

Court House Care Services (Devon) Ltd

Court House Residential 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 ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some areas of the service were not safe but action was taken to address these issues during and following the inspection. Recruitment practices were well managed. The registered manager could demonstrate that staff were suitable to work with vulnerable people before they started working at the home. Improvement was needed in some aspects of medicine management. Staffing levels met people's emotional and physical needs. Staff knew their responsibilities to safeguard vulnerable people and to report abuse. Improvement was needed in some areas of the home's environment to make it a safer and a more accessible place to live.

Is the service effective?

Good ●

The service was effective. People were cared for by well trained staff who were supported to develop their skills and understanding to the benefit of people living at the home. People were provided with a choice of meals, which were reviewed to ensure they promoted a healthy diet. Staff understood the principles of the Mental Capacity Act which was shown in their approach and practice. People were involved in decisions connected to their care.

Is the service caring?

Good ●

The service was good. People were supported by staff who were kind and caring. People were involved in decisions linked to their care and daily life. Staff knew people well and there was a friendly atmosphere.

Is the service responsive?

Good ●

The service was responsive. There was a varied programme of activities and social events, which meant people were kept occupied and stimulated. Music and singing were regular activities. Staff took account of people's wishes when planning and

delivering care.
People were confident their complaints would be listened and acted upon.

Is the service well-led?

Good ●

The service was well-led.

Court House was well run by an experienced registered manager and committed providers who worked closely together.

There were systems to monitor the quality of the service, including responding to suggestions for improvements.

The registered manager provided strong leadership and was a good role model for all staff.

Court House Residential 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.

The inspection took place on 11 and 15 July 2016 by one adult social care inspector.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We met with most of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff and to help us make a judgment about the atmosphere and values of the home. We spoke with ten people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with a relative to hear their views about the service and reviewed written feedback from visitors and health professionals, which was part of the provider's quality assurance system.

We spoke with five staff who held different roles within the home, and the registered manager. We also met with the providers and completed a tour to see the changes that had been made since our last inspection. We received feedback from the lead of a team of health professionals that visit the service.

We reviewed three people's care files, three staff recruitment files, three staff duty rosters, five medicine records, policies and staff training records. We also looked at records relating to the management of the service. We also spoke with one health care professional who gave positive feedback.

Is the service safe?

Our findings

Some areas of medicine practice needed improvement to help keep people safe. We checked medicine administration records (MARs), most of which were pre-printed by the pharmacy that supplied the home. Where handwritten entries had been made; they were not routinely double signed by staff. This meant potentially incorrect information could be recorded. For example, one entry did not match the information on the medicine box. A person had been discharged from hospital their MARs did not have a start date on it, which had been handwritten by care staff. Staff had not recorded one medicine as being at the home. Therefore there was not a clear audit of the amount of medicines coming into the home for this one person. This meant there was not a secure system to ensure medicines were given appropriately and safely.

Some people living at the home had been prescribed medical creams by their GPs. The records for the administration of these creams had been poorly completed by care staff. For example, one chart had no entries for three days running. We then checked the person's daily care records to see if staff had completed these instead to record their actions but this was not routinely the case. The registered manager was confident care staff were providing this care and confirmed there was no one with skin care concerns. The registered manager had previously changed the system for recording prescribed creams as she recognised this was an area for improvement. During the inspection, the registered manager updated us on the action she had taken to address these concerns.

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

There were other areas of medicine practice that were well managed, such as the security and storage of drugs, as well as a list of staff signatures to identify who had given medicines. Staff had received medicines training; staff explained to people what they were taking and were calm and unhurried in their approach.

The home was well maintained. However, not all the sinks in people's rooms had a fitting to regulate the temperature of hot water. Staff said this had been reported to the provider. There was no system in place to audit hot water temperatures. Following the inspection, the registered manager risk assessed water temperatures in people's rooms and introduced an auditing system to monitor hot water temperatures on a regular basis. The provider said the maintenance person would prioritise the fitting of a temperature control system to taps without this type of temperature regulation. People had call bell systems in their rooms so they could contact staff for help. We saw the wire for one person's call bell trailed along the floor, which put them and staff at risk of tripping on it. The provider said they had planned to address this, since the inspection the registered manager said this had been rectified.

