

Krystlegate Limited

Whitebirch Lodge

Inspection report

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Kent
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Tel: 01227374633

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10 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 October 2018 and was unannounced.

Whitebirch Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Whitebirch Lodge can accommodate 19 people. At the time of our inspection there were 14 people living at the service.

Accommodation is spread over 2 floors in a large detached property. There were 2 communal lounges and a dining area where people could choose to spend their time.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whitebirch Lodge was last inspected March 2018. At that inspection it was rated as 'Requires Improvement' overall. A number of breaches of Regulation were found during that inspection. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all of the key questions to at least good. Although we found improvements at this inspection, there were still two breaches of regulation and other areas that required ongoing improvements. This is the second consecutive time the service has been rated 'Requires Improvement.'

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse. However, the registered persons had failed to ensure staff received refresher safeguarding training in line with their own policy. The policy had been reviewed in December 2017, however it did not refer to relevant legislation. We pointed this out during the inspection and the registered manager showed us an updated policy before we left.

There were enough staff to keep people safe, however, the system to assess how many staff were needed was not clear. Staff were recruited safely. Staff had begun to receive training updates and support to enable them to carry out their roles effectively. However, many staff had not completed refresher training in several topics at the time of the inspection. A new e-learning training package had been recently introduced at the service. Staff received supervision and appraisal to discuss their development.

Care records had improved since our last inspection and each person had a care plan. The provider had invested in a new electronic care recording system since our last inspection and was in the process of fully introducing this to the service.

Checks and audits had begun to be undertaken, but were not yet fully effective. This was mainly due to the

introduction of new systems and processes within the service. Policies and procedures had been reviewed, however, most were outdated.

People, relatives, staff and stakeholders were asked their views on the quality of the service. However, not all surveys had been received back so the feedback had not been fully collated or analysed. Those that had been received had been responded to. The feedback we viewed gave positive feedback about experiences at the service.

Accidents and incidents were documented and reviewed to look at ways of reducing the chance of them happening again. Risks to people were assessed and managed to ensure their health and safety. For example, there was guidance in place for staff to safely support people with unstable health conditions.

People received their medicines when they needed them and in a way that was safe. They were stored safely. Temperatures were recorded on a daily basis.

Staff monitored people's health and referred them to health professionals when required. Staff followed the guidance from health professionals to keep people as healthy as possible. Staff supported people to live as healthy a life as possible. People were supported to eat and drink a balanced healthy diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make decisions about their care and support. Staff supported people at the end of their lives.

People had access to a variety of activities. The provider had a complaints policy and any complaints received were investigated following the policy.

People were treated with kindness and respect. Staff supported people to be as independent as possible. Staff knew about people's choices and preferences including their sexuality and religious needs and supported them to live the lives they wanted.

People were comfortable in the company of the registered manager and relatives told us the management team were approachable. The service had been designed to meet people's needs and people were protected from the risk of infection.

The registered manager attended local forums and groups to keep up to date. The service worked with other agencies to provide joined up care for people. The building was purpose built and met the needs of people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

You can see what action we told the provider to take at the back of the full version of the report.

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.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse. However, the registered persons had failed to ensure staff received refresher training in line with their own policy. The policy was out dated and did not refer to relevant legislation.

There were enough staff appropriately deployed to keep people safe. However, the system to assess how many staff were needed was not clear. Staff were recruited safely.

Accidents and incidents were documented and reviewed to look at ways of reducing the chance of them happening again. Risk to people were assessed and managed to ensure their health and safety.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People were protected from the risk of infection.

Requires Improvement



Is the service effective?

The service was mostly effective.

Staff had begun to receive training updates and support to enable them to carry out their roles effectively. However, many staff had not completed refresher training in several topics at the time of the inspection.

Staff understood the importance of gaining consent and giving people choice. People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Care was delivered in line with national guidance and people needs were assessed. People were provided with a range of nutritious foods and drinks.

The premises were adapted and decorated to meet people's

Requires Improvement



needs and wishes.

Is the service caring?

Good ●

The service was caring.

Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

Staff took the time needed to communicate with people and included people in conversations.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care records had improved since our last inspection and each person had a care plan. However, the introduction and development on the new electronic system had been delayed and was therefore was not fully operational.

People had access to activities they enjoyed.

People were supported at the end of their lives.

Complaints were recorded and investigated.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Checks and audits had begun to be undertaken, but were not yet fully effective. Policies and procedures had not been reviewed and were outdated.

People, relatives, staff and stakeholders were asked their views on the quality of the service.

