Minster Care Management Limited

The Meadows Care Home

Inspection report

Brybank Road
Hanchett Village
Haverhill
Suffolk
CB9 7YL

Tel: 02084227365

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The Meadows Care Home provides accommodation and personal care for up to 55 older people some of whom may be living with dementia. This comprehensive inspection took place on 19 April and was unannounced. At the time of our visit there were 55 people using the service however one person had recently been admitted to hospital unwell. The home was situated on the periphery of the town of Haverhill in Suffolk.

The Meadows Care Home 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.

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 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.

At our last comprehensive inspection in February 2016 we rated the home Good overall and in four of the key questions we ask. In the key question of Responsive we were concerned that people's care plans were not always up to date. We also found there were gaps in records which meant we were not always confident that people needs were responded to appropriately. We found at that improvements were need to the opportunities for social activity. We also found that whilst there was a well-established complaints procedure the registered manager's actions in response to concerns were not always recorded. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Meadows Care Home on our website at www.cqc.org.uk

At this inspection in April 2018 we have rated the home Requires Improvement overall. Whilst the necessary improvements have been made to the key question of Responsive we found additional concerns in the key questions we ask.

People had not always been protected from avoidable harm as actions in place to minimise risks to people had not always been followed.

The provider had not always ensured they carried out their responsibilities to comply with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people could not always make decisions themselves, mental capacity assessments had not been completed and best interest's decisions made.

Sufficient staff were on duty and were deployed effectively to meet the needs of people. Staff were competent in their roles and received support and guidance from management.

Systems were in place to help ensure people's health and nutritional needs were met. People at risk of malnutrition had their weight, food and fluid intake monitored. Measures to reduce risks such as fortified foods, and referrals to a GP were in place.

Staff provided people with care in a friendly and relaxed manner, treating people with respect. Staff promoted and maintained people's dignity and provided encouragement to people to retain their independence wherever possible.

People were given the opportunity to participate in social activities both inside and outside the home. People had access to a complaints procedure. Where people received end of life care this was planned in conjunction with people.

There were systems in place to monitor the quality of the service, which included seeking feedback from people, relatives and staff. However, the quality monitoring systems had not identified the shortfalls found during the inspection.

We found two breaches of the legal requirements and regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. 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?

Requires Improvement

The service was not consistently safe.

Risks to people had been assessed but actions to minimise the risk of avoidable harm and not always been followed.

People were supported by sufficient numbers of staff that had also been recruited safely.

Staff understood how to recognise abuse and the actions needed if it was suspected.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The registered provider did not fully gain people's consent within the principles of the Mental Capacity Act 2005.

People were provided with a balanced diet and were supported as necessary to eat and drink.

Staff worked in partnership with healthcare professionals and people had access to a range of services to help ensure their health needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People's rights to independence, privacy and dignity were valued and respected.

Is the service responsive?

Good

The service was responsive.

Each person's records contained individualised plans of care to ensure staff knew how to meet their needs, wishes and preferences.

People had access to range of activities.

A complaints process was in place and followed when complaints had been received.

Is the service well-led?

Requires Improvement

The service was not always well led.

Some management systems and processes were not effective in identifying shortfalls and omissions in the quality of the service.

People, their relatives and staff were complimentary about the way the home was run.

The Meadows Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 April 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a trained nurse and looked at people's high level care needs.

Before the inspection, we requested that the provider 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also sought views from commissioners who funded the care for some people and the local authority Provider Support Team.

We looked at the care records of seven people to check they were receiving their care as planned. We also looked at other records including five staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with 15 people who live at the home, 10 members of staff which included care staff, the activities co-ordinator, chef, maintenance staff, deputy manager and the registered manager. We spoke with relatives of five people currently living in the home. We also spoke with a healthcare professional.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2016, we rated this key question good. At this inspection we found that improvements were needed. This key question has been rated as requires improvement.

