

Twinglobe Care Limited

Azalea Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Azalea Court is operated by Twinglobe Care Limited. The service provides residential and nursing care for up to 83 older men and women at purpose built accommodation in a residential area of north east London. The home is divided over four floors, with a separate eight-bed younger adults unit in another purpose built facility in the grounds. Residential and nursing care is provided across each floor except the fourth floor of the main building which is where the kitchen and laundry were located.

This inspection took place on 24, 25 and 26 April 2017. At our previous comprehensive inspection on 24 October 2014 the service was not providing medicines safely to all people or auditing medicines administration to identify if any issues were present. Subsequent to that inspection we carried out a focused unannounced inspection on 25 April 2015 and found that these previous issues had been rectified and the service overall was rated as good.

There was a registered manager in place. 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.

There was a lack of clarity regarding potential risks for some people living at the home. Some people living at the home were at risk of unsafe care due to some risks to people not being clearly identified or reviewed when necessary.

Staff had access to the organisational policy and procedure for protection of people from abuse. They also had the contact details for the safeguarding team at the local authority in which the service is located. Staff had been trained in abuse awareness.

Medicines were well managed and people received their medicines in a safe way and at the time they needed them.

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 support this practice.

People were supported to maintain good health. Nurses were on duty at the service 24 hours and a local GP visited the home each week. Healthcare needs were met effectively and staff supported people to make and attend medical appointments. The GP told us of their confidence in the way the service managed healthcare needs.

People who used the service, relatives and friends, praised staff for their caring attitudes. Staff were approachable and friendly towards people and based their interactions on each person as an individual, as well as demonstrating how well they knew the people they were caring for.

Audits of the service were carried out. The audits carried out since December 2016 identified issues around risk assessments and care planning requiring updates and improvement. Issues had not been fully addressed on each unit. The provider showed us an action plan which stated the remaining improvements they had identified were to be completed within the next month.

The service was transparent with communication and involving people, and took people's views seriously and responded to those views.

As a result of this inspection we found one breach of 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?

The service was not always safe. Risks were not always assessed, or sufficiently robust strategies put in place to mitigate those risks. Risk assessments were not always reviewed in a timely manner.

Staff were recruited safely and in sufficient numbers to cater for people's needs.

Staff understood how to keep people safe from abuse and understood how to report concerns. Where concerns were raised these were responded to quickly.

Medicines were managed safely and people received their medicines on time and when needed.

Requires Improvement ●

Is the service effective?

Good ●

The service was effective. Staff understood how to assess and monitor people's capacity to make decisions about their own care and support.

Staff received regular training, supervision and staff appraisals took place.

Healthcare needs were managed well and the service responded quickly to current, new and developing healthcare issues.

People were provided with a healthy and balanced diet and support was provided to people who needed assistance to eat and drink.

Is the service caring?

Good ●

The service was caring. Staff were caring and considerate.

People received care at the end of their life that was planned and met their needs. People were involved in decisions about their care, with their family or other people acting as advocate could also be involved.

Staff were respectful towards people who used the service and

respected people's rights.

Is the service responsive?

Good ●

The service was responsive. Most care plans were well written and showed how the person should be cared for and described them in a person centred way.

People were engaged in activities and events that took place in the home.

Complaints and concerns were listened to and acted upon.

Is the service well-led?

Good ●

The service was usually well led. The registered manager undertook audits to improve the quality and safety of the service and took action as a result of these.

The service had a clear management structure and staff were aware of their roles and responsibilities.

The service engaged well with people and was transparent in communication and with seeking people's views about the quality of the service.

Azalea Court

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 was unannounced which meant the provider and staff did not know we were coming. The inspection took place on 24, 25 and 26 April 2017. The inspection team consisted of two inspectors and two experts 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.

Before the inspection, we looked at notifications that we had received and communications with people, their relatives and other professionals, such as the local authority safeguarding team.

During our inspection we spoke with seventeen people using the service, four relatives and two friends. We spoke with three visiting opticians, viewed written feedback from two dentists, spoke with the visiting GP, occupational therapist, psychiatrist and a palliative care nurse specialist. We also spoke with the registered manager, deputy manager, training manager, two chefs, the head of housekeeping, three housekeeping staff, four nurses and eight care staff.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of this inspection we reviewed ten people's care plans. We looked at the medicines management for thirty five people and records relating to staff induction, training, appraisal and supervision programme. We reviewed other records such as complaints information, feedback to the service from visitors, maintenance, safety and fire records.

