of training and we were assured that staff would all be compliant with training in the near future. This was also recorded in team meeting minutes seen from November.

Staff said they received supervision and appraisal to support them to carry out their duties. Supervision is a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. A staff member told us, "It's good because it helps me to develop as a person." The management team regularly carried out spot checks of staff care practices as part of the ongoing assessment of their skills. Where issues were identified from these checks, we saw staff were provided with further training. This showed the registered manager had ensured people received support from effectively trained and supervised staff.

People were supported with their nutritional needs wherever they chose to eat, including in their own room or in communal areas. Staff sat with people and encouraged them to socialise. We noted individuals were offered a choice of meals and portion sizes to suit their requirements. The cook told us people with special or cultural dietary needs were catered for and this was recorded in people's care records. One person told us, "The food is great." When we spoke with the cook, it was clear that she was fully aware of every person's dietary requirements and could tell us who had what and who preferred certain foods. She told us that one person was allergic to certain milk and explained how she substituted this with another type of milk.

Meal times were a social event, with most people enjoying their meals in the dining room amongst friends. We observed from a distance, lunch taking place and the atmosphere was very welcoming and friendly with various conversations taking place between people, staff and visitors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service was meeting these requirements and worked together with relatives and professionals to ensure this.

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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made two applications to the local authority to deprive people of their liberty and were waiting for authorisation to be confirmed.

People had access to other healthcare professional, should they need additional support or advice. We noted that referrals had been made to GP's, dentists, occupational therapists and one person had been referred to the speech and language team for support with eating and drinking

Is the service effective?

and swallowing problems they were experiencing. Medicines had been reviewed by people's local GP and this was recorded on the care records. This showed that staff were proactive in ensuring that people received the correct healthcare support when it was required. A healthcare professional confirmed that the staff at the service were very good at calling for help if it was needed and said, "I have no worries about staff calling us if they need to, they are very good like that."

The registered manager confirmed that redecoration work was due to take place in the summer of 2016 with participation from people living at the service and their relatives. She told us that she had looked at the Stirling University website to gain additional information about ideas for decoration that would support people with dementia. For example, dementia friendly colour schemes and clearer signage to help people living with dementia

orientate better around the building. We noted that most of the staff had completed dementia awareness training. We also noted that crockery used within the dining room was dementia friendly with colour schemes used that people living with dementia could see more easily.

The service had a beautifully large, well-kept and user friendly garden area. People told us that they enjoyed walking around it when the weather was fine. On the day of the inspection it was rainy, but we found one person sitting in a lounge area overlooking the garden and watching the birds feeding. They told us, "It's marvellous out there, so beautiful." Part of the garden had been made into a sensory and herb garden with a variety of stimulating smells. Certificates on display showed that the service had won 'Britain in Bloom' gold and silver awards for the years 2013 to 2015.

Is the service caring?

Our findings

The service was decorated for Christmas and one person said, "The staff have done a lovely job, they really care that it looks nice for us." One relative told us, "It's usually lovely like this, the staff are extraordinary and really want people to enjoy this time of year." We noticed that staff had placed 'lit' outside Christmas decorations in full view of the dining room, which meant that when people were having meals they could view them. We heard two people admiring them at the table at which they sat for lunch. One of them said, "That's lovely isn't it." (As they referred to what looked like a number of lit up reindeers).

The registered manager told us that money had been set aside to buy people Christmas presents. She told us that the staff were in the process of chatting amongst themselves and speaking with relatives to decide what to get people. A Birthday list was kept by the registered manager and she explained that they celebrated people's birthdays with them, which included a cake being made and a celebration tea usually taking place.

People told us that the staff were extremely caring. One person said, "It's like a big family here." One relative told us, "Using other care homes as a yard stick, this is just like a home from home, we could not have found anywhere better and believe you me, and we looked. The staff are superb and show nothing but warmth and kindness." Another relative told us, "You really could not get better caring staff anywhere, they are super and certainly go that extra mile." A visiting Catholic sister from the order said, "We always wanted this to be homely and somewhere people wanted to stay, rather than had to - I think we have achieved that." A healthcare professional commented and said, "If a relative of mine lived here, I would be happy."

During observations staff put people first by stopping their tasks safely and responding to people's needs as a priority. No one was asked to wait when they required support or needed help with a particular issue.

People's dignity was upheld by the staff at the service. We overheard a staff member saying to one person who they had just helped with personal care, "There you go pet. I will just close the door while you get sorted." One person commented on how good a particular member of staff was and said, "Look after her, she's a good one. They look after

me here." We noticed staff closing doors before they were about to support people with personal care and people were asked if they were happy with everything before staff began any form of support.