Although some areas of the home were hygienic we found in all communal bathrooms and toilets that they were unclean and in a poor state of repair. Hand wash basins and other surfaces were heavily stained with lime-scale and several were not clean. In addition, we found broken toilet roll dispensers, toilet seats and toilet seat frames. In addition, the floor coverings were stained and dirty. We also noted that in three bathrooms the wooden surrounds to the wash hand basins and toilets were so damaged that the chipboard interior was exposed. Over time, the chipboard had become damp and was badly stained because it could not be cleaned effectively. One bathroom was also being used as a store room and was full of a number of boxes stacked around the bath. Cleaning schedules were in place and there was a team of domestic staff employed. Despite this we could not be sure the cleaning regime adequately protected people, visitors and staff from the risk of infection. We found that robust arrangements had not been made to assess, review and monitor the provision needed to promote good standards of hygiene. We were told that an infection control audit was regularly completed so that potential risks to the prevention and control of infection could quickly be addressed. However, we found that this system was not working well as we identified a number of shortfalls.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person's care plan contained information about their support needs and the associated risks to their safety. For the majority of people guidance was in place about any action staff needed to take to make sure people were protected from harm.

There was some inconsistency in the way risks to some people were managed. We found most people had appropriate risk assessments in place such as plans for ensuring action was taken to manage pressure area care, malnutrition and choking. One person who had stayed at the home recently had not had the risks to their safety fully assessed or recorded. This person had specific requirements about how they were to be supported and whilst the registered manager was aware of this at the point of assessment and admission, this had not been effectively recorded in their care plan and the risks shared with the staff caring for the person. This resulted in this person experiencing two falls. We are making separate enquiries about this incident.

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

People living at the home and their relatives told us that they thought The Meadows Care Home was a safe place to live. One person told us, "I feel very safe, I can't think of anything they could do better." One person's relative, commenting on the safety of their family member said, "Not once have I come in and been

unhappy about anything, they are caring for [family member] and they are happy here."

The registered manager told us every member of staff received online training in safeguarding adults as part of their induction and on-going mandatory training. The training compliance record we saw and our conversations with staff confirmed this to be the case. Staff understood the different kinds of abuse to look out for to make sure people were protected from harm. Staff told us that they would not hesitate to report any concerns that they had. They told us they would report to the registered manager and they were confident they would be dealt with. The registered manager liaised with the local authority safeguarding team and followed procedure and reported and investigated safeguarding concerns where needed.

There were sufficient staff to meet people's needs in a timely manner. People and their relatives were positive that staffing levels enabled staff to spend time with and be responsive to people's needs. One person said, "It is good, they [staff] care for you, you don't wait long very often for them." Another person told us, "Staff are alright, got no complaints, when in bed I have got a buzzer they come very quickly." A visiting relative told us, "It is good, [family member] is looked after, I see staff about, [family member] is happy here."

We observed there were sufficient staff numbers to meet people's individual needs. People did not have to wait long when they required support from staff. A dependency tool to determine sufficient staffing was used to ensure staffing levels were appropriate to meet people's varying care needs.

Recruitment files contained evidence that prior to commencing work at the home a series of checks had been carried out on new staff. This included obtaining references and a Disclosure and Barring Service (DBS) check. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services.
People were receiving their medicines as their prescriber intended and they were mostly safely stored and managed. People told us they received their medicines as prescribed. One person said, "They put the tablets in my hand and stay and make sure I take them." Another person told us they could ask staff for pain relief when they needed it and they received this promptly. They told us, "I have asked for painkillers for headache or toothache, that was okay."

Arrangements for the storage of medicines was safe. Medicines were stored in designated clinic rooms within lockable trolleys. The area where medicines were stored was clean, tidy and well organised. Temperature checks of the environment and medicine fridges were taken and recorded daily to ensure they were within safe and acceptable ranges for the storage of medicines.