The manager understood their regulatory responsibility and had submitted statutory notifications as needed.

People, their relatives and staff were positive about the leadership at the service. Staff felt supported by the management.

The service worked with other agencies to deliver joined up care.

Whitebirch Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 10 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, an assistant inspector and an expert-by-experience. The expert-by-experience had personal understanding of older people and those living with dementia.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 12 people who lived at Whitebirch Lodge and observed their care, including the lunchtime meal, medicine administration and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people's relatives throughout the day. We inspected the environment, including communal areas, bathrooms and some people's bedrooms. We spoke with three members of the care team, the cook, the registered manager and registered provider, who were also the owners of the service.

During the inspection we reviewed six people's care plans and associated records. We also looked at other records, these included staff training and supervision records, four staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed posters in the communal areas of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any further feedback.

Is the service safe?

Our findings

People told us they felt safe at the service. Comments included, "The staff are so clever and they don't fuss they just do a very good job of making us all comfortable and most of all safe" and "I feel so safe here, just because they care so well for me. It is more like family so you know they want the best for you."

At our last inspection we recommended that advice was sought regarding assessing the number of staff required in relation to people's needs. The registered persons had implemented a tool to demonstrate their assessment of staffing levels in relation to people's needs. However, when they showed us this tool it was still not clear how they had come to the assessed levels. The registered manager agreed it was not clear and that more work was needed to fully implement the tool so that it clearly demonstrated how staffing levels were calculated. This is an area for ongoing improvement.

Staff demonstrated that they had an understanding of safeguarding and were able to tell us how they would recognise and respond to abuse. They told us they would feel confident reporting concerns to managers and were certain they would respond appropriately, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. However, staff had not all received refresher training in line with the providers safeguarding policy, which stated that 'All staff will be given training in safeguarding at least once a year.'

The registered manager told us they had a good working relationship with the local safeguarding team and could discuss with them any concerns they may have. Although policies and procedures were in place, they did not refer to relevant legislation, we discussed this with the registered manager, who began to update this during the inspection. The lack of refresher training and the out-dated policy could lead to staff not fully understanding how best to support people and are areas for improvement.

People, their relatives and staff told us they felt there was enough staff to meet their needs. If staff were unwell, others would cover for them. No agency staff were used and relatives told us they felt this helped ensure continuity and good quality of care. We reviewed staffing rotas for the four weeks prior to our inspection and found that levels matched those that we had been told about. During the inspection staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. One person told us, "There are plenty of staff to make us all safe here, living as one big happy family."

At our last inspection staff had not been recruited safely. There had been improvements in recruitment processes since then and staff were now recruited safely. Checks had been completed to make sure people were honest, trustworthy and reliable. These checks included written references and a full employment history, with any employment gaps discussed. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff began work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

At our last inspection the registered persons had failed to identify, assess and mitigate risks relating to

people's care and support and medicines were not managed safely. At this inspection we found many improvements. At this inspection, we noted that risk assessments had been put in to place, reviewed and updated. They considered a number of risks including falls, skin integrity and communication. There was guidance for staff regarding how to support people who were living with potentially unstable healthcare conditions such as diabetes. For example, when people were living with diabetes there was information for staff regarding signs if people's blood sugar levels were too high or too low and what action they should take. All of the staff we spoke with, knew people well and were able to clearly describe how they supported individuals on a daily basis.

At our last inspection medicines were not always safely managed. Temperatures were not monitored to ensure they were stored within the correct range and staff did not have their competency to administer medicines checked. Since our last inspection, the registered manager had introduced daily temperature checks and a system to monitor staff competencies; these had involved observations and discussions about areas such as assistance with and administration of tablets, eye drops, liquids, creams and inhalers.

People received their medicines when they needed them and in the way they preferred. Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine records were completed fully and accurately and contained photos to help staff ensure the right person received their medicines. Some people had 'as and when required' (PRN) medicines; there were directions in place which helped ensure people were regularly offered pain relief or laxatives, with proper time gaps between doses. Charts were in place for people who required transdermal patches (medicine applied by an adhesive patch on the skin), they were clear and showed that patches were rotated in line with guidance. Medicine audits were completed by senior staff; we saw records of the checks that had taken place.

The premises were clean and well maintained. Measures were in place to prevent and control the spread of infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service.

There were records to show that checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Portable electrical appliances and firefighting equipment were properly maintained and tested. Health and safety audits were completed and these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order.

