

Oxbridge Care Limited

Windsor Court Residential Home

Inspection report

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Tel: 01642 618276

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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 22 September 2015 and was unannounced, which meant the staff and registered provider did not know we would be visiting.

Windsor Court is a 32 bedded care home providing personal care to older people and older people living with a dementia. It is situated close to the centre of Stockton-on-Tees, close to local amenities and a park. The service is located within a row of converted terraced houses.

The service had a registered manager in place and they have been registered with the Care Quality Commission since December 2004. A registered manager is a person

who has registered with the CQC 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.

We looked at the management of medicines. We found that people received their medicines appropriately. However there were concerns with when required (PRN) medicines and topical medicine administration and recording.

We found that supervisions and appraisals had taken place for staff members and training was fully up to date.

Summary of findings

We saw that people were involved in activities.

We found that records of people's dietary needs which were stored in the kitchen were in need of updating. People we spoke with told us they received enough nutrition and hydration. People were given choice which reflected their individual preferences,

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow [raise concerns about the home, staff practices or provider] if the need ever arose.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were then put in place to reduce the risks identified. One care plan looked at did not document an identified need for wound care. Care plans provided evidence of regular access to healthcare professionals and services.

There were sufficient numbers of staff on duty to meet the needs of people using the service on the day of inspection. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The home was clean, spacious and suitable for the people who used the service. However some bathrooms contained personal toiletries, which can increase the risk of cross contamination and impact upon infection prevention and control procedures.

Certificates relating to the safety and security of the building and equipment needed for the day to day running of the service were all up to date.

The registered provider had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager understood when an

application should be made, and how to submit one. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the registered provider was following the requirements in the DoLS. Staff we spoke with had a clear understanding of DoLS.

All of the care records we looked at contained written consent for example people had signed to consent to have photographs taken and signed to consent to the care provided. During our observations of care and support, we could see that staff asked for people's permission before any care and support was given

People who used the service, and family members, were complimentary about the standard of care provided by the service. Staff told us that the home had an open, inclusive and positive culture.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into the service.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment. However these were not always robust such as not including an action plan which would evidence any issues highlighted had been completed.

The registered provider had a complaints policy and procedure in place and complaints were documented with a full outcome.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the 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 always safe.

Staff were knowledgeable in recognising signs of potential abuse and knew how to report any concerns regarding the safety of people to the registered manager.

There were sufficient staff on duty to meet people's needs. Effective recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Medicines were administered appropriately but improvements were needed for PRN medicines and topical medicines.

Appropriate checks of the building and maintenance systems were undertaken

Requires improvement



Is the service effective?

The service was effective.

Training was up to date. Formal supervision sessions and appraisals with staff had taken place.

The registered provider and staff demonstrated a good understanding of the Mental Capacity Act 2005 and DoLS

People were supported to have their nutritional needs met and were provided with choice.

People were supported to maintain good health and had access to healthcare professionals and services. Consent was sought.

Good



Is the service caring?

The service was caring.

People told us that they were well cared for. We saw that staff were caring and supported people well.

People were treated with respect and their independence, privacy and dignity were promoted.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced but these did not always identify how to support people with their needs.

Good



Summary of findings

We saw that people were involved in activities.

Appropriate systems were in place for the management of complaints.

Is the service well-led?

The service was well led.

Staff told us that the registered manager was approachable.

The registered provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources. Audits need to be more robust.

Staff told us that the home had an open, inclusive and positive culture.

Good



Windsor Court 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 September 2015 and was unannounced. This meant the staff and the registered provider did not know we would be visiting.

The inspection team consisted of one adult social care inspectors and one specialist professional advisor (SPA). A specialist professional advisor is someone who has a specialism in the service being inspected such as a nurse.

Before we visited the home we checked the information we held about this location and the service provider. For example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also

contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and district nurses. No concerns were raised by any of these professionals.

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

During our inspection we spoke with seven people who used the service and three family members. We also spoke with two registered providers, four care workers, the head chef and one visiting district nurse.

We undertook general observations and reviewed relevant records. These included four people's care records, six staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Is the service safe?

Our findings

We looked at the management of medicines. We saw that people receive their medication at the time they needed them. We saw staff checked people's medication on the Medication Administration Record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. Staff also supported people to take their medicines. We saw staff asking people's consent when giving them their medicine. We heard comments such as, "Would you like your tablets now?" And "Do you want to take them yourself?" And "Here is your cold water" [for your medicines].