All the staff required to give medicines had received training in safe administration and their competency to do so safely was reviewed. Medicine administration records (MAR) we viewed were fully completed with no gaps however we noted that one staff member was not signing the MAR sheet with their initials but was making a 'mark' instead. This did not tally with the signatory list in place and it is important staff use a consistent and unambiguous format on records so it is clear who has had what medicines at what time.

Audits of medicines included the checking of the administration of medicines as well as the stock levels of medicines held. Whilst tablets were clearly counted as part of the audits staff were visually estimating quantities of liquid stocks. We spoke to the registered manager and deputy manager about using a measuring cylinder instead which would improve accuracy and they agreed to put this in place. Medicines no longer required were collected and returned to the dispensing pharmacy on a monthly basis. We found however that the medicines for one person had not been collected for two months. The deputy manager told us this was oversight and the medicines would be returned at the next available opportunity. We found

the deputy manager, who took responsibility for the management of medicine's at the home was open to our feedback about the systems in place and where improvements could be made.

Policies and procedures were in place to promote infection control. Staff received infection control training and had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff administering medicines to people and saw that they washed their hands before and after and took additional hygiene precautions when helping people with topical medicines such as eye drops or creams.

People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency. Systems were in place to ensure equipment such as hoists, slings, fire equipment and lifts were in good order and serviced appropriately.

The registered manager and deputy manager told us that they had system in place to respond to any equipment safety alerts which meant they would need to take action to reduce risk.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in February 2016, we rated this key question good. At this inspection we found that improvements were needed. This key question has been rated as requires improvement.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and care staff were not always clear about their role in best interest decision making. Where a person's relative requested a particular form of care or treatment to be in place this was being followed and adhered to without consideration of the best interest of the person. We reviewed MCA assessments and saw that best interest's decisions were not always in place where needed. For example, one person who lacked capacity to make their own decisions was being deprived of their liberty and cared for in a particular way at the request of their family. Their family however did not have the legal authority to a make such decisions. No DoLS in respect of this care had been applied for and it had not been considered whether it was in the person's best interests to be cared for in this way.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff told us they had received training in MCA and DOLS and could describe fundamental aspects of the law but were not able to consistently apply this to their practice due to the lack of overarching assessments in place. We did however observe that staff routinely sought people's consent before providing their care. Staff were responsive to the various means of communication people used such as non-verbal expressions and were seen adapting their approach in line with the person's expressed wishes.

Assessments were completed before a person moved into the service and this information had been used to contribute towards people's care and support plan. Care plans had been developed in line with current legislation, standards and good practice guidance.

People and their relatives were confident that staff had the relevant skills to meet their needs. One person's relative told us, "I have been happy with them [care staff]; I do have confidence in them."

Staff we spoke with told us they had an induction to their job and this included shadowing more

experienced staff and completing the provider's mandatory training, such as dementia awareness and manual handling. Staff told us most training was completed online however more practical training, such as manual handling was delivered face to face. Staff said they felt confident in their practice and that they had the skills to look after people effectively. New care staff were expected to complete the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life. The Care Certificate should give everyone the confidence that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

In addition to training, staff received further support in their job roles from supervisions. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff or manager. Staff should receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their role. Some staff told us that there had been a lack of formal supervision or appraisal with their line manager recently however this was no reflective of all staff feedback. One member of staff said, "My last supervision about four to five months ago. It should be 6 monthly but no date yet for next one. [Registered manager] tends to seize the opportunity when there is a quiet moment." No staff however raised concerns with regards to the support provided to them. All of the staff we spoke with expressed they could speak to the registered manager or a senior member of staff if they needed support.

We looked at how people were supported to eat and drink enough to maintain a balanced diet. People told us the food was generally good and that enjoyed their meals. One person said, "I like a drink, like the tea. The food is very good, I get a choice, portions are about right, and they cover the food to keep it warm." Another person told us, "The food is good; we get fresh fruit and vegetables." Staff told us a food survey was conducted to ask people what they would like on the menu and new menus had included people's suggestions.

