

E Nanayakkara

Allendale House

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 inspection took place on 25 August 2015 and was an unannounced inspection. We previously visited the service on 23 February 2015 and we found that the registered provider did not meet the regulations we assessed. The service was in breach of four regulations in relation to cleanliness and infection control, nutrition, staffing levels, records and monitoring of quality performance.

Allendale House is located close to the centre of the market town of Hedon and within walking distance of shops, leisure and health services. It is a relatively short walk to access local public transport. The home is owned by an individual and registered for up to 20 people.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager registered by the Care Quality Commission (CQC); A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people were protected from the risks of harm or abuse because staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Risk assessments were in place to protect people from being harmed unnecessarily.

Staff had been employed following the home's recruitment and selection policies.

We saw that there were sufficient numbers of staff on duty to meet people's needs.

Medicines were administered safely by trained staff and the arrangements for ordering, storage and recording were sufficient. However the service was not always handling medication according to policy or guidelines on infection control or affording people that used the service privacy and dignity when taking it. Medication policy or guidelines should include information on administering medicines safely.

The staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

We found that people were given adequate nutrition and their health care was monitored. While the premises were suitable for older people we had recommended at the last inspection that the provider accessed best practice guidance for supporting people with dementia needs. We could see efforts had been made to make areas of the home more dementia friendly. The service had made changes that were required such as toilets, bathrooms, laundry and carpets.

People spoken with said the staff were caring and they were happy with the care they received.

People were treated with respect and dignity by the staff. There had been no formal complaints made to the service during the previous twelve months but there were systems in place to manage complaints if they were received.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include people's preferences, likes and dislikes. People who used the service received additional care and treatment from health care professionals based in the community.

Staff told us that the service was well led. The quality audits undertaken by the service were designed to identify any areas of improvement that would improve safety and the care provided to people who lived at the home.

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 is safe, but some aspects require further improvement.

People that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse.

People were safe because risks were reduced and staff recruitment followed safe policies and practices.

There were sufficient numbers of trained, skilled and competent staff on duty.

Medicines were administered safely by trained staff. However the service was not always handling medication according to infection control policy or affording people that used the service privacy and dignity when taking it. Medication policy or guidelines should include information on administering medicines safely. We have made a recommendation around this.

Requires improvement



Is the service effective?

The service was effective.

People were effectively supported because staff were appropriately trained and skilled to carry out their roles.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink enough to maintain their health and wellbeing.

The service had made changes that were required such as toilets, bathrooms, laundry and carpets. We could see efforts had been made to make areas of the home more dementia friendly with the introduction of signage on peoples doors which contained a photograph and a short description of the year the person was born.

Good



Is the service caring?

The service was caring.

People were supported by kind and attentive staff. We saw that care staff showed patience and gave encouragement when supporting people.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs and their preferences in order to provide a personal service.

People were able to make suggestions and raise concerns or complaints about the service they received.

Is the service well-led?

The service was well led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager regularly checked the quality of the service provided.

Good



Allendale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 August 2015 and was unannounced.

The inspection team consisted of three adult social care (ASC) inspectors and one inspection manager from the Care Quality Commission (CQC). The inspection manager assisted for four hours of the visit.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the East riding of Yorkshire council (ERYC) commissioners and safeguarding team. The service had

not been requested to submit a 'provider information return' (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time in the main office and various communal areas of the home observing interactions between people who used the service and staff. We spoke with seven people who used the service, four visitors, four staff, the registered manager, assistant manager and one visiting health professional. We carried out a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may be unable to share their views and experiences. We also carried out a tour of the premises.

We looked at four care files for people who used the service, four staff files and training records and we looked other records and documents relating to the running of the service. These included quality assurance and maintenance records.

Is the service safe?

Our findings

At our inspection on 23 February 2015 we found the service had not taken sufficient steps to safeguard people's health and welfare by ensuring there was at all times sufficient numbers of suitably qualified skilled and experienced persons employed in the home. The home was in breach of regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: staffing [now regulation 18 of the 2014 regulations: staffing].

At our inspection on 25 August 2015 we found that the registered provider had followed the action plan they had sent us in response to the February 2015 inspection. Sufficient improvements had taken place to show that the service were now meeting the regulation.