Is the service safe?

Our findings

People told us about how safe they felt. They told us, "I wait for them to pass me if I'm in the lounge and ask. If I'm in my room I ring the bell next to the bed. They come quite quickly, day or night and always do what I need" and "I use the bell if I need to and they usually come within a few minutes. They come quickly at night too." Two relatives told us, "They [staff] do help and offer all the time" and "I don't doubt the safety here at all."

Two visiting friends of people told us, "This home is so open and welcoming. [My friend] has been so happy here" and "Staff make everything go really well. Everything feels safe and well looked after."

The service did not have an effective system in place to manage risks relating to all people's support. A person living on Poppy Unit had a risk assessment dated March 2016 about potential negative impact of their behaviours towards others. However, the risk assessment had not been updated after an incident in June 2016 although no further incidents had been reported to have occurred since. The same person had a mobility risk assessment completed in March 2016 which contained no risk reduction measures and had not been reviewed since even though the risk was rated as likely. The person was seen moving around independently and it was unclear why the risk assessment was in place. A further potential risk of pressure ulcers was commented upon in the person's care plan but there was no risk assessment recorded about this. The identified issues of potential risks were not being fully considered or evaluated and this posed a potential to this person and possibly others.

Another person living on Poppy Unit had a risk assessment that contained no information about whether the person had a history of falls. This person had bruising recorded in October 2016 to their right hip. There was no incident form although the person was discussed at the multi-disciplinary team meeting in early November 2016 and a medicine was reduced in order to reduce drowsiness. Later in November 2016 the person had sustained an eye injury which was noted by staff the following morning and was believed to have occurred overnight. Incident and body map forms were compiled but there was no further examination into how this had occurred and no update of their risk assessment. This had also been the case in February 2017 when another eye bruise was recorded, again the person had another medicine reduced but no update of their risk assessment. This posed a risk that the reason and risk reduction measures for this person were not being fully examined and could result in further incidents.

This same person's admission assessment information stated that the person had a history of behaviour that could be challenging. There was no information on what staff should do if the person exhibited the behaviours in order to address the situation; however the person did have 1-1 carer with them for 12 hours each day. The staff member who was allocated to the person as their one to one during our inspection knew them as was demonstrated when we spoke with them and observed how they interacted with this person and their visiting relative.

They also had a care plan referring to eating and drinking noted they were 'at risk of malnutrition and dehydration'. The care plan was most recently updated in December 2016. The care plan stated "Staff to

give at least 1500ml per day to avoid dehydration. To record all their food and fluid intake daily', but there was no information for staff about what to do if the person was not eating or drinking sufficient amounts. There was no risk assessment in place regarding. This posed a risk that staff may not identify early signs of possible dehydration or malnutrition or address this accordingly. The relative of this person who visits very regularly told us they were happy and they believe their relative was too.

On Lavender Unit a person had a mobility risk assessment about falls being a hazard, most recently updated in February 2017. There was no further information as to why the person was at risk of falls on either the risk assessment or in their care plan. There was a screening assessment for prevention of falls completed in May 2015 but no review since. This person also had a risk assessment for using bed rails, which was undated. The same person was doubly incontinent, which increased the risk of their skin becoming damaged, which could ultimately lead to pressure ulcers. There was a skin integrity care plan in place although there was no risk assessment about this. It was evident that the person was at risk due to certain aspects of their care and support needs although these risks were not being fully explored in order to provide clear guidance to staff about reducing the risks.

Another person living on Lavender Unit had care plans written in July 2015 that mentioned specific care needs due to Diabetes (non-insulin dependent), skin integrity and falls. However, there were no specific risk assessments recorded for any of the areas any guidance about risk reduction measures. Although no ill effects had been noted on care plan monthly evaluations there was still a potential risk that staff may not identify and take all action necessary to minimise these risks.

We looked at bed rail risk assessments for service users on Poppy Unit. There were 18 people using bed rails. All risk assessments were undated and related only to the use of the bed rail equipment and not the suitability of the bed and attached rail for each person. We raised this with the manager who sent us information shortly after the inspection stating that an instruction had been issued to staff to update these no later than the week following our inspection using a new bed rail risk assessment form that had been introduced.

The risk assessment policy did not state how frequently risk assessments should be reviewed. However, the registered manager stated this should be as and when required but no less than every three months. The registered manager informed us during this inspection that the risk assessment policy had being re-issued to all nurses. They also informed us that all risk assessments were being reviewed and that nurses were all receiving training about this, which was occurring during our inspection. The nurses had been given a target date to ensure the risk assessment updates were completed by the end of April 2017.