We identified some gaps on the MAR charts where staff had not signed to show that a medicine had been administered. There were some handwritten entries on MAR charts without two signatures. Hand-written MAR charts should be produced only in exceptional circumstances and can only be created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used as per NICE guidelines 1.14.9.

"As and when required" (PRN) guidance for medicines was not stored along with people's MAR charts. This meant staff did not have quick access to this information when dispensing medicines. We found PRN guidance for one person contained limited information. PRN guidance for X medicine stated that it should be given for chest pain however no maximum dosage was recorded. This guidance had not been reviewed since 24 October 2012. Another person had PRN guidance in place for Lorazepam which included the dosage to be given, however there was no guidance about the actions which staff should use to relieve agitation before the medicine should be given. We could see from the MAR chart that this medicine was administered every evening.

Medicines were stored securely. Records of the room and fridge temperatures had been recorded and showed that they had been stored safely. Medicines with a short life once opened had the date of opening noted, this meant it remained safe and effective to use. Liquid medicines did have handwritten labels attached stating 'please write date

opened.' We saw that these bottles had been opened, however no date had been recorded on them. The medicine key handover book, we saw had not been completed each day.

MAR charts for applying topical cream (TMAR) had not been not fully completed for two people. We found that staff had not signed to say whether a topical medicine, such as a cream had been administered. This meant that we did not know if these people had been receiving their topical cream regularly.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Although no stock balances were undertaken of the usage of controlled drugs so as to readily detect any loss.

A medicine audit conducted by the pharmacy in June 2015 also highlighted some of the above issues. We saw no evidence that the service had acted on what the pharmacy had highlighted.

This was a breach of regulation 12 (g) (Safe care and treatment). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they felt safe, and everyone we spoke with said they did feel safe. One person said, "I feel safe, to me it is peaceful, I also feel safe if I go out for a little walk." One relative we spoke with said, "It is safe, they [the person using the service] said if they wake during the night, staff are there straight away."

We found that risk assessments were in place, as identified through the assessment and care planning process. This meant that risks had been identified and minimised to keep people safe. These included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently. Measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking had also been put in place. A personal care plan for each area had been written using the results of the risk assessment, which described the actions staff were to take to reduce the possibility of harm.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. All staff we spoke with had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. Staff told us what they would

Is the service safe?

do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow [telling someone] if they saw something they were concerned about.

We looked at the recruitment records for six members of staff. These showed that recruitment practices were thorough. We saw evidence of application forms, interview notes, job descriptions and proof/photographic proof of identification documents, in the staff files we reviewed. We saw that Disclosure and Barring Service (DBS) checks were carried out. DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with people and staff members, we found there were enough staff to meet the needs of the people who used the service. At the time of the inspection there were 29 people who used the service. We saw duty rotas which confirmed that there were enough staff on duty. We observed there were five care staff on duty throughout the day with an extra member of staff who was shadowing due to only having worked at the service for two weeks.

Accidents and incidents had been recorded and monitored monthly to try and determine if there were any patterns or trends. The registered manager had identified that some falls were the results of changes in medication and had arranged a review from the person's GP and Occupational Therapist.

We saw safety checks and certificates that were all within the last twelve months for equipment that had been serviced such as lift and hoists. We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a weekly basis to make sure that they were within safe limits.

We saw safety checks and certificates for the day to day running of the service had all been completed within the last twelve months. This included equipment such as lift and hoists. Water temperatures of showers, baths and hand wash basins in communal areas had been recorded on a weekly basis to make sure that they were within safe limits. Checks of the fire alarm had been carried out regularly..

The service had an emergency and contingency plan, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This meant that plans were in place to guide staff if there was an emergency.

The service was clean, however some areas of the service such as communal bathrooms were cluttered. We found personal toiletries, used soap, hairdressing equipment and linen were stored in these areas. The service had a good size laundry room but a dirty in clean out route was hard to distinguish. We discussed these matters with the registered provider who said they would address them immediately.

Is the service effective?

Our findings

Everyone we spoke with said they felt that staff were trained sufficiently to meet their needs. One person we spoke with said “The staff know what they are doing.”