People we spoke with told us they felt safe living in the service. One person said, "I feel very safe here," and another told us, "Yes I feel safe here, there is always a night staff on and the doors are locked." All of the visitors we spoke to told us they felt their relative was safe living at the service, comments included, "We feel that mum is safe here," and "Oh yes, I feel she is safe here."

Staff we spoke with told us they had completed safeguarding training and they demonstrated good understanding of safeguarding awareness when we asked them. They said, "I would report any concerns to the manager or would contact the safeguarding team directly if needed," and "If I had reported something and nothing was done I would go to the CQC." Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals. We saw evidence of their training in the staff training records and in the training plan for the service.

We saw from the information we held that there had been no recent safeguarding referrals in the last year. We saw that the service held a multi agency safeguarding adult's policy and so there were systems in place to ensure people were safe and protected from the risk of abuse or harm.

We looked at the way risks were managed. We saw that care plans listed the risks related to the care of the individual person. We saw risk assessments for one person which included moving and handling, falls and physical health. These risk assessments had been reviewed and updated in July 2015. This meant people that used the service were protected from the risks of harm.

We saw risk assessments for the environment which included infection control, legionella and water systems. These environmental checks helped to ensure the safety of people who used the service.

We looked round the premises and saw they were safe, with the exception of an issue in the downstairs drying room. The tumble dryer was connected to the mains electricity with one extension lead plugged into another in order to reach the socket. We discussed this with the manager and asked if they felt this was a safe practice. We were told, "No this is not safe but is a temporary measure, we are waiting for a new tumble dryer." A new tumble dryer was installed and connected to the mains electricity safely on the day of the inspection.

Maintenance certificates were in place and up to date for the service. These records showed us that agreements were in place which meant equipment was regularly checked and serviced at appropriate intervals. The equipment included, portable electrical items, fire alarm systems and electric, gas and water installations. We saw that lifts, stair lifts and lifting equipment had been checked in April 2015.

We saw accidents were recorded in a log book with details of the nature of the accident. However, there was no information on how the accident was evaluated or recommendations put in place to ensure the same thing didn't happen again or ensure similar accidents did not occur. We discussed this with the registered manager who assured us this would be addressed within the service's quality assurance system.

We looked at the recruitment files for four staff. Files included application forms, interview questions, references, induction packs, terms of employment and service policies such as fire, complaints, whistleblowing and privacy and dignity. We found recruitment practices were safe and relevant checks had been completed before staff had worked at the home, including a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable groups.

Is the service safe?

The registered manager was at Allendale House when we arrived. They told us staffing levels at the home were two staff on a twelve hour day shift, two staff on a twelve hour waking night shift, one activity worker for three days each week and two domestic staff for five days each week.

There was one cook and the service was currently advertising to recruit another. We were told the registered manager and the assistant manager was on duty five days a week. The registered manager was on call Monday to Friday and alternate weekends and shared this responsibility with the assistant manager. We were given duty rotas kept by the service that supported what we had been told and evidenced the staff that were actually on duty.

We asked people if there were enough staff to give them the opportunity to go out and support them in the service. People gave us mixed views about the staffing levels. One person that used the service said, "There are enough staff when fully staffed. They are stretched, but always come." One visitor told us, "There does not seem to be sufficient staff on occasions. At weekends there may only be two staff and a cook on." We looked carefully to see whether people's individual care and options for activities had been compromised. Throughout the inspection we did not see evidence of this. There were some examples where people had to wait for specific support. One person told us, "I wake up early approximately four am and press the buzzer to get a cup of tea. Often the girls are quite busy. I have to be patient, but you know you'll get one."

The staff training record recorded that five staff had completed training in the handling of medication since 2014; with one staff member having completed this training in 2012. It was not clear if this member of staff had received updated training since that time.

People had individual medication receipt and administration records (MAR). These included details of any 'as necessary' medication or topical creams. We saw records were completed fully and kept up to date. However, seven of the records did not include a photo of the person. This aids in identification and helps prevent errors occurring. One person's medication had been handwritten by staff but had not been counter signed by a second member of staff to confirm the details. Countersigning of handwritten records is considered best practice as the second check helps to reduce the risk of errors occurring.

We saw that staff took time with the people who used the service whilst giving them their medication. Encouragement was offered in a kind and caring way. However, we saw another person being passed their medication by hand without the staff wearing protective gloves.