The service was identifying that potential risks were present but were not always following this through with either risk assessments or guidance for staff about how to minimise potential risks.

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

Staff had access to the provider organisation's policy and procedure for protection of people from abuse. They also had the contact details of the local authority where the service was located which placed most people at the service. Where people were placed by other authorities the service also knew how to make contact if required.

Nursing and care staff told us about what they would do if they had concerns or became aware of untoward incidents occurring for people. They were able to tell us about what constituted the type of incident which they should report. The provider's policy outlined the organisation's responsibilities in addressing

safeguarding concerns. When asked about their understanding of keeping people safe from harm a member of staff told us "To protect [people] at all times from abuse, physical, sexual institutional and so on. I would report it to my line manager, then to the general manager. I would also, if necessary report to the people at the CQC." Another staff member told us "We are always talking about keeping people safe" this person went on to tell us about catch up meetings each day. These meetings happened before lunch and later in the day but they would raise any concerns straight away apart from this. A nurse told us they were "always" asking staff about how people were and we saw them doing this at various times during the first day of our inspection.

The provider's procedure was to ensure that staff received initial safeguarding induction training when they started to work at the service, which was then followed up with yearly refresher training. Staff training records showed 16 staff who were overdue for this refresher training. The registered manager informed us of the action they were taking to raise this with each member of staff individually when they were not completing this training when they needed to.

The provider operated safe and effective staff recruitment procedures. The necessary documentation was included with references, proof of identity, criminal records checks and confirmation that the staff member was eligible to work in the UK. Any gaps in employment were discussed with the staff member at the interview stage of the process and the discussion was recorded. The service had records confirming nurses NMC [Nursing and Midwifery Council] registration and when they were due to expire and be renewed again. Every three years, the provider obtained new Disclosure and Baring Service [DBS] checks for staff. DBS checks verify if a person has a criminal record.

Staff rotas for January, February, March and April 2017 showed staffing levels were in line with what we had been told by the registered manager. Staff rotas tallied with the staff that were on duty during the inspection. The staff rota also highlighted the members of staff allocated to the one to one support for each of the three people that required this. The registered manager informed us that staff recruitment issues had occurred last year. The service now employed a greater number of permanent employees, which had reduced the use of agency staff. The service was in the process of recruiting to vacant posts.

People told us they received their medicines on time and how the staff supported them to do this. A relative told us, "They [staff] tell us if they [relative] are ill on the day and the information they give us about medicines is always up to date and organised."

We observed the morning medicines round on one unit at the service and this was well managed. The nurse took the time they needed to with each person and attention was given to ensure each person received all of their required medicines in the correct way. We also observed people being asked if they needed pain relieving medicines which some people were prescribed to be given if they needed this.

Controlled drugs, which are medicines that are subject to controls under the Misuse of Drugs Act 1971, were managed correctly. Medical rooms on each floor were found to be securely locked when not in use and only authorised staff had access to these rooms. Agreements for the use of covert medicines were in place. Covert medicines are those that are given in food or drinks as people may refuse them, although this has to be clearly agreed to, with the reasons and be properly documented as a part of an assessment of their mental capacity. Everyone's medicines were reviewed six monthly in consultation with the GP, or sooner if required.

The communal areas of the service were all clean and well maintained. Domestic staff were employed and there were detailed infection control procedures. Health and safety checks of the building were carried out

and appropriate certificates and records were in place for maintenance of gas, electrical and fire safety systems. Hoists and slings used to support people with transfers were regularly checked to ensure they were safe and fit to use. The provider had a business continuity plan for the service to implement should the need arise, for example, fire and who to contact in the event of an incident whether it be related to staffing or the building and facilities being affected or unavailable.

Is the service effective?

Our findings

People told us about staff that, "Yes they are quite good", "They do a good job looking after so many" and "I think they have to be very organised because they do everything that needs to be done." Relatives told us, "From what I've seen, yes they seem to [be trained]. I feel confident that they do."