People were respected. It was recorded on their personal records what they preferred to be known as. One staff member said, "Residents generally like to be called by their first name, but that is not always the case and we will address residents however they like to be called. We observed many examples of staff respecting people's wishes. One person wanted to go to their bedroom for a rest after lunch and staff assisted them without question. One person told us, "They [staff] don't treat you like a child, which is something I did used to worry about before coming here."

Relatives and friends told us they were supported to maintain their important relationships with people who lived at the service. They said they were encouraged to come at any time and that staff were extremely friendly and welcoming. We saw many examples of this, such as staff greeting relatives by name and offering drinks. One relative told us, "We are always offered tea and biscuits and if we wanted to stay for lunch we could, in fact its encouraged." Staff engaged in a manner that evidenced they had taken the time to get to know visitors. One person confirmed they were supported to see their relative regularly. People and, where appropriate, their relatives said they were involved in their care as much as they wanted to be. This showed staff understood the importance of sustaining relationships as part of improving the individual's well-being and social skills.

People's spiritual needs were well met at the service. A priest who lived at the home held a catholic service regularly. People told us they liked to attend and one relative told us, "My father enjoys going." The home had a small area that was converted and the service was open, not only to people at the home but to anyone that wished to participate no matter what their faith. Some people chose to attend the local Abbey services and others attended Methodist church services. The registered manager explained, "All religions or faiths are welcome here."

People were supported to remain as independent as possible. We were told by one person that they had helped to put up the Christmas decorations and they appeared very proud of their efforts. They showed us one of the trees

Is the service caring?

they had helped to decorate. One staff member told us, “It’s really important to let people do the things they used to do, as long as they can do it safely.” We watched as one person went out to the local shops. One person who was registered blind had been provided with a talking ‘local’ newspaper, which enabled them to be self-reliant and not requiring the support of staff. One of the staff we spoke with said, “I never say ‘it cannot be done’, I look at how we can help people. Why should things stop when they move in here.” This was made in reference to one person’s independence and how staff could help and support them.

Information was available on notice boards throughout the service for people and their supporters. This included information on safeguarding, code of conduct for staff, complaints and a range of leaflets and newsletters from organisations that were available in the local area to give additional support or provide alternative activities to people. Most people had supporters who acted as their advocate, but the registered manager told us that if people were in need of that type of support, information was made available to them. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Is the service responsive?

Our findings

We asked people and their relatives if there was anything they would change about the service or the staff. One person said, “Nothing, everything is good.” One relative said, “Absolutely nothing.”

People and their representatives told us care was personalised to their individual needs. We observed staff had a good understanding of people and consistently responded to their requirements with an individualised approach. One person’s records detailed how they enjoyed personal care in a particular way and stated “deep hot bath with salt in it. Likes hair washed while in the bath.”

There were pre admission assessments in place and when people moved into the service a full assessment was carried out and individual care plans and risk assessments were put in place. Information included people’s history, current medicines, social interests and their dietary requirements. Care records we looked at were detailed and customised to the needs of the individual. On one person’s social activities record it was noted that they no longer enjoyed going on long distance trips. Documentation had been regularly evaluated, which meant staff were kept informed about responding to people’s changing care requirements and people and their relatives told us they were fully involved in any reviews that took place.

We discussed the content of people’s care files with the registered manager as we had not always found it easy to find the information we were looking for. The registered manager was already aware that people’s care files needed to be tidied up and told us that she planned to have this done just after the Christmas break. The intention was to set up a master file as an example for staff to follow. We noted that this had been discussed during staff meetings in November.

Where people had been at risk of falling for example, the staff had ensured that all measures were taken to protect people. One person told us that they wore call bells around their neck when they went for a walk around the garden in case they needed help when they were out there.

A very good range of activities were available for people to participate in, both inside and outside of the service. A number of people, including those living with dementia were taken swimming regularly to a local swimming pool and staff at the service had obtained the support of a

swimming instructor to support people. One person confirmed they went swimming and said, “It’s wonderful.” The registered manager told us, “She had not been swimming for years and since she has been going, it’s made a real difference to her.” We were also informed by staff that some people living with dementia attended the local Abbey to participate in a singing group. One person confirmed this and started to sing us a song, which we observed they enjoyed doing and staff joined in which the person enjoyed all the more.

Shopping trips had been arranged to take people to Eldon Square to complete their Christmas shopping. To help pay for the cost of the additional staff and travel arrangements, the service had held a coffee morning which had raised over £300 to support this. The registered manager praised staff and said, “Staff often come in without payment to help with events such as coffee mornings and fete’s. They are very good like that.”

The provider paid for a physiotherapist to come in every week and do chair exercises with people to try and help keep them fit and healthy. Another professional came in regularly too, to complete other exercises with people with the same aim in mind. Other activities included, current affairs covered in a morning time with staff using newspapers to support this, coffee mornings, afternoon tea, church services, board games and flower arranging. We were told that from time to time grey hounds visited the home as pet therapy, which we were told, people enjoyed seeing and stroking.