Staff showed they understood people's needs. For example a staff member went to switch the music on at lunchtime on the dementia unit and another staff member quickly stopped this saying “No, music is distracting.” They explained that they try to keep a peaceful environment and encourage food and fluid intake. The Alzheimers Society states, ‘A noisy environment can be distracting. The eating environment should be calm and relaxing. Switch off background noise.’

We asked to see the training chart and matching certificates. We found that staff training was up to date. For example we saw evidence of recent training in manual handling, safeguarding and food hygiene. The service had a thorough induction process which included, shadowing, policies, location of equipment and treating people with dignity and respect. One staff member who had started two weeks prior to the inspection explained the induction and said, “I have done my training and now I am shadowing, I have been supported really well.”

Staff had received an appraisal. Supervision records showed that supervision had been carried out every two months. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Regular supervision should also help highlight any shortfalls in staff practice and identify the need for any additional training and support. One staff member we spoke with said, “Supervisions are useful but we can also have meetings in between if we want to discuss anything.”

We could see records of regular staff meetings, these were held every one to two months. Topics discussed during staff meetings were new people who used the service, safeguarding, activities and complaints and grumbles. We were also told that they looked at two policies on each staff meeting.

We observed lunch on both the residential and the dementia unit. Both dining rooms were set attractively with tablecloths, napkins and condiments. A few people who used the service had their own mugs which were set out on the table. The menu for the day was presented on a chalk

board, however one person who used the service enjoyed changing this and there was a lot of laughter around what had been written. The chef joked, “I have to hide the chalk but it is funny.” The food was well presented, hot and served direct from the kitchen. There was some nice conversation between people on the tables and a lot of friendly banter. Staff interacted well with people offering them choices and we heard people being asked if they had enough to eat, did they want more and was it alright for them. People who needed assistance were treated respectfully. We saw that one member of staff in the dementia unit was supporting two people to eat at the same time. This meant that these people may not be given the attention they need. We pointed this out to the registered provider who said they would look into it.

People said that the food was good and that there was sufficient quantities available. One person said, “The food could not be better.” Another person said, “The food is great.”

We spoke with the head chef who showed us the information on the diet notifications for people. The head chef told us, “The manager tells me about the diet needs. The office types up the list and we write in the communication book.” We saw examples in the communication book such as X [person's name] on small portions due to health risks, X on soft foods.” We also saw lists of people's likes and dislikes, together with people who required liquidised food. The head chef showed us the menus and told us that alternatives were offered to people should they prefer something different, for example jacket potato and fillings, selection of sandwiches, soup of the day. They said, “We give them what they want.” We spoke with a member of staff who worked in the kitchen and they said, “We are like a cafeteria, we always have choice. I know what they like and don't like but I still always ask about an hour and a half beforehand.” And “There is always something for them [people who used the service], if there wasn't I would go to the shop and buy it for them.”

There were systems to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition. People's weights were monitored in accordance with the frequency determined by the

Is the service effective?

MUSTscore, to determine if there was any incidence of weight loss. This information was used to update risk assessments and make referrals to relevant health care professionals, such as GPs, dieticians and speech and language therapists, for advice and guidance to help identify the cause.

The Care Quality Commission is required by law to monitor and use the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered provider was aware of their responsibilities in relation to DoLS and was up to date with changes in legislation. We saw the service acted within the code of practice for MCA and DoL's in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered provider told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity. This ensured they received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection DoLS had been approved for four people who used the service. Staff we spoke with had an understanding of DoLS and they were able to provide detailed explanations for the reasons why someone may need a DoL'S in place.

The registered provider told us that they used the daily notes as the handover records. These would show that people's needs, daily care, treatment and professional interventions were communicated when staff changed duty, at the beginning and end of each shift. Information about people's health, moods, behaviour, appetites and the activities they had been engaged in were shared, which meant that staff were aware of the current state of health and well-being of people.

We saw records to confirm people had visited or had received visits from the healthcare professionals. For example care records included details of appointments with and visits by health and social care professionals such as the General Practitioner (GP). The registered provider said they were struggling to update records from the district nurse because they now had electronic records in place. The registered manager told us that there were plans in place to resolve this issue.

We saw people signed where they were able, to show their consent and involvement in their plan of care. If they were unable to sign a relative had signed for them. We could see that people were involved in decision making about the care and support which they received.