The provider took staff training seriously and steps were taken to ensure that staff had the skills and knowledge they required to perform their duties. Most staff were up to date with training and the registered manager took action to address shortfalls if any staff had not completed refresher training when required. The home had an on-site training facility. A new training manager had recently been employed and a new learning and development programme was being implemented. The training manager told us that this would be tailored to staff individual needs and would identify any gaps in knowledge with the aim of ensuring that all staff received comprehensive training that was regularly refreshed. Training was planned as a mix of e-learning and classroom based learning taking into account how different staff learn. The new training strategy stated that all staff will be required to achieve the Care Certificate. The Care Certificate is a set of standards that care staff are expected to maintain in their day to day work. Staff training overall included topics such as dementia awareness, equality and diversity, moving and handling and health and safety.

Staff received regular supervision, which they confirmed. The service operated a continuous appraisal and staff development programme. Records showed that staff took part in regular supervision as well as their annual appraisal. Supervision took place every three months. A senior care assistant told us that they discussed not only their practical work and performance but also their overall development and they felt very well supported. For nursing staff and unit managers there were programmed weekly meetings to discuss clinical and care management areas across the home and the needs for each unit.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 service considered the mental capacity and need for DoLS. A total of 64 people had been considered for DoLS applications in the last year. Currently there were 31 people this applied to. DoLS renewal applications for approval were made. Renewal applications decisions had yet to be reached in three cases, although in

one instance the renewal application had been sent the day after the previous approval had expired. We asked the registered manager to follow up the decision on this application and the two others that had applications for renewal sent but a decision had not yet been received.

Staff had a good basic understanding of their responsibilities under the MCA. Staff were able to talk about people having rights, that they should be asked for their agreement each time care was provided and they had the right to choose. Staff did have training in mental capacity and DoLS, although we found that ten staff were overdue for a refresher on this training

People had enough food and drink to meet their needs. We observed the breakfast and lunchtime meals service on two of the days that we visited. The mealtimes were unhurried and the dining rooms had a pleasant atmosphere. Tables were nicely laid and a menu was displayed on the notice board on one floor although this was not the case on other floors which we raised this at the time with the registered manager. The service did not operate a protected meal-time policy but did ask that visitors not come to the home at meal times. However, relatives were welcome and could assist their relative to eat if they wished. We saw that staff supported people in their bedrooms to eat their meals. We asked someone in their room what they liked most about the service and they replied "the food, the hospitality."

Other people told us, "It's quite good, I choose in the morning and then they remind me before lunch and you can change your mind. There is reasonable choice", "I can eat in my room or the dining room. I have breakfast in my room. The food is okay, tasty" and, "I like to eat in my room and that is okay with them. I choose from a few things and you get dessert. You have tea and biscuits, fruit during the day. They keep an eye on what I'm eating. I have my own snacks in my room."

Menus were seasonal and run on a three-month rotation. Kitchen staff explained that they were aware of what people wanted to eat each day. They told us people were given a choice the day before. Whenever there was a new admission, the person's dietary needs were shared with the kitchen and the chef told us that the kitchen were provided with admissions papers from the nurses describing what foods people liked. The chef was able to tell us how many people in the home, and on each floor, required pureed or other specialist diets.

One of the chefs told us that currently no people in residence had food allergies and none at present had culturally specific requirements with regards to food. However, the chef was able to describe the procedures for handling and storing foods, for example halal products, as necessary. We tasted the standard of pureed foods and found these were of the right nature and consistency. We asked what type of foods they would provide to someone that was diabetic and were told that the service obtained diabetic foods and made diabetic cakes with no sugar being added to foods.

All kitchen staff had completed food safety level 2 certificates. A recent food standards inspection had rated the service as five stars for the quality and standard of the catering.

Staff supported people to ensure their healthcare needs were met. Registered Nurses were on duty at the service 24-hours a day each day of the week. A local GP visited the home each week, but would also attend if needed outside of these times. Staff told us they felt that healthcare needs were met and there was evidence of medical advice being sought at other times. People were supported to make and attend medical appointments, for example at hospital. There were records of healthcare visits in people's files. This included GP's, opticians and dentists. During our inspection the service was visited by three opticians and one of the opticians told us of their positive view of the service and that they were given a list of people that they needed to see in advance of each visit.

There were monthly multi-disciplinary team visits [MDT] including clinical staff at the service, the GP and other healthcare professionals. Everyone living at the service was updated in respect of their progress and healthcare needs. Changes to people's health care needs were recorded along with the action being taken. The service monitored and responded to people's known, and emerging, healthcare needs.

Is the service caring?

Our findings

People told us, "I have my music on every day, I find it very soothing", "They help me with things I find hard like getting in the bath and they have a chat" and "Yes they are very nice and make time to listen to me go on." About staff in general and what the home did well, they said "They are a fun lot and they look after us well", "they make time for everyone" and "they seem very kind and patient."