The service provided Sky services on the television. Sky provides additional television services to people who subscribe to it, including additional film and documentary programmes. Staff told us that most people enjoyed watching some of the older films and they were able to get this using this facility. On the notice board in the reception area was advertised that ‘drinks’ were served in the main lounge at 7pm. We asked about this and the registered manager told us that some people liked to have a “little tippie”, like sherry or port and then maybe watch a film. They said, “We keep people safe with medicines etc., but why not have a drink if they want. They would have one at their own home wouldn’t they?”

People were given choice. Records confirmed they had been given a choice over which hospital they preferred if that was required. Bedrooms were tailored to the individual and people chose to have their personal

Is the service responsive?

belongings within them in a certain way, should they wish. We overheard one person being asked if they wanted to participate in the activities that were taking place and when they declined, staff respected that decision.

Complaints procedures were available and on display throughout the service. Copies were kept in people's rooms and also on display noticeboards. People and their relatives told us they knew how to complain and would be

able to speak with any of the staff or the registered manager should they need to. They also told us that they had no complaints. We reviewed complaints that had been made during the inspection period 2013 to 2015. There were six complaints and these had all been dealt with quickly and in accordance with good practice and following the provider's policies and procedures.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager employed at the service. They had worked at the service for 16 years having worked their way through the ranks to their current position and spent the last 10 years in a management role.

Everyone we spoke with, including people, relatives and professionals told us the registered manager was “loved”. They said she was very supportive and dedicated to high standards of care. Likewise, people told us the provider had a “hands on” approach and was often at the service in the form of one of the sisters of the order. A staff member said, “[The registered manager] is good to all the staff and residents.” Another staff member told us, “The sisters are often here and stay to chat with people.”

One staff member told us, “The registered manager is good at utilising staff skills and using them to help support the service.”

We were told that the service was due to celebrate its silver jubilee in the near future and after the inspection had been completed we saw pictures in the local press detailing this and complimenting the registered manager on providing a good service to the people living there.

We sat in on the morning handover from night to day shift staff. Senior staff ensured that the staff taking over were up to date with any issues that had occurred during the previous night shift. For example, one person had been restless and staff noted that this was unusual for them. They also checked the forthcoming diary appointments for the day to ensure that the staff taking over had all the pertinent information available to them. It appeared that the staff team were open and honest with each other and this was what we experienced from the management team when we asked questions.

We found people and their representatives were supported to comment about the quality of the service through satisfaction questionnaires. We reviewed completed forms from the last survey, which were very positive about care, the environment and staff/management attitude. We noted that no dates were recorded on the forms and no space for people to put their name if they so wished. The registered manager confirmed she would address this on future questionnaires sent out. Regular meetings took place for people and their relatives to attend if they so wished.

Records showed that a range of topics were discussed, including menus, changes to the service and activities that people preferred. One meeting had reminded people of voting day and reminded everyone that they had a keyworker. It was noted that sherry was sometimes served at these meetings which staff told us, ‘makes it feel friendlier’.

The service had a ‘relatives’ room on the upper level where relatives could help themselves to tea and coffee. One relative told us, “I use there sometimes, but staff provide drinks at others.”

Regular team meetings were held for staff and the management team to discuss any concerns. The purpose of these was to explore ways to improve the quality of service people experienced. Staff told us they worked very well as a team. One staff member said, “We work really well together and treat each other with respect. We’re happy staff here.” Another staff member said, “I think the management are really friendly and make us feel like a family.”

A wide range of audits and checking systems were in place to monitor service quality assurance. Catering, maintenance, housekeeping and health and safety checks were all in place. We discussed the medicines audit with the registered manager and she said she would review this in light of some of the issues we had found with medicines. We saw that competency checks were completed regularly on staff to ensure they were able to fulfil the roles to which they were employed.

The provider carried out additional checks throughout the year to ensure staff continued to meet people’s needs and provide an effective service. These checks included speaking to people, staff and relatives; inspecting the service and looking at all the records. The provider had a development plan in place for the service. This included further staff development, buying a new dining room carpet, developing the service user guide and incorporating further activity opportunities for people.

The provider had put in place a large number of policies to underpin service quality and safety. These included procedures related to environmental safety, staffing and care practices. Staff were required to read policies and sign their understanding to assure a safe and effective service delivery.

Is the service well-led?

The registered manager was aware of their legal responsibilities to display inspection ratings in full view so that a transparent approach was followed by the service in respect of the information available to people living there and their relatives or visitors.

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

Staff did not always have effective systems in place to manage people's medicines. The service lacked information and protocols for 'as required' medicine. Medicine risk assessments were not always in place and topical medicines were not robustly monitored.

Regulation 12 (g).