Since the last inspection, significant improvements had been made to the outside space at the back of the home. A garden had been created by the provider but further work was needed to make it a safe and accessible place for people to spend time. For example, the paths were not level and there were no handrails on a sloped area of the garden. One side of the garden was on a different level; fencing had been added to dissuade people from this area. The registered manager was in the process of risk assessing the

area for individuals. Since the inspection, she confirmed a handrail would be fitted in the next two weeks. Her aim was for the garden to be safe and accessible for people living with dementia; this included some people being able to go out alone. She had identified further work was needed as the current design of the garden did not support this aim.

We recommend the providers consult current guidance on the design of environments for people living with dementia.

There were arrangements in place to ensure regular servicing took place. For example, gas and electrical servicing was on a regular, external professional contract. Where testing was needed to ensure a safe service, this was undertaken. For example, testing the water against the risk of Legionella infection. Equipment was checked and serviced. For example, equipment to move people in a safe way. Staff used equipment to move a person; their practice showed they knew how to move people safely.

People's personal evacuation plans were up to date. These documents are important. They ensure staff and emergency services staff are aware of the safest way to move people quickly should they need to be evacuated in the event of a fire or other emergency. Records showed staff had received fire training, which staff confirmed. The provider was in the process of making changes to an area of the building following a visit from the fire service. They said this work was on schedule.

Risks to people's health were monitored and records showed health care professionals were consulted about changes in people's well-being. One person needed a specialist cushion to reduce the risk of skin damage; staff ensured the cushion was in place when the person was sitting in a chair or wheelchair. Staff told us they were aware some people living at the home were struggling to reduce their weight. Changes had been made to the home's menu to provide healthier options, which were also suitable to people living with diabetes. One staff member had taken on the role of a nutrition and hydration champion, which included highlighting the risk of dehydration. Fruit with high water content had been introduced between meals to help keep people hydrated and healthy, particularly during hot weather.

There were effective recruitment and selection processes in place. The registered manager ensured new staff were suitable to work with vulnerable people. Recruitment files provided an audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff to care for people safely and meet their needs. The atmosphere was calm and staff were attentive. People said they felt safe because of the numbers of staff and their caring attitude. For example, one person said when they were ill and stayed in bed, the staff always ensured their call bell was in reach and came quickly when they rang. Another person who was cared for in bed, showed us their call bell was in reach and confirmed staff were quick to respond. A third person said "you ring the bell and they come to you" and assured us they had no complaints. A visitor said staff were available when they visited and could provide up to date information about their relative's health and well-being. People said the staff team was stable and new staff were always introduced to them.

Staff picked up on people's changing moods; one person looked anxious and staff took time to reassure them. Since our last inspection, the registered manager had changed the rota so there were two waking night staff, which staff reported worked well. This change recognised some people living with dementia became disorientated to time and became more active at night. Staff also commented increased staffing in

the kitchen at teatime had helped reduce the pressures on care staff.

People were protected from the risk of abuse. There were policies and procedures in place to guide staff in relation to safeguarding people from abuse. Staff understood their responsibility to report poor practice or abuse; they knew how to report concerns both within the home and with external agencies, such as the police, or CQC. The registered manager was clear of their responsibility in relation to safeguarding the people in her care.

Is the service effective?

Our findings

At our last comprehensive inspection in October 2014, there was a breach of regulation relating to protecting people's legal rights acting in accordance with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). At this inspection improvements had been made and the regulation had been met. This reflected the improvement action plan which had been sent to us by the registered manager. However, there were not copies of records to demonstrate relatives' legal roles in decision-making. Following the inspection, the registered manager wrote to us, 'Letters have been sent to families of residents requesting copies of power of attorney, if applicable, either financial or health and well-being, so we have a copy in our records.' This action was important to help protect people's legal rights.