Relatives told us, "Yes they [staff] are very nice. They really reassure them if they are worried or feeling unwell", and "they seem to know their needs very well". A person's friend said, "The staff make such an effort on St Patrick's, St David's, St Andrews and St George's day. You should see the celebrations at Christmas and Easter. Last month there was another big celebration, everyone joins in."

People told us about their religious beliefs being respected and that ministers from churches did visit. Some people also told us that staff had recently spoken with them about the upcoming general election. Staff demonstrated they knew how to uphold people's right to dignity and respect. This was demonstrated not only be the way that staff spoke about people but also when we observed how staff communicated and engaged with people.

People were involved in planning their care with the inclusion of their family. We were told by the registered manager that access to advocacy services was available to anyone who did not have someone to act as an advocate but no one at present required this. Care plans showed that consent was obtained.

People received care at the end of their life that met their needs. The home's response to caring for people who were receiving palliative care was praised by two visiting professionals we spoke with. A visiting palliative care specialist nurse told us that the service responded well to end of life care planning and palliative care treatment. They also told us that they were in regular contact with the service and there was no hesitation from staff about seeking advice whenever it was needed. We looked at the care plan for the person who the palliative care nurse had been called to see and found that the service did what was required in working with this person reaching the end of their life. We also found this on another two care plans we looked at regarding people who were receiving palliative care. If the people had family members involved their views were included in the end of life care plans.

Staff demonstrated an attentive and personalised approach to getting to know about a person's preferences and making sure that other staff were made aware. At a morning handover we observed staff talking about a person who had spent their first night at the home. Night staff told their colleagues that the person liked the lights out and door closed at bedtime otherwise they could become upset. All staff were informed that they needed to check that this happened when the person went to bed. We observed two morning staff handovers on different units at the home. Staff went to each person's bedroom if they were awake, said good morning and talked about how they had been the previous night. If people needed immediate attention when staff went to see them this was provided and the staff member providing assistance then re-joined the handover.

Staff talked about people respectfully and showed empathy and a genuine interest in people's wellbeing. Staff described how they sought the views and wishes of people who used the service. They told us about how they made sure that they asked people about their preferences and gave us examples of when they did this. A relative told us that they let staff know that their relative liked mushrooms at breakfast and said since they had raised it there had been mushrooms included every day. We also observed staff doing this during our inspection as well as many instances of kind and thoughtful interactions. When we talked with staff about specific people's care and support needs they clearly knew the people they cared for and were able to reply to us without first having to go to check information.

People's bedrooms were personalised according to their wishes and people could bring their own items of furniture into the home to make their surroundings more homely.

Is the service responsive?

Our findings

People told us, "We talk about how I like things and they tell me what they think I should be doing more of or less of. They listen to what I think too." They also said, "They ask me what I think I need help with and then write it down in my folder" and "We chat sometimes about what's in my book and what I would like in there. It's my log book." A relative told us, "They ask me to come in for a chat and we all look at the plan and chat about things in it or things that could be in it. They ask [my relative] about what she thinks, does she need more help, or different medicines. This keeps us all in the know."

We looked at ten care plans of people using the service. Most of these were well written, clear and person centred. However, four of the care plans we looked at were in some parts task orientated on Poppy and Lavender Units rather than person centred. These care plans did not include information on people's likes and dislikes or how people wished their care to be delivered. Care plan audits had been identifying this issue since December 2016. Training had occurred in February 2017 for nurses and some improvement had been made but more work was needed. The provider had developed a revised care plan format and nurses were receiving training about this on 26 April 2017, during this inspection. The action completion date had been set for 30 April 2017. The registered manager informed us that the activity co-ordinators had been instructed to develop life histories with people using the service and relatives and this work had recently commenced.

Staff knew how to appropriately support people with dementia. Two visiting professionals who were assessing a client during our inspection raised a question if staff knew what the person needed in terms of their dementia and how they should respond to the person in their particular circumstances. However, they also said that staff had a good understanding on other care needs. When we looked at the person's care plan this did show that staff had considered what to do to respond to the person's changes of mood. Staff had training about dementia and could tell us about the people they cared for and how they responded to people not least if they were disorientated.