Medication was administered in a communal area, meaning it may be difficult for people who use the home to have any discussion with staff regarding any medications or concerns they had in confidence and it was noted that staff were stood at the medication trolley asking people if they were in pain in the communal area. It may be more dignified for people to be approached individually and asked if they require pain relief.

Medication was stored safely and temperature checks were taken to help ensure all medication was stored at a safe temperate to ensure it remained effective. Records were kept of all medication returned to the pharmacist as no longer required. There were no controlled drugs in the service on the day of the visit but the staff member we spoke with had a clear understanding of how these would be stored, managed and administered.

The service was not always handling medication according to policy or guidelines on infection control or affording people that used the service privacy and dignity when taking it. However, we saw that the outcomes for people were unaffected and there had been no impact as a result. We saw the medication policy which offered guidance to staff on the safe handling of medicines. This included for example, homely remedies. However, it did not include information to staff on how to safely administer medication to people who lived in the service.

We recommend the registered provider ensures people always receive their medication safely according to the policy, which should include information on administering medicines safely, and whenever possible in private to maintain peoples' dignity.

The home was clean and there were no unpleasant odours noted during our visit. We observed a bath hoist cover and a bath slip mat that was stained in a downstairs bathroom. We discussed this with the registered manager who told us new ones had been ordered. We saw 'how to wash your

Is the service safe?

hands' and 'infection control procedural' signage with detailed instructions to prevent cross infection stored in the registered managers office. The registered manager told us these were to be put into the bathrooms and toilets.

When we looked around the service we saw people's rooms were personalised, clean and tidy. The service had refurbished three bathrooms and three toilets since the last inspection. We saw wall mounted hand towel holders, soap dispensers and bins with swing lids. Walls had been painted and flooring replaced. We saw people's personal toiletries were stored in their rooms.

We saw the laundry and drying room had been refurbished since the last inspection. The laundry room had new flooring and freshly painted walls. Laundry was separated into colour coded bins for soiled and unsoiled items. Clean

laundry was stored neatly on shelving meaning the floor remained uncluttered. We saw hand washing facilities and colour coded washable bags for laundering. The drying room had undergone improvement with new flooring, wall coverings and replacement bins colour coded blue for clean washed items.

We saw carpets were being replaced on the day of the inspection and our observations showed personal protective equipment (PPE) such as plastic aprons and gloves stored around the service on stands with a solid plastic backing making them easy to wipe clean reducing the risk of cross infection.

We looked at the service training record and saw that all staff had completed training in Infection control in 2014/2015.

Is the service effective?

Our findings

At our inspection on 23 February 2015 we found that the service did not protect service users from the risks of inadequate nutrition and dehydration. This was a breach of regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: staffing [now regulation 14 of the 2014 regulations: meeting nutritional and hydration needs].

At our inspection on 25 August 2015 we found that the registered provider had followed the action plan they had sent us in response to the February 2015 inspection. Sufficient improvements had taken place to show that the service were now meeting the regulation.

People we spoke with thought the staff were competent in their roles. They told us, "I suppose they do. Odd ones have never done it before, but the ones we have got now are very good," and, "Staff seem well trained and they know what they're doing." One visitor told us, "Mum has her hair done, has chiropody appointments and goes to the beauty parlour. She is well supported with professional appointments."

Staff told us they had completed training in first aid, health and safety, fire awareness, moving and handling and dementia awareness. We saw that staff had undertaken specific training for people with dementia needs since the last inspection. Staff told us, "It really opened my eyes. I enjoyed the course and now I think before I do things." We saw evidence of the training in staff training files and on the staff training record. This meant the staff were competent and skilled in providing the support and care people that used the service required.

We saw in staff files that staff had completed inductions and they were regularly supervised by a senior staff member. We saw good records of supervision where action points, issues, performance and professionalism was discussed. Staff told us, "Either the registered manager or assistant manager will do my supervision every couple of months," and "I have continual supervision." Staff told us they felt they had enough training and were well supported.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies

to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

At the last inspection we had recommended the service review the latest guidance on MCA, DoLS and best interest decisions. Staff we spoke with understood the importance of the MCA. One person told us, "I have received training and have heard of best interest but have not had to attend a meeting." We saw from the service training record that care staff had completed training in these subjects in 2015.