We observed the lunch time meal on both floors at the home. The meal times were sociable occasions and efficiently co-ordinated. Table were laid with condiments, menus and a vase of flowers for decoration. There were two options for main course on the menu. People were shown both plates of food and supported to choose one. One person decided to 'mix and match' from both plates and this was accommodated straight away. Food was well presented and where people needed assistance with their meals, this was provided in a sensitive way and with due regard for their dignity.

Records we reviewed showed people's nutritional needs were assessed and monitored. We saw that Malnutrition Universal Screening Tool (MUST) was being used and updated. The MUST was used to monitor whether people's weight were within healthy ranges. Nutritional care plans were detailed and highlighted the person's likes and dislikes. We found that where people were at risk of malnutrition action was taken to contact relevant healthcare professionals such as dieticians or their GP. People who were at risk of weight loss were supported with weekly weighing in order to closely monitor their health. One person who had lost some weight during a hospital admission was being supported to gain weight through fortified and calorific foods. There were snacks and drinks available throughout the day which people could help themselves to and where needed staff supported them.

Working professional relationships with other healthcare agencies supported positive outcomes for people when receiving care. People were supported to have access to healthcare services they needed and were supported to maintain their health and wellbeing. Care plans included contact details for people's G.P and other health professionals. People confirmed they could access a doctor without undue delay. One person said, "The chiropodist comes and I also see a doctor. If I [ever] needed one they would come."

The environment provided opportunities for people to access communal areas and areas to meet with their family and friends. There was also secure and accessible outside space that people could access. The first floor was primarily designated to provide care for people who were living with dementia. We saw there were orientation boards which told people the day and had pictures of the menu choices for the next meal. Activities boards were displayed which showed people the range of activities available. All bedrooms had clear numbers and coloured doors to assist people to find their bedroom. Corridors were well lit and had hand rails to assist people to move about safely.

Good

Is the service caring?

Our findings

At our last inspection in February 2016, we rated this key question Good. At this inspection we found that the home had sustained this rating.

People were valued and treated with kindness by kind staff. Staff had built strong caring relationships with people; interactions were person centred and respectful. One person told us, "Staff are all very nice, gentle and friendly." Another person told us, "Staff are all friendly, they talk to me and call me by my first name, and they are respectful of older people." A third person said, "Staff are kind, friendly, some know my family and think I could talk to any of the care [staff] if I had a problem, there are one or two you get attached to, they are always nice."

Relatives were equally complimentary about the caring nature and approach of the care staff. One relative told us, "I think they care for [person] very well, outstanding carers, I have confidence in the staff, they really know us and they are visible."

During our inspection we saw that staff spent time interacting with people and chatting with them as well as meeting their care needs. It was clear that people felt comfortable in the presence of staff. One person's relative told us, "It's a very good home, very friendly atmosphere, all the staff very kind and helpful, [person] is always clean and tidy, not once have I come in and been unhappy about anything, they are caring for [person] and they are happy here."

Staff spoke to people in a gentle calm voice to give support and reassurance and respect was continually shown. For example, we saw one person spilled a little dinner on themselves. A care staff immediately and discreetly helped them to change their clothes protector saying, "Oh can I just change this one for you and get you a clean one?"

People were encouraged to express their views and opinions. We observed throughout our inspection that people expressed their wants and needs. Within people's care plans we saw that people had been involved in their development.

People told us that staff respected their privacy, dignity and independence. One person said, "I don't let them [care staff] put me to bed, I like to do it myself, it is my choice [respected by staff]." Another person told us, "I love a bath and say [to care staff] don't get me out yet. They say get yourself snuggled down [in the bath]. I wash my chest myself, have not yet had one [care staff] yet who has not given my back a good rub."

We observed staff speak with people in a discreet manner with regards to their personal care and knock and wait to be invited into people's bedrooms. Staff knew how to maintain people's privacy and dignity when carrying out personal care tasks. One staff member told us they always knocked on doors before entering people's bedrooms as well as ensuring privacy when providing personal care by closing curtains.