People said staff listened to their choices and respected their wishes. For example, how and where they spent their time and when they got up or went to bed. Some people chose to eat their breakfast in their room but said they enjoyed the communal feel of eating with others at lunch times. A person said it was like home because they could wear their night clothes to eat their breakfast rather than getting dressed first.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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. Staff were able to describe how their training in this area of care impacted on their daily practice. For example, how they involved people in decisions about their daily care and support and how to determine people's capacity. Staff asked people's permission before they carried out a task; some staff were particularly skilled at tuning into a person's communication needs. They did not rush and ensured they had made eye contact and had made a connection with the person before they moved on to the task, such as helping them to move.

People's capacity to make decisions had been assessed. Where needed, best interest decisions had been made by external professionals, relatives and staff on people's behalf. For example, we saw notes of a best interest meeting arranged by the registered manager, which included two health professionals. The purpose was to discuss how to support a person who was struggling to settle in. This included methods to calm the person and recognition of what triggered their anxiety, such as taking medication in front of people. Strategies were agreed and time was spent with the person after the meeting to reassure them and encourage them to be able to express their character.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed DoLS applications had been made to the local authority supervisory body in line with agreed processes. Records confirmed this action. This ensured that people were not unlawfully restricted.

Staff had the skills and knowledge to meet people's physical and emotional care needs. Staff praised the

quality and quantity of training. We saw team members working together to move a person safely and comfortably; they were in tune with each other's working style. Staff shared examples of how training had positively impacted on the way they worked, such as during training experiencing being turned in a bed or being moved in a hoist. Their examples showed they had gained insight into the experiences of the people they supported at the home. A staff member said the registered manager's training had been "enlightening" and their passion for good care had increased their own love of working with people living with dementia. The registered manager recognised training could be provided in different ways including 'bite size training' at the end of staff meetings to share top tips. She encouraged staff to develop their training skills. For example, a senior staff member gave a presentation on communication with the top tip 'watch the facial expressions - listen with your eyes as well as your ears.'

Staff were enthusiastic about training opportunities and relished the chance to learn. Some staff have become champions for different aspects of care, such as end of life care, diabetes and infection control. An overview of staff training showed training was well managed. Staff were up to date in a range of training, including fire training, medication, moving and handling, first aid and dementia. They told us the registered manager arranged supervision sessions to provide support and guidance, as well as to help develop their training programme.

The registered manager said she ensured she was always available to welcome new staff members. She saw it as her responsibility to begin the induction of new staff to ensure they understood the ethos and values of the home. Records reflected this approach. Seniors also acted as role models and were involved in inductions. Staff said how they had felt supported including when they first started. They commented on the "nice atmosphere" and how their induction had been "really good." The registered manager explained how new inexperienced care staff were supported to complete the Care Certificate. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities.

Food and drink was provided to suit the individual needs of people. People told us there was a choice of meals and drinks. A person told us the staff "work hard to find something we'd like." People were positive about their mealtime experience including the quality and variety of food and drink, although one person felt teatime choices could be improved. People described meals as "excellent" and "good." One person said "Oh lovely!" when commenting on the quality of the meal. Staff ensured people could make a meaningful choice, which included the use of photographs of meals and checking they understood people's choices. Staff explained how they offered choice, and assisted people with their decision based on their knowledge of people's preferences.

People had access to health professionals; they told us staff were "attentive" and listened to their requests. Staff recognised changes in people's emotional and physical well-being and reported concerns or improvements to senior care staff or the registered manager. Records confirmed this approach. A health professional said staff implemented advice and were quick to respond to changes in people's health. They described how the registered manager knew the service's limitations and recognised when people needed a different type of care, such as nursing care. Written feedback from six other health care professionals were all positive, stating staff followed their advice and demonstrated a clear understanding of people's care needs.