The registered manager told us there had been best interest meetings held for people whenever they were required. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions and needs others to make those decisions on their behalf. We saw from information held in people's care files that best interest meetings had been held and that DoLS had been applied for where necessary to ensure people's rights were upheld within the framework of the law.

Information we held about the service indicated that no person was subject to a DoLS. However, care files we looked at showed DoLS authorisations were in place for people using the service. We discussed with the registered manager the requirement for the service to notify the CQC with the outcome of any DoLS applications. We were told by the registered manager, "No, this has not been done," and the assistant manager told us, "No, I wasn't aware we had to notify anyone." Following our inspection the service retrospectively sent to us all outcomes of the DoLS applications that had been made for people using the service.

People we spoke with said they were satisfied with food provision. They said, "Oh yes I get enough to eat", "I get good food. I was very underweight when admitted and am putting on weight now" and, "We get enough food and have mid afternoon tea and coffee as well."

They said if they didn't like something then an alternative would be given and that this was always accommodated. There were no concerns raised by people about food provision as all meals were home cooked. Specialist diets were catered for. One person told us, "I am a coeliac and lactose intolerant, they are very good at getting things for me."

Is the service effective?

We observed three staff interacting with nine people at lunchtime. The food provided for people looked appetising and the portions appropriate. We saw a meal of sausages, mash and vegetables. However, menus said the lunch was chicken in white wine, potatoes, vegetables and gravy. People were given a choice of dessert after lunch. We observed people using the service had access to drinks throughout the day. There were nutritional needs assessments in people's files and information about people's medical or health dietary needs. This meant that people's nutrition and hydration needs were being met.

We saw people's care plans told staff about their health care needs and how best to help them meet these. They included people's diet, weight, sight, hearing, oral health, foot care, nutritional needs and medicines needed. Care plans were reviewed monthly. One person's care plan review highlighted they had an issue with their voice. We saw that it said the person was referred to an ear, nose and throat specialist for investigation into the problem.

People were able to talk to health care professionals about their care and treatment. One person told us "If I need to see a Dr I tell the registered manager or one of the staff. They always ask would you like to see a Dr." They also said, "Staff will ring up and make appointments if I need them." We saw all visits and meetings were recorded in the person's care plan along with any referrals. This meant all of the relevant people were kept up to date about each person's general health and well-being.

We observed that people were fully involved in decisions about their care. Throughout the day we observed staff

asking people what they wanted to do and what they wanted to eat. People gave their consent about all aspects of daily activities including talking with us. One person told us, "They always ask 'what would you like? Would you like me to do so and so?'"

The health professional we spoke with provided positive feedback about the service and said the staff always followed advice given, were approachable and worked as a team.

At the last inspection we recommended the provider accessed best practice guidance for supporting people living with dementia. We spoke with the registered provider who told us quotes had been received and they had plans to make more changes to make the environment more suitable for people who are living with dementia. The service had made changes that were required such as toilets, bathrooms, laundry and carpets. We could see efforts had been made to make areas of the home more dementia friendly with the introduction of signage on people's doors which contained a photograph and a short description of the year the person was born. However, these were placed too high up and were in a small font making them difficult to see and read. We discussed this with the registered manager who assured us this would be addressed and the signage would be lowered to allow people to view these better. We also saw that staff had completed training in dementia awareness since the last inspection.

Is the service caring?

Our findings

People who used the service received effective care and support. We saw staff completed handover sheets that included current information on people that used the service, any new people admitted, any health professional visits and information on accidents and medication. This meant staff were kept up to date about people who were using the service.

We asked people if the staff supported them. They told us, “Yes they do take me out. If she (activity co-ordinator) is available she takes me to the market on a Wednesday and helps me with making things.”

People we spoke with told us the staff were caring. They said, “Yes staff are kind and compassionate”, “People here are very kind”, “Staff are very nice indeed. They are very good to me,” and “Staff are very kind to me, they are very attentive.” One visitor said, “The staff are always very friendly to residents.” One care staff told us, “This is a good home to work for.” One person gave us an example of how kind staff had been recently when the person had a cold. They told us how staff had shared the information with other staff and they had come in to see how they were. The person told us this showed that everyone cared about how they were feeling.