The service provided appropriate, stimulating activities for people. Two activities coordinators were employed by the service and we were informed another was being recruited. The registered manager told us that the aim was to have an activities coordinator for each floor. The registered manager said that currently there were no external activities. However, this was in part due to the weather and as it was getting warmer there were trips out being planned. We observed posters throughout the home advertising a cupcake decorating session and father's day celebrations. Each unit had a large board displaying what activities were going on that day. There were indoor activities morning and afternoon including, skittles, floor netball, movement classes, memory groups and cards. There was positive engagement with people when activities were taking place. The service was looking at ways of continually improve the range of activities provided.

The activities on the three days we visited were varied although there were a small number of times when we saw that people were in lounges, up to twenty minutes, with no staff present. This was specifically on Poppy and Lavender Units. There were no scheduled activities at these times although we asked the deputy manager about this. They told us that a staff member was expected to be present if not supporting people in their rooms, if not every minute, at least regularly. The deputy manager said this would be raised with staff

for attention. No one in the lounge did anything that would have put themselves at risk when staff were not present and when staff were present they engaged well with people.

The provider had a clear complaints and comments policy and feedback was invited from people. This was called, "Suggestions, Concerns and making us aware of a Complaint." This was a booklet that was readily available to people and displayed in the reception area of the home. The registered manager provided us with the details of the complaints that had been received by the home since 1 July 2016. Each complaint had been logged with details of the reason for the complaint and the response, along with any action taken to address the complaint. Feedback was also invited from visiting professionals and we were provided with four feedback forms that had been completed since January 2017. These comments forms provided positive feedback to the service about their working in partnership and a good standard of care.

Is the service well-led?

Our findings

People using the service told us that they knew the registered manager but had a varied view about whether this person was available to them, although most said they were and could talk to them.

Relatives told us, "The staff know what they are doing here, much better managed than the home my [relative] was in before" and "[If you are not sure] there is always someone to ask, staff are always there."

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff spoke positively about their work and we observed open communication between staff and members of the management team. Staff felt that they could approach the registered manager or other senior staff with any concerns and told us that management were supportive and made themselves available. Staff told us, "I can talk with the manager, not just the nurses", "The manager is around a lot and nurses are very good [comment made in answer about communication with management and senior staff]", and that management staff were "Very approachable." As a part of the provider's employee support framework, regular staff meetings took place to discuss general matters about the running of the home. Daily meetings also took place on each unit to discuss care needs and people's progress. The staff team had regular opportunities to discuss the work of the service, training and updating their knowledge and to discuss people's care and support needs.

Monthly medicines audits took place. In March 2017, the service had been inspected by the local NHS Clinical Commissioning Group. Their report showed the overall good performance of the service with safe medicines management.

Other audits covered the day-to-day operation of the service from staffing, catering, maintenance and care planning. Audits were carried out monthly and we looked at examples of these since October 2016. Where issues had been identified there were actions to address these in most areas. However, audits regarding risk assessments and care plans had identified issues but action had not been fully completed on two of the four units despite training having been provided to all nurses and unit managers in February 2017. The care plan and risk assessment formats had since been revised and the nurses and unit managers were receiving training about this during this inspection. The full implementation date for these new formats had been set as the end of April 2017.

The registered manager told us that the service sought regular feedback from people using the service as they were at the home and walked around asking people for their views. Feedback was obtained from relatives during social functions and there were quarterly manager's surgeries at a weekend for relatives to meet individually with the registered manager. The registered manager also informed us that they operated an open door policy for relatives and saw visitors as they come in and as they leave, which we saw happening during this inspection.

Surveys showed that people were consulted and their views about the service were requested. We looked at the results for the relatives' and friends' feedback questionnaire summary and response for 2016. The survey

made reference to 67 questionnaires having been issued with nine responses being received in reply. Responses to the questions answered were positive, with the service provider including comments and suggestions, positive or less positive, when these were made. The registered manager provided an action plan in response to the feedback received. The survey outcome was shared with people, including sending this by e-mail to relatives when that was requested.

A staff survey, issued to 91 staff, had also been completed although the response was just below ten per cent of the staff team. Again, comments were included along with suggestions for changes or improvements. Views from stakeholders were also obtained on an on-going basis. The outcomes of the surveys were issued directly to the staff team and some staff told us they knew these had been. The registered manager informed us that the action plan from the latest staff surveys at the end of 2016 was being compiled although staff were discussing areas included in the audit at staff meetings, for example communication and team work.

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 |
| Treatment of disease, disorder or injury | The provider did not ensure care was provided in a safe way, by assessing risks to the health and safety of service users. Regulation 12 (1) and (2) (a). |