The registered manager was knowledgeable about how environments could enable people living with dementia if they were designed specifically for their needs. She knew how she would like to improve the design of the home to benefit the people living at the home by incorporating a dementia friendly approach. She hoped the providers would make these changes in the future.

Is the service caring?

Our findings

People praised the staff for their caring attitude and the "friendly" atmosphere of the home. The word 'friendly' was used by a number of people when they told us about the attitude of staff. Some people said as soon as they walked through the door they knew it was the right place for them. One person in particular had lived at another home prior to moving to Court House. They felt this had given them insight into what to look for and how to judge the ethos of the home; they assured us they had made the right decision. Another person said when they first visited it was "an instant reaction" which reassured them it was the right home for them. People said "I liked it immediately" and the home "is full of fun." Other people described the staff as "good, they're pleasant" and "attentive." A relative told us the atmosphere was "magic."

Staff knew when to change their approach to offer reassurance when people were worried or feeling low. Other times there was plenty of laughter and smiles amongst staff and the people living at the home with visitors being made welcome. For example, some people were independently walking through the activities lounge to the dining room passing another group of people. Music was playing, and other people who were sitting in the lounge showed their appreciation. Two people were singing along, another person tapped their foot and another tapped their fingers in time to the rhythm. People walking through the lounge joined in with the singing, one person waving their stick in time to the music and another person raising their arms and dancing. There was laughter. Other people looked on and smiled. It was a joyful moment and people despite their different abilities were united and happy in each other's company.

Staff took time to check on people's comfort with some staff being particularly skilled at connecting with people who had difficulty communicating verbally. Staff took time to adjust people's cushions and pillows, checking people were warm and not in a draft. People confirmed staff knocked before they entered their room, which we saw happening on all occasions, apart from one time. People said staff supported them with their personal care needs in a way which did not embarrass them. One person said their privacy was important to them and showed us how they could lock their bedroom door, which reassured them. They said it was important to their well-being to maintain their independence. They had an arrangement to tell staff when they were leaving the building but enjoyed the freedom of going into the local town alone. Staff knew people well and could tell us what was important to people and knew how to support them in line with their choices and preferences.

One person living at the home told us how the registered manager had sensitively managed a situation of incontinence for another person in a communal area. People said staff were respectful in their manner and this attitude towards people living at the home was apparent in our discussions with staff. Staff felt the training and the support of the registered manager, plus team work, ensured they worked to maintain people's dignity and promote an atmosphere where respect was promoted. For example, a staff member was gentle in their approach when assisting a person with their medicines; they did not rush them and ensured they were not distracted and just focussed on the individual to give reassurance and care.

Written feedback from relatives praised the approach of staff including 'The whole family was reassured that (X) was safe and being well cared for and treated in a considerate manner...' And 'Every one of your carers

knows their role and treats every resident with respect and dignity.' A visiting health professional said there was a "nice atmosphere" at the home with polite staff. Written feedback from six other health care professionals were all positive, using the terms 'professional', 'caring' and 'knowledgeable' when commenting on the registered manager and staff.

The registered manager provides in-house training on this aspect of care and has qualifications to deliver training. Feedback from relatives showed their appreciation of the skills and approach of staff, including staff spending time with people who were dying to give them company and support. For example, one person said 'Thank you for making (X's) last days so comfortable couldn't wish for any better place...' Visitors also commented on the caring nature of the registered manager towards relatives or spouses who were struggling to come to terms with people moving into Court House. We saw the registered manager's approach with a person visiting the home; she was warm and compassionate. The relative obviously drew comfort from her reassurances and the skills of the staff; they said "I can't believe how good you are for her...It's not a care home, it's a home." Treatment Escalation Plans (TEP) were also in place. These record important decisions about how individuals want to be treated if their health deteriorates. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

Is the service responsive?

Our findings

People described care that was personal and responsive to their individual needs. For example, one person told us they were fairly independent and needed little staff support. Their care records reflected this view of their needs but also guided staff to support them in a way that was acceptable to them whilst helping them to maintain their appearance and dignity. This meant staff were responsive to the person's needs but managed to support them in a sensitive manner so they still felt independent. A relative commented in writing to the staff 'you have all shown great patience and kindness which has enabled (X) to feel safe, contented and happy.'