We saw one care staff encouraging a person to have a hair cut. We saw they had a nice positive tone and really listened to the person’s response. The person made a choice not to have a haircut and we saw that their decision was respected. We saw that people engaged in events in the home and laughed a lot.

We saw that the meal time was a pleasant and relaxed experience for people. We observed care staff assisting people with their meal when sat at table in the dining area of the service. Staff did this in a kind and patient way. We

saw one care staff supporting a person to eat. The person was able to eat some of the meal independently. We saw the staff member encouraging the person to do as much as they could for themselves.

There was one minor area of concern. We observed care staff spending a lot of time talking with people who gave positive responses, but other people were not given the same level of attention. With this one exception we saw that people were encouraged and supported to do what they could for themselves. One person said, “There’s a very happy atmosphere here and my son and daughter say it seems happy when they walk in.”

Observations of people in the lounge and dining room indicated that individuals felt safe and relaxed in the service. People enjoyed chatting to each other and staff. On the day of the inspection we saw that people who used the service were well presented, appropriately dressed and wearing suitable footwear.

Throughout the inspection we observed that staff were caring, treated people with respect and asked for their views about what they wished to do. There was a positive relationship between staff and people who lived in the service. The atmosphere was calm and staff explained to people what they were doing. There was appropriate joking and banter with some people and staff which indicated they were comfortable with each other.

We asked people who used the service if their privacy and dignity was respected. People told us, “They always knock before coming in”, “They very much treat me with respect, they are well trained” and “Dignity and respect are upheld very much so, almost to the point of ridiculous.” We observed one person was covered up whilst receiving medication to maintain their dignity. During the inspection we observed staff knocking before entering people’s private bedrooms.

Is the service responsive?

Our findings

People we spoke with told us they felt the staff responded well to their needs. People said, “If I need something the nurse is there straight away” and “They sometimes ask what I fancy, I tell them if I don’t want something for tea and they change it.” One visitor told us, “Staff have got to know her; we have had regular reviews, we go through the care plan every three months and sign it.”

Not everyone we spoke with said they had been involved in their care plans. People told us, “I haven’t got a copy of my care plan, but have had it read out to me” and “I do not think I have a care plan.” Another person told us, “I haven’t got a copy of my care plan, but it has been read out to me.” We asked people if they had been asked how they would like to be cared for. They told us, “When you first come in you fill in a form about your like and dislikes” and “I was asked questions and discussed my likes, dislikes wishes and views.”

At the last inspection we recommended the service reviewed how people's leisure and social activity was met within the home. We saw service employed an activity person. We asked people who used the service about the activity provided. We received mixed responses. People told us, “There are no activities, but I made it clear I am not interested,” “Not really, though they take me down to the local shops on a Saturday”, “Now and again they come around and ask for any suggestions about activities you’d like to do” and “They do quizzes, bingo and take people to the market on Wednesday’s.” One person showed us some planting they had been supported to do in the garden area.

We saw staff reminiscing with people about their past lives and we saw the activity co-ordinator talking with people who used the service and telling stories. We observed music playing and people who used the service dancing and singing.

The service was responsive to people’s needs. People who used the service had personalised care plans which gave information about their support needs and preferences. The service responded appropriately to people’s needs for care and support and this was reflected in care files.

People who used the service were encouraged to maintain links with their families. We saw that in people’s care files we looked at, useful addresses and advocate services had

been recorded. One person told us, “They make visitors feel welcome. Staff are ever so good with visitors.” Visitors we spoke with told us, “We are happy with the communication from the home; the home rang us the other day and asked us to bring more makeup and hair colour” and “We’re made to feel welcome when we visit.”

We looked at care files for people who used the service. We found that they were written in a person centred way and were specific about what each person wanted to do on a daily basis and what they liked and disliked. We saw that the staff reviewed each section of the care plans on a monthly basis.

Care files contained initial assessments, daily records, support plans, nutritional assessments and risk assessments on manual handling, falls and physical health. There were records of health care professionals visits and monitoring charts for falls and dietary intake.

We saw that assessments were undertaken to identify people’s support needs and care plans were developed . We saw one example where one person’s care file showed their weight loss had been properly addressed. Their weight chart showed they had lost weight over a three month period. The persons GP and dietician had been involved and the person was eating and gaining weight. There was information about people’s past lives and their daily routines. One person told us, “The girls are really interested in my life.”