Staff understood that people's personal details and information needed to be kept confidential and ensured

conversations regarding people were held in private. Records were stored in cupboards within the hallways on each floor however these were easily accessible, the door only locked with a simple sliding lock. The provider may wish to consider improving the security of the cupboards where confidential records are kept.

We saw visitors arrive throughout our inspection. They were welcomed and staff knew who they were and who they had come to visit. There were areas available for people to sit with their visitors without going to their bedrooms. One person's relative told us, "There are no visiting restrictions; the [registered] manager said we could come whenever we want."

Good

Is the service responsive?

Our findings

At our last inspection in February 2016 this key question was rated Requires Improvement. We had concerns that people's care plans were not always up to date if changes had occurred in their health or other care needs. We found there were gaps in records which meant we were not always confident that people's needs were responded to appropriately. We found at that inspection that whilst some people had opportunities for social activity others were not included or offered suitable alternative activities. We also found that whilst there was a well- established complaints procedure the registered manager's actions in response to concerns were not always recorded. At this inspection we found that the necessary improvements been put in place. This key question has been rated as Good.

People were complimentary about the staff and their responsiveness. People told us they could make choices about how they spent their day. One person told us, "If I don't feel like getting up I say I am feeling lazy and they say 'okay' and will come back in an hour. I have never eaten in bed [through choice] so get up when I am hungry."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Whilst we are aware that one person did not have their individual needs accurately recorded in their care plan which resulted in them falling, we are looking at this separately. Each person living at the home had a detailed care plan. The care plans contained information which detailed the person's support needs and how they preferred to receive that support. There were risk assessments in place which summarised how to keep people safe whilst enabling them to maintain their independence.

Care plans included details of people's current support needs. These were reviewed monthly, were personalised and gave details of people's preferences and wishes. However care plans also included a lot of older information where people had lived at the home for a long time. We found that in these cases it was difficult to find the most up to date and relevant information. This meant that staff may not have had access to the most up to date information on how the person wished to be cared for. We spoke with the registered manager about this who told us they were planning to remove the dated information from the care plans. .

The majority of care plans were reviewed and updated monthly with people's involvement, or with their next of kin's involvement, where appropriate. People's relatives were invited to their reviews and had a letter sent to them to detail the importance of the meeting. We saw staff were flexible with timings to try and accommodate relatives including those who work or travel long distances. One person's relative told us, "We have been happy so far, we have had one [care plan] review, they are six monthly and we said we wanted them three monthly and they have agreed to that."

Language used within care plans and records of care given did not always reflect a person centred approach. Entries in records included at times phrases such as 'bed ridden' or toileted which did not describe the person's wellbeing or experience and was not language which valued people. We spoke with the registered manager about this who agreed to address this with staff and taken action to ensure records were more respectful.

Activities were on offer daily and these were facilitated by activities coordinators. People had the choice of joining in the planned activities however some people preferred not to and chose to spend time in their bedroom or in the other communal areas within the home. Their choices were respected. One person told us, "The activities [staff] come and tell me what is going on. There are sing songs, coffee mornings, there is an awful lot going on." Another person told us, "I like bingo, coffee morning and music for health and the arts and crafts." A third person commented, "I like my own company the lounge does not appeal to me at all, I don't go to activities as I don't want to."

We observed throughout the day that many people were involved with activities. During the afternoon of our visit we saw 15 people were involved in a group guessing game where the activities co-ordinator was very good at including people in answering questions and engaging them in conversations about things from the past. There were also other spontaneous interactions taking place. During our visit we saw people sat at tables with care staff looking and magazines and engaging in relaxed conversation. We also saw another care staff sitting and playing cards with a person. Activities co-ordinators also worked an evening 6pm to 8pm shift to provide one-to-one time with people who had not been involved in activities during the day or who had chosen to remain in their bedrooms.