We observed the different approaches of staff, all of which were kind and caring. For example, one person appeared to 'bloom' when one staff member spent time with them; there was a strong connection between them which was not based solely on a conversation. Instead, they connected through eye contact and touch. The staff member commented that it was sometimes important to "just be" with the person to share a moment of time with them. They were responsive to the person's individual needs and felt their skills had increased by the focus on training.

One person became anxious when a close friend who also lived at Court House attended an external club one day a week. Changes had been made to the hours of the activities co-ordinator to enable them to support the person and reassure them. We saw them giving the person individual attention and choosing activities which they responded positively to. A short film had been made featuring their close friend who reassured them they would be home soon. This was played to the person to help reduce their anxiety. We spoke to both the people about how their friendship was supported and a relative, who praised the idea of the film. In a written comment they said it was 'inspired.'

The activities co-ordinator worked Monday- Friday and showed through their discussions their knowledge of people's individual interests, which matched our conversations with people living at the home. People told us "there is always something going on" and a staff member commented that the activities co-ordinator was "brilliant." One person was interested in art and painting. When we met the person they told us how much they loved the art sessions held at the home.

The activities coordinator said they had a budget and showed us objects they used to instigate conversations with people. Records showed this could be within in a group or through visits to people in their rooms. People had the opportunity to visit the town's shops or go out for a pub lunch. People told us they had their chosen newspaper delivered. Others enjoyed reading; they told us the home's library was regularly updated and changed. A member of the care staff explained how they were part of an external organisation and they had provided a link with the service. This meant younger people had helped influence the design of the garden and assisted with its creation.

Some people communicated their feelings through their love of music. The registered manager had recognised the importance of music and poetry to people's well-being. They had applied for a grant and the service had been awarded money to buy instruments. A music therapist visited on a weekly basis spending

time with different people and those who had the potential to be isolated because of ill health and staying in their room. Records of these interventions showed how people's moods were lifted and people became peaceful and content or invigorated and happy.

The registered manager recognised when a trial choir had not been successful and listened to people's feedback. Instead, she focussed with the music therapist on music, poetry and singing songs familiar to the people living at the home. This enabled them to draw on past experiences and feelings. People's comments to us about these sessions and records showed the benefit to them and helped them feel connected to the world around them. For example, staff commented how one person in particular became less restless and instead showed their talent for rhythm which was recognised and praised by staff. A staff member said "the rhythm in (X) is amazing."

The registered manager told us how they met with people before they moved in, which people confirmed. They told us they were asked "sensible questions" and knew this was to ensure they were "comfortable" when they moved in. People could not always remember if they had seen their care plan but said staff knew how to support them in the way they preferred. Records showed an assessment had taken place which formed the foundation of the person's care plan, which were signed by the person or by an appropriate representative. The provider has invested in an electronic system to record care, which provided a framework to plan people's care. Following discussions around personalised information, such as people's preferences for a particular type of bedding, the registered manager has introduced changes to the system. People said staff knew them as individuals and knew what they liked.

There was information about how to make a complaint on display in communal areas; people told us they would speak to staff, the registered manager or the provider if they had a problem or a complaint. People were confident that they would listen to them and try and resolve their concerns. We saw evidence that the provider and registered manager had responded to people, for example changing the phone system and meeting with a person to discuss how to address their concerns. One person told us the manager was "very co-operative, always sits and listens."

Is the service well-led?

Our findings

People told us they were happy with the way the home was run, they knew who the registered manager was; one person said "she's around a lot." One person described the registered manager as "full of fun." Some people also recognised the providers who regularly spent time at the home. They chatted with people living at the home, including bringing their puppy to see people who we could see benefited from this contact. People told us about the positive changes to the environment of the home, including new furniture in the quiet lounge. One person said they had enjoyed watching the changes to the garden and told us the transformation was "remarkable." There were systems in place to gather people's views on the service and we could see action had been taken to address complaints. We reviewed feedback from visiting professionals, relatives and people living at the home and they all praised the quality of the care.