We looked around the premises and found it to be nicely presented. The dementia unit had started to use dementia friendly adaptations such as different coloured toilet seats and handrails. The Alzheimers Society states that deliberate use of colours can help significantly. For example, a red plate on a white tablecloth is more easily visible than a white plate, and toilet seats are easier to see if they contrast with the colour of the toilet bowl and walls. Colour can also be used to highlight important objects and orientation points (eg the toilet door) and to camouflage objects that you do not want to emphasise (eg light switches or doors that the person doesn't need to use). We also saw dementia friendly furniture in peoples bedrooms. For example partially open-fronted drawers which can indicate the contents.

We spoke with the registered provider about the standard of the service, they told us, "We are continuing with our refurbishment to ensure the environment is always safe and hygienic. We are hoping to install a stair lift as a backup to the lift for the future. We have recently changed all the bedroom furniture and we are hoping to change all the lounge furniture again."

Is the service caring?

Our findings

When we arrived at the service for inspection we were greeted by warm friendly staff and we were made to feel really welcome. We asked people who used the service if they were happy and if they found the service to be caring. One person said, "I would not be here if I was not enjoying myself." Another said "The staff are very kind." Relatives we spoke with said, "The staff are excellent, very friendly and always make me feel welcome." Another relative said, "My relative has only been here a few months but the change in them is amazing, this place should be congratulated."

Staff we spoke with said, "I love working here, the atmosphere is really nice." Another staff member said, "I treat everyone living here like I would treat my own mother."

One visiting healthcare professional said, "The carers care and know the people who use the service well."

We saw on the whole staff treated people with dignity and respect, although we did observe one person having a leg dressing changed in the lounge. We discussed this with the registered provider explaining that this was not very dignified for the person or people sitting around them. The registered provider said they would make sure this took place in the person's own room in future.

We asked staff how they ensured that people's dignity was maintained. One staff member said, "I always make sure they are covered up as much as possible and curtains and doors are closed when providing personal care." And "I always explain what I am doing or about to do."

During our inspection we observed staff who were friendly and caring with people when supporting them. We spent time observing how staff supported people living at the home and found that staff were respectful in their approach, treating people with dignity and courtesy. We observed that people were asked what they wanted to do and staff listened. We observed staff explaining what they were doing, for example in relation to medication. We saw

that there was lots of friendly banter and laughter, people who used the service were at ease with staff members and had fun with them. At different times throughout the day we saw staff sitting down and chatting to people.

Our observation during the inspection was that staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on doors and waiting before entering, ensuring people's privacy was respected. Staff were patient, kind and polite with people who used the service and their relatives. Staff clearly demonstrated that they knew people well, their life histories and their likes and dislikes and were able to describe people's care preferences and routines. We could see that people were cared for according to their wishes and preferences.

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. The majority of people had personalised their rooms and brought items of furniture, ornaments and pictures from home.

During the course of the day we saw that staff always gave people choice. For example we saw one staff member asked a person what they wanted to do that afternoon. People were given choice about their daily routines, such as when they wanted to get up and go to bed, as well as how they would like to spend their day.

Information about advocacy was on display at the service. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. At the time of our inspection, the registered provider told us that there was no-one who was accessing this service.

Although the service had no one on end of life at the time of inspection, we saw an advanced care planning assessment/end of life care plan for people; which meant that information was available to inform staff of the person's wishes at this important time, to ensure that their final wishes could be met.

Is the service responsive?

Our findings

During our visit we reviewed the care records of four people. Each of the care plans were detailed and gave a good overview of people's individual needs. The care records showed that people's care needs were met. People we spoke with during inspection confirmed this. The care plans guided the work of care team members and were used as a basis for quality, continuity of care and risk management. The care planning system was found to be a simple system and easy to navigate. Each person had an assessment, which highlighted their needs.

However one care file we looked at did not contain the required information. On the day of the inspection we observed the person's leg wound being re-dressed in the lounge area, but we were unable to see any records related to this person having a leg wound or needing a leg dressing in their care plan. The registered provider reassured us that they would update the care plan.

Care plans were up to date and had been written within the last two years. Care plans were reviewed monthly and on a more regular basis, in line with any changing needs. We saw short-term care plans for a 'leg infection' on 11 November 2014 together with a 'mouth infection' on 7 July 2015, where courses of treatment had been completed. This showed that the service responded to people's changing needs. We could see that these short term care plans were no longer in use. The registered provider agreed to archive out of date information.