There was a fire risk assessment in place and regular fire drills took place. There was clear guidance for staff and each person had an up to date PEEP in place. A PEEP is a personal emergency evacuation plan, which outlines people's individual needs and how they should be supported to leave the service in an emergency. The business continuity plan detailed the steps staff should take in order to keep people safe in the event of emergencies.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. For example, a falls sensor mat had been introduced for one person following two falls.

Is the service effective?

Our findings

At our last inspection staff had not received all of the support they needed to properly support people. This included not receiving up to date training in some topics and not having their competency assessed. New staff did not complete the Care Certificate.

At this inspection we continued to have concerns about the support and training staff received. A new training system had been introduced and the registered persons had created a spreadsheet to improve their oversight of staff training. However, at the time of our inspection, the spreadsheet was not fully implemented and therefore did not provide an accurate overview. There were plans to ensure all staff would undertake online training in fire safety, first aid, food hygiene, infection control, moving and handling, safeguarding and medicine safety. Although at the time of the inspection there were many areas that had not been completed. This meant that people were at risk of receiving inappropriate support from staff who may not be aware of current best practice.

The registered person had failed to provide appropriate ongoing training to staff. This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the lack of up to date training, staff demonstrated good knowledge and understanding about their roles. For example, they were able to clearly describe what abuse could look like and what action they should take. Staff were clear about what person-centred care meant and told us they had recently undertaken end-of-life care training that had been informative and useful.

There was an induction process for new staff that involved areas such as expectations of working in a professional and values-based way, fire safety, security, issues relating to potential abuse, communication, laundry, first aid, infection control, pressure area care, and team working. The newly introduced training package linked induction to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected in health and social care workers.

Staff we spoke with told us they had been through a regular appraisal process. A number of appraisals had recently been undertaken with staff, which involved a review of the last 12 months, aspects of work staff enjoyed, those they wanted to change, and areas of weakness. Staff scored themselves in areas such as compassion and empathy, communication, problem-solving, equipment use, teamwork and dealing with stress and conflict. These scores were discussed with managers and an agreement made about areas of strength and weakness. Staff received supervision, this included direct feedback from people about the behaviour and attitude of carers.

There was no supervision and appraisal matrix in place that would inform managers, senior staff and care staff when these should be happening. This is an area for improvement.

At our last inspection there was an inconsistent approach to assessment of people's needs. At this inspection we found that improvements had been made. A new assessment tool had been introduced, and

had been used to holistically assess the needs of a person moving into the service shortly after our inspection. The assessment would be used to formulate the person's care plan. Where possible people and their relatives were involved in planning their care delivery and were aware of risks to be monitored and managed.

Staff completed regular assessments of people's ongoing needs using recognised tools. These included Waterlow assessments (to assess the risk of people developing pressure areas or skin breakdown) and a malnutrition universal screening tool to identify people at risk of losing weight. Specialist mattresses and cushions were used to help support people who were at risk of developing pressure areas.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the registered persons had failed to ensure that restrictions on people's liberty were appropriately authorised. At this inspection we found there had been improvements. The registered persons had applied for DoLS authorisations when appropriate. At the time of our inspection none had been processed or authorised by the local authority. People were supported to make decisions, such as choices such about what to wear and how to spend their time. Staff told us that if people were unable to make simple decisions, they would use what they knew about their likes and dislikes to decide. When decisions had been made in people's best interests these were recorded and involved staff, relatives and professionals that knew the person well.

People told us they enjoyed the food. One person commented, "The food is wonderful, definitely better than I was having at home" and another told us, "We don't have food left out for us but nothing is too much trouble for the staff, they'll always get us a snack if we feel peckish." Staff were aware of the need to support people to have a balanced, personalised diet that promoted healthy living. The needs of people with diabetes were taken into account and managed appropriately. A changing daily menu was offered and on display for people. Staff gave us examples of people being given alternatives if they asked for something not on the menu and the cook told us they asked for feedback from people about the food. Cold drinks, teas and coffees were offered throughout the day and between mealtimes people were offered sandwiches, biscuits and cakes.

Staff monitored people's health and referred them to healthcare professionals when their needs changed. People's weight was monitored and when people lost weight they were referred to the dietician. People who had difficulty swallowing were referred to the Speech and Language Therapist to be assessed. Staff followed the guidance from health professionals and people had started to gain weight and were eating and drinking safely. People, relatives and staff told us that GPs, District Nurses and other professionals were regularly in touch and involved in the planning of care. One person told us, "I'm going to see the GP with my daughter tomorrow but if she couldn't take me they do make sure that the GP would visit me here." A visiting healthcare professional told us they found he home to be very good at meeting people's needs.