The providers had invested in the home, increasing the number of en-suites, refurbishing some communal areas and bedrooms, updating bathrooms, renewing and increasing laundry equipment and buying more moving and handling equipment. Some staff and relatives commented the changes to the environment was work in progress. The providers reassured us they knew the changes were not yet completed, for example some areas of the home and some furniture was tired and would benefit from updating. They were aware some areas of the home's design could be improved to help enable people living with dementia to be independent. Minutes from a meeting with people and their visitors in June 2016 recorded the providers acknowledging more car parking was needed and some bedrooms needed updating.

The Cottage, a building in the grounds of Court House has been registered with CQC. It has been designed to provide accommodation and personal care for younger people with a learning disability. Staff were positive about the changes, and some who had chosen to work in this service were excited about the prospect of developing new skills. Training had already begun for existing staff, and staff had also been recruited with experience in their area of care.

There was a positive working culture which benefitted the people living at the home. The registered manager said her staff were the "best team in the world." Staff said they felt valued and listened to by the registered manager, which meant they felt a strong commitment to providing high quality care. For example, a staff member said "She's easy to talk to" and another said "I really respect her." They told us they were supported by the registered manager to develop their skills and job roles; several staff members also praised the support from the providers during times of change in their personal lives. Staff told us how much they enjoyed their work. Staff expressed a loyalty to the values and ethos promoted by the providers and the registered manager. The registered manager regularly meets with the providers and agrees an approach for change. She gave the example of reaching a compromise with the providers around staff uniform. She completed weekly reports so the providers were updated on the running of the home.

Staff said they had access to supervisions, high quality training and staff meetings. They said this meant they were supported to have the right skills to care and support people. Staff told us there were opportunities to be involved in changes to the running of the home. For example, a meeting set up by the registered manager with care staff and catering staff to discuss changes to the home's menu. Staff within different roles praised

each other's contributions and all recognised their responsibility to protect the people living at the home and follow up on concerns regardless of their role.

A relative commented in writing 'The whole team work well together' and another relative acknowledged the team work by writing 'I know you all had a part in (X's) life which kept her as happy as possible...' Staff praised the attitude of the registered manager; one person commented she was "a team player". In their eyes this meant the registered manager could demonstrate how to care and could be 'hands-on' in times of emergency, such as when there was a diarrhoea and vomiting episode at the home. The provider praised the way the staff team had worked together and felt this had helped eradicate the infection quickly.

There were accident and incident reporting systems; the registered manager reviewed reports, which provided them with an overview of any emerging patterns or trends. Further work was needed to address some environmental risks to include monitoring hot water temperatures, ensuring some areas were safe and accessible. The providers and the registered manager have provided assurances since the inspection that there were being addressed. The registered manager said they planned to ensure some elements of their quality assurance were recorded, for example to demonstrate staff competency. A health professional told us the registered manager was committed to making improvements and was open to learning and making changes to benefit people living at the home. For example, around supporting people with pressure care needs balancing their health risks with the need to sleep and be comfortable. Another health professional commented that there had been improvements in both the environment and the level of care.

Meetings were held with people living at the home and their friends and families, including social events such as the opening of the newly designed garden. Minutes showed people were kept informed of changes and plans for the home. People were introduced to new staff and regular newsletters also provided additional information about life at the home.

Staff worked in partnership with health professionals to the benefit of people living at the home. This ensured people received appropriate support to meet their health care needs, which was confirmed by care records, discussions with people living at the home and health professionals visiting the home. Records linked to staff and people living at the home were up to date and kept securely. The registered manager informed Care Quality Commission (CQC) of events or incidents which had occurred at the service. We received appropriate notifications, which helped us to monitor the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way as there was not proper and safe management of medicines. Regulation 12 (1).