The home maintained good links with people's families and the wider community. People told us they enjoyed continuing to feel part of the wider community. Activities on offer regularly included people and their relatives together. During our visit a trip had been organised to a tea dance in a neighbouring village, a staff member accompanied three people and their partners to attend. Other inclusive sessions included pub sessions at the in house 'Sip and Giggle' pub on the ground floor and events such as garden parties.

People and relatives told us they would speak to the registered manager or staff if they wished to make a complaint. The service had a policy in place for dealing with complaints. We saw any complaints received in the last 12 months were acknowledged and actions taken where required.

There were systems in place to enable information about people's preference in relation to end of life care to be recorded. The registered manager told us the home had a link with a local hospice which delivered training to staff around end of life care. End of life wishes had been discussed with people at a residents meeting and people were assured they had the option to discuss these with staff should they wish. The registered manager told us no one living at the home at the time of our inspection was being supported at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection during February 2016 we rated the home as Good in four of our key questions and Requires Improvement in one. This meant that we rated the home 'Good' overall. At this inspection we have rated it as 'Requires Improvement' in three key questions and overall. This means that we considered that there were more concerns at the home now than when we last inspected it.

Although there were systems in place to assess and monitor the way the service was run, we found that they had not identified or fully addressed all of the issues that we found during our visit. Quality assurance processes were in place, these included medicine, infection control and health and safety audits. However, we found audits were not always effective as they did not pick up some of the concerns that we did, particularly with regards to infection control, MCA, disrespectful language within care plans and cleanliness practices at the home. We discussed this with the deputy manager and registered manager who said they were unaware of how bad the communal bathrooms and toilets were and how they were also disappointed in the failures of staff to keep these areas appropriately clean. Straight after our visit the registered manager told us they had started to make improvements and were reviewing the staffing establishment with a view to adding an additional seven domestic staff hours to the afternoons.

We asked about the arrangements for provider monitoring of the service. We were told that up until February 2018 the provider had a home auditor who had been visiting and reviewing all aspects of the home such as care planning, maintenance and the home presentation to ensure oversight of the quality and safety of the service. We saw records of their visits however they had also failed to identify and address the concerns that we found during our visit.

People and their relatives were overall very positive about the home and felt the registered manager and senior staff were available if they had any concerns. One person told us, "I would recommend it, a place where you are safe, choice of food, very relaxing, I am quite independent here." Another person said, "[Registered] manager I know, she is nice and I see her going back and forwards." One person's relative told us, "They are good in the office; the [registered] manager is good."

The registered manager told us that the home had been through a period of change with a number of staff leaving and new ones starting. They felt that that as a result there had been improvements at the home and they were beginning to address some of the challenges they had been facing over the past year. Staff reflected this in their views telling us that morale in the home had improved recently and that they enjoyed their work and were motivated to provide a good experience for people. Staff clearly understood their roles and responsibilities and the ethos of the home to provide people with good care.

Some staff told us they felt the registered manager was supportive of staff as individuals and was good at engaging with people's relatives but not responsive to staff issues or concerns. Two members of staff told us they had raised concerns about linens used within the home, specifically bed sheets and flannels and that they were worn out, thin, frayed and not fit for purpose. Both staff had reported this and nothing had been done. We asked the registered manager about this who assured us replacements had been requested and

ordered and were due to be delivered shortly.

We read minutes of resident meetings, relative meetings and staff meetings that had been held since January 2018. The meetings had been used to share information about changes to the service and provide opportunities for concerns and ideas to be raised. At the residents meeting feedback had included comments around the meal time experience and activities available. Staff meetings were used to cover reminders to staff around training, care issues and the need for call bells to be answered quickly.

The staff team worked with other organisations and professionals to ensure people received good care. Records and feedback from professionals indicated that the staff followed guidance and shared information appropriately.

Records, and our discussions with the service manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the home manager was aware of their role and responsibilities in this area.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

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 There was some inconsistency in the way risks to some people were managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Robust arrangements had not been made to assess, review and monitor the provision needed to promote good standards of hygiene.