People were encouraged to be as active as possible. People who were able walked around the building to keep active, and people who could, actively did, take part in daily chair exercises. Staff had a good awareness of people's emotional and mental health needs, and care plans reflected this. Referrals had been made to specialist mental health teams when staff felt this necessary.

The service was a traditional residential property with a homely feel throughout. Although not purpose built, it had been designed to meet people's needs. There were two communal lounges and a dining area, corridors were wide enough for people to move freely and people had their own individual bedrooms. People had bought in photos, pictures and other personal objects to decorate their bedrooms as they wished. There was a stair lift available to allow people to access the first floor of the service.

Is the service caring?

Our findings

People and their relatives told us they found the staff to be kind and compassionate and felt that they were treated with respect at all times. Comments included, "The girls would do anything for you they really would, I feel that nothing is too much trouble for them" and "The staff always take time to stop and have a chat, they always make time to care."

Staff knew about people's background, their preferences and their likes and dislikes. Staff told us they spent time with people to get to know them, and throughout the inspection we observed staff spending time with people. For example, one member of staff spent time chatting with a person who was knitting, asking what they were making. There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People described their care as gentle and nurturing, akin to being with family and relatives felt that they were kept fully involved with the care that their loved one was receiving when appropriate. One person told us, "The staff are lovely, really lovely just like family to me."

We observed people being supported in a kind and caring way, for example, two carers assisted a person to transfer from a stand aid to lounge chair, they gave a thorough explanation in a good humoured and kind way, making the person laugh. The staff chatted throughout the process and shared jokes with the person, other people sitting nearby smiled and join in laughing. It was clear that the staff took pride in their work. One member of staff commented, there's never a day when I don't want to come to work. I really enjoy working here and love all the residents without exception."

During the lunchtime meal we heard the staff and cook discussing individual's meals. They knew each person's preferences, like and dislikes and spoke about people's appetites and how to arrange the plates for some people to make it more appetising. For example, one person preferred their cheesecake served without the base.

People told us, and we observed that staff were respectful and knocked on bathroom and people's doors before entering. One person told us, "The carers are more than respectful at all times and make sure my dignity is intact."

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. People were supported to be as independent as possible. One person told us, "I like to do things for myself as much as I can so sometimes a member of staff will just come and sit with me to makes sure I am safe and happy." When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

At the time of our inspection, people did not require additional support to communicate. However, the registered manager and staff told us they would use signs and symbols to assist people's understanding if necessary. For example, the registered manager told us they were going to ask people if they would prefer the menu and complaints procedure to be displayed in a larger print.

Staff spent time with people and gave them the support they needed. People could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and were supported to have as much contact with family and friends as they wanted to. Some people had mobile phones so they could contact family whenever they wanted to. One person told us, "My family can come to visit me at whatever time pleases them, they will always be sure to get a warm welcome."

Staff told us that people who needed support were supported by their families or their care manager, and no one required any advocacy services. Information about advocates and how to contact an advocate was held within the service, should people need it. An advocate is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. Within people's care records there had been consideration to any additional provision that might need to be made to ensure that people's rights under the Equality Act 2010 were fully respected. An example of this was the manager establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

Is the service responsive?

Our findings

People told us they were confident that their care was focussed on their individual needs and felt that their preferences and views were listened to. Comments included, "The staff always make sure things are done exactly the way I like things to be done and they're ever so good and ever so careful that they listen to me" and "the girls always ask what help I would like and also make sure that my care is done the way I like it to be done because actually I think I am quite fussy and they know it."

At our last inspection people did not always have care plans or risk assessments in place, this meant they could be at risk of receiving support that did not meet their current needs.

At this inspection we found that some improvements had taken place, although further improvements were still required. Since the last inspection, the registered persons had spent time researching different electronic care planning packages. The system they had chosen had been installed at the service in the weeks leading up to this inspection. This meant that during our inspection some people's records were being completed electronically and others were still paper based. We reviewed a selection of each and found that the new electronic care records were more person centred and provided detailed, clear guidance for staff to follow. Paper records contained guidance but this was not as clear or detailed. Staff used handheld 'smart phones' to access and complete records on the electronic system. This enabled staff to make their colleagues aware of events and alerts, and complete a log of actions and activities. The technology could also be used to ensure staff had access to the most up to date information about a person. The registered persons envisaged the system would improve the quality of care records and communication. The system was not fully implemented, so this was still an area for improvement and something we will follow up at our next inspection.