From discussions with people who used the service and staff everyone told us they felt comfortable about making a complaint. There was a complaints policy and procedure that was available in the entrance area of the service as well as a compliments book. People who spoke with us were satisfied that should they wish to make a complaint then the staff and the registered manager would listen to them and take their concerns seriously. One person told us, “Really don’t see the manager very often, but I feel I can approach staff” and “We can talk to them and I feel that they listen as long as we’re not grumbling for grumbling sake.”

Checks of the information held by us about the service and a review of the registered provider’s complaints log indicated that there had been no complaints made about the service in the last 12 months.

Is the service well-led?

Our findings

At our inspection on 23 February 2015 we found that the service did not protect people from the risks of unsafe or inappropriate care and treatment arising from lack of information about them. We also found that the service did not protect people and others who were at risk of inappropriate or unsafe care and treatment by means of an effective system to regularly assess and monitor the quality of service provided.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: in respect of assessing and monitoring the quality of the service [now Regulation 17: good governance of the 2014 regulations].

At our inspection on 25 August 2015 we found that the registered provider had followed the action plan they sent us in response to the February 2015 inspection. Sufficient improvements had taken place to show that the service was now meeting the regulation.

At the time of this inspection on 25 August 2015 there was a registered manager in post at the service.

We were not given any written evidence of the visions and values of the service or information about the culture within the service. However, there was evidence that the registered manager had an open and listening culture within the service. Staff told us they had regular supervision and training. Staff told us they were well supported by the registered manager and took part in one-to-one supervision meetings. They told us “I can go to the registered manager whenever I want to talk to her.” Another staff member told us, “I can go to the registered manager with any questions.”

Visitors and people who lived in the service told us that they believed the registered manager listened to them and would take action about issues if brought to their attention. Comments included, “The boss is a smashing person” and “Without a doubt, very busy, but yes approachable.”

We spoke with people who used the service. Their response to our questions about the quality of the care they received was extremely positive. They told us they felt they received

good care and support from friendly and helpful staff. People told us “We’ve got nice staff that we can talk to and who are very helpful” and “There is nothing I would change about here. I couldn’t wish for a nicer place.”

Since the last visit to the service the registered manager had developed the quality assurance systems. The systems now included a variety of audits for different areas of the home for example; administration tasks, the environment and people’s care records. There were sections on the audit forms to record feedback from relatives and from people living in the home. Additionally the manager had sections to record if and when they had taken action in response to the feedback they had received from people. This meant there was a clear audit trail of how people’s opinions about the home had been obtained and responded to.

Included in the audits of the environment were records of decision making regarding refurbishment or improvements. The registered manager told us they felt there were several areas within the home which required improvement. We saw a record that they had provided quotes for improvements within the home; the provider had not approved these costs. We saw clear audits of infection control procedures such as personal protective equipment (PPE), control of substances hazardous to health (COSHH), the infection control risk assessment and hand washing. This showed findings and any corrective actions that had been taken.

The assistant manager told us that questionnaires to people who lived in the home, their relatives and professionals involved in the service were still part of the quality assurance system and these were sent annually in November of each year. Consequently these had not been re-sent since the last visit to the service and so we were unable to read any new comments from people.

As well as people being able to contribute their views of the service through the completion of satisfaction questionnaires they could also attend ‘resident’ meetings. However, we saw the last resident’s meeting was in January 2015, which meant a meeting had not been held for the last six months. We asked people if and how they were kept informed about what was happening in the service. We received mixed responses. People told us, “There are no resident’s meetings and if there’s anything we want talk about, we ask individuals. It’s well circulated what’s going to happen” and “I am not asked about views, resident’s meetings, surveys, or questionnaires.” Visitors told us, “I

Is the service well-led?

went to a relative's meeting last year" and "I feel listened to." We asked the registered manager if any further meetings, formal or informal, had taken place. They told us, "We plan to talk to people every month and this will form part of our quality assurance."

We saw there were records of meetings held with staff to enable them to be informed about and consulted on any changes within the home. These were held for different staff groups at different times, for example, there had been two meetings for care staff this year, one for senior staff and one for catering staff.