Each person's care plan contained a life and social history profile. We could see that this information had been collected with the person and their family, which included details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. This is important information for when a person can no longer tell staff themselves about their preferences and enables staff to better respond to the person's needs and enhance their enjoyment of life.

Examination of care plans showed they were person-centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and

support, focusing on what's important to the person. We found that care records reflected personal preferences and wishes, some examples included, "very happy [Person] and likes a joke, [Person] likes to chat to both staff and residents and has made friends, they also like to watch television in their room. Likes to go to sleep around 10pm, carer to help with their night clothes, will join in with most activities; they enjoy dominoes and love a sing along". This was helpful to ensure that care and support was delivered in the way the person wanted it to be.

We saw a document entitled 'This is me' which had been completed by the person who used the service or their relative. This is a specific document for people living with a dementia and who are receiving professional care in a health care setting. This is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person with dementia and their carer.

We observed activities taking place throughout the day, such as bingo, quizzes, musical instruments. People we spoke with were happy with the activities on offer saying, "There is always something going on in here." And "It's a quiz this afternoon, I love the quizzes."

The registered provider said, "We organise outings and meals out and we always have a good time."

We looked at the home's complaint procedure. The service had received 11 complaints so far this year 2015. All these complaints were from people who used the service and were about issues such as, X [person's name] television is too loud; another complaint was not being able to take their mobility scooter upstairs. We saw the outcome of each complaint for example for the mobility scooter they stated, 'spent time going over risks, X [person's name] understood the reason and accepted the situation. Relatives we spoke with said, "I have never had to put a complaint in."

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been registered with CQC since 2004. The registered manager was on annual leave the day of our inspection.

Quality assurance systems were in place in the service to assess and monitor the quality of service that people received. These included regular in-house audits conducted by the registered manager. The registered provider told us that a housekeeping audit was undertaken on a monthly basis on random rooms. We saw no date on last audit undertaken, the registered provider dated the audit as 'October 2015' in our presence, actions were seen, however there was no evidence of the follow up action taken by staff. We also saw audits for the laundry and health and safety

As part of monitoring the quality of the service, the registered provider told us that they worked hard "To have a reputation of providing a good quality service over the last 14 years and to be able to retain staff." They also told us that the extension of the home had enabled them to provide both dementia and residential care. This, they told us had been their greatest achievement to date. The registered provider told us that they worked hard to provide an open and honest culture and promoted their visions and values of the service, "Through the service user guide, website, brochure, word of mouth and most of all through our work." The registered provider felt that they had a good relationship with visiting professionals, from whom they sought advice and guidance as well as acting upon their feedback.

We asked people who used the service and their relatives about the management of the home. Each person and their relative spoke positively, for example one person said, "The manager is fine, all the staff are excellent." And "I think they are nice." They felt able to approach the registered

manager and staff about any concerns or questions which they had. They also felt staff at the service had time for them and did not feel rushed. When people needed to raise a concern, they felt that this was dealt with appropriately.

Staff also spoke positively about the management team in place at the home. One staff member we spoke with told us, "The manager is great, very supportive." Another staff member said, "The manager and the owners are alright, very approachable and supportive." And "The owners are always willing to do what is needed." One visiting healthcare professional we spoke with said, "I have been coming here for about six months now, I think it is good, they are responsive and I have no concerns."

We asked what links the service had with the local community. The registered provider said "We go to the dementia café, local theatres, Billingham forum and friends of Ropner Park; we are also visited by the mobile library." We saw photographs displayed of a recent trip to Ropner Park and people said they had enjoyed the trip.

We saw evidence of monthly meetings for people who used the service that had taken place this year. Topics discussed were food choice, laundry, activities and upcoming events such as Halloween and Christmas. They also reviewed events such as the summer party and trips out. This showed that people were kept informed and were involved in decisions about the things which affected them. The registered provider told us they sought feedback from people "Through surveys, questionnaires and informal chats, we listen carefully and act on any reasonable demands." We could see that 10 completed questionnaires have been received in June 2015; following this, we could see that the service had implemented an action plan and had started to make the changes needed, for example, laundry audits had been increased to minimise lost laundry. The registered provider told us that this had resulted in a drop in lost laundry items.

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

Medicines were not always managed safely