People's end of life wishes had begun to be discussed and recorded in their care plans together with any Do Not Attempt Resuscitation (DNAR) decisions. A Do Not Attempt Resuscitation form is a document issued and signed by a doctor, which helps healthcare professionals to make decisions quickly about how to support people. We discussed with the management team how plans could be developed to include more person-centred detail, such as any wishes a person may have about the sort of care they would like at the end of their life. This had been implemented for some people as the service had taken part in a pilot scheme for advanced care planning with local GP's. This is an area for ongoing improvement that we will follow up at our next inspection.

People were confident that should they have a concern or complaint they would not hesitate in saying so to any of the staff or management. People told us, "Oh yes, I know how to complain alright but I can honestly say that I have not found the need to do so, things are run very well here and the people are most convivial" and "I would not need to complain as such, but I do have the odd conversation with the manager about this for example, my magazines get moved and the manager has now put a note in my file to ask the staff not to move my belongings about." Staff told us they listened to people and responded to their concerns. Staff told us they felt sure if they themselves had any concerns, managers would respond appropriately. The complaints policy was displayed near the front door.

People were happy with the level and quality of entertainment offered on a daily basis. One person was happy knitting intently throughout the day, on occasion being helped by staff to wind the wool and discuss their pattern. There was evidence of their handy work in the form of knitted rugs through the lounge and some bedrooms. One person was an accomplished amateur artist and was encouraged to continue with their art by staff, who brought them new brushes and a canvas while we were there. People told us, "Today we have an exercise class and I do enjoy that every day as it keeps me mobile" and "there are plenty of activities and we all usually like to join in with them as one big happy group." Relatives commented, "She loves to join in with the activities and there is always something going on and it seems like nearly everyone likes to join in." During the inspection there was a 'Harvest Festival' visit from the local church. People told us they enjoyed this and taking part in singing.

Is the service well-led?

Our findings

At our last inspection we found that the service was not well led. There were many areas that placed people at risk of receiving unsafe care that did not meet their needs, despite the staff team knowing people well.

At this inspection we found there had been many changes, although there were still areas that required ongoing development and improvement.

At our last inspection there were no formal systems of checks or audits in place and no processes to measure and review the delivery of care, treatment and support against current guidance. A number of checks and audits had since been introduced but were not yet wholly effective in identifying shortfalls. This was mainly due to the delayed introduction of new systems such as the new electronic care planning system and the new training system.

People, relatives and stakeholders were asked their opinion on the quality of the service. Those we saw gave positive feedback and had been responded to, although, the provider was waiting for further surveys to be received before fully collating and analysing the results. Full analysis of these surveys would give the registered persons an increased oversight of the service. There were resident meetings where people were reminded how to report concerns and if they wanted to raise any at the meeting, however, these were not consistently documented.

There was a range of policies and procedures in place, however these had not been reviewed to ensure they were current and the service did not consistently work in line with them. For example, the safeguarding policy referred to Scottish legislation and the quality management policy listed a large range of audits and actions that would take place at the service and had not. A number of policies also referred to out dated care standards.

The registered persons had failed to ensure that effective governance systems were in place to identify and manage risks to the quality of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood their role and responsibilities and were positive about working at the service. One member of staff told us, "It's a really nice home." A relative told us they felt the culture was welcoming and staff always dealt happily with any minor concerns.

Staff felt the management team were supportive and approachable. One told us, "Any problems we have they'll help us as much as they can." We were given an example of managers responding positively to a suggestion that a doorway needed widening to aid wheelchair access.

Staff told us there were regular team meetings in which relevant information was provided to them and in which they had the opportunity to express concerns. We viewed records of these meetings and noted that changes had occurred as a result of staff input, including a change to a person's routine and more

alternatives for fruit juices being offered to people. We also noted that a change to practice in the home had been made as result of feedback given by a member of staff during their supervision; a template to help staff write clear notes had been shared with all staff. People and staff told us that there was an open culture within the service and they could speak to the management team at any time. During the inspection, we observed that people and relatives were comfortable in the company of the management team. People recognised and chatted to the registered manager when they saw them in the communal areas.

The registered manager told us they planned to attend local forums and groups to keep up to date with changes. The service worked with other agencies and healthcare professionals, to provide joined up care, including the clinical commissioning group.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the entrance hall.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to ensure that effective governance systems were in place to identify and manage risks to the quality of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person had failed to provide appropriate ongoing training to staff. This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>