L & J Care Ltd

Lavender Lodge

Inspection report

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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**

Overall summary

The inspection was unannounced and took place on 21 and 24 July 2015.

Lavender Lodge is a residential care home for up to 20 older people, many of whom were living with dementia. At the time of our visit there were 17 people living at the home.

The service had a registered manager. 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.'

We identified issues around the recording of medicines as medicine administration records (MAR) did not always show whether people had received their medicines or not. The provider had arrangements in place for the safe ordering, and disposal of medicines.

Summary of findings

Consent to care and treatment was not always sought in line with legislation and guidance. Where people did not have capacity to consent, appropriate processes were not always followed to protect their rights.

Although the provider had a quality monitoring system in place this system did not cover essential areas such as the auditing of accidents and incidents or medicines. Therefore some areas of concern we identified at this inspection had not been identified by the registered manager or provider.

People and those that mattered to them told us they were satisfied with the care they received. One relative told us "this place deserves a pat on the back". People felt safe living at the service in terms of not being harmed and being able to raise concerns with staff. Staff knew what action to take if they suspected abuse and had received training in keeping people safe. Checks were carried out to ensure that new members of staff were safe to work at the service. There were enough staff to keep people safe and ensure their needs were met. Risk assessments were in place and regularly reviewed to help protect people from harm. Where someone was identified as being at risk we saw that actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Staff received the training they required to ensure that people were kept safe. Staff supervision had recently been introduced by the manager as previously staff had received informal training which involved observing their day to day practice.

People had enough to eat and drink and dietary requirements where respected. We spoke with staff about a person would need a diabetic diet and they told us "we get special bits in so if they sees residents eating she doesn't feel left out". Staff regularly offered people a variety of hot and cold drinks. One person's care plan told us they needed encouragement to ensure they ate enough. However during our observation we saw this person eat a small amount of their meal and staff did not offer encouragement to try to eat a little more. People had access to healthcare professionals and all their appointments were recorded in a diary. Staff supported people to attend their healthcare appointments.

There was an open and friendly atmosphere at the home and visitors were welcomed and made to feel relaxed. People were treated with kindness and respect and were involved in deciding how they wished to spend their time. Staff were quick to notice when they required assistance or reassurance.

People were cared for by kind and caring staff who knew their needs and preferences. A member of staff told us "I like to talk to someone to get to know them. We sit and chat with the residents. You don't realise how much they've done until you talk". People were encouraged to make decisions and remain as independent as possible. People's privacy and dignity were promoted and they were treated with respect by staff.

Care plans provided staff with comprehensive information about people and how they wished to be supported. Daily records were kept for each person and staff completed information in an individual diary. The life history information contained within people's care plans at times was limited, however this information was dependent on information provided by relatives. Where possible people or the people who mattered to them where involved in planning their care and supported to be as independent as possible.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

The management of medicines was not consistently safe as there were significant gaps in the recording of the administration of medicines.

Staff had received safeguarding and whistleblowing training and knew how to recognise and report abuse.

Risks were assessed and regularly reviewed to ensure people were kept safe

There were sufficient numbers of staff on duty to keep people safe.

Is the service effective?

Requires improvement

The service was not always effective.

People's rights were not always protected as the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were not consistently applied.

People received enough to eat and drink but did not always receive the encouragement they needed at eat their meal.

People were supported to maintain good health and had access to healthcare services.

The premises and environment were designed to help those with dementia to orientate themselves and maintain their independence.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

Where possible people or the people who mattered to them where involved in decisions about care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised, care plans were reviewed regularly to ensure they met people's needs.

There were meaningful activities for people to take part in and these were tailored to peoples interests

Summary of findings

People were encouraged to maintain relationships with people that mattered to them.

Is the service well-led?

The service was not always not well led

Quality assurance systems were not always effective in measuring and evaluating the quality of the service provided.

There was an open door policy and staff felt listened to by management

The culture of the service was open. People and staff felt able to share ideas or concerns with the management.

Requires improvement

Lavender 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.

We visited the home on 21 and 24 July 2015. The visit was unannounced.

On the first day of our inspection one inspector and one inspection manager undertook the inspection, the second day of our inspection was undertaken by one inspector. Some people living with dementia were unable to tell us about their experiences therefore we observed care and support in communal areas and spoke with people and staff. 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 spent time looking at records including eight care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

Before the inspection, we checked the information that we held about the home and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed complaints and safeguarding information that we had received from relatives of people who received a service, staff who worked at Lavender Lodge and West Sussex County Council Safeguarding Team. We used all this information to decide which areas to focus on during inspection.

During the inspection we spoke with 5 people who lived at the home, two relatives, four care assistants, two chefs, the manager and the provider. We also spoke with one visiting health care professional, one social care professional and the external activities coordinator.

The home was previously inspected on 13 January 2014 and no concerns were identified at that time.

Requires improvement

Is the service safe?

Our findings

Medicines were not always administered safely. We reviewed Medicines Administration Charts (MAR) charts from the previous month and found there were a significant number of gaps within the records. An up to date medicines policy was in place which stated that "once administered, the MAR must be initialled; the MAR chart must not have any blanks". The gaps in the recording of medicines had not been identified by the registered manager and she told us that there was no medicines audit in place. This meant that the registered manager and provider could not ensure that people received medicines as prescribed. We observed lunch time medicines being administered and saw that the staff gave medicines safely and in line with the home's policy. We spoke with the senior carer who told us they had annual medicines training provided by the local pharmacy. The registered manager told us that following the medicines training she completed a competency assessment which involved observing the staff member administer medicines to ensure this was done correctly.

The gaps in recording of medicines mainly related to PRN medicines for pain relief such as paracetamol and co-codamol. The PRN (as required) medicines policy stated to give medicine as prescribed but where people had been prescribed medicines on an 'as required' (PRN) basis, there were no instructions available for staff so they would be able to recognise the signs and symptoms when people needed this medicine. This could mean that PRN medicines were not administered consistently, as people living with dementia may not be able to request or say if they needed pain relief.

Staff confirmed that they were confident in administering medicines and understood the importance of this role. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines but we found this had not identified where staff were failing to follow the correct procedures for recording.

Systems were not in place to ensure people received the correct medicines and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medication policy stated medicines needed to be stored at the correct temperature. On the first day of our inspection we identified issues with the storage of medicines as there was no method for monitoring the temperature of the room where medicines were stored. We spoke with the manager and a thermometer was in place on the second day of the inspection. This ensured that there was an effective process in place for monitoring the safe storage of medicines. Medicines were locked away as appropriate. At the time of the inspection there were no covert medicines being administered and nobody was administering their own medicines.

Visitors told us they felt their relative was safe living at the home. One visitor told us, "I don't worry about her" and another relative told us "she seems safe here".

People were protected by staff who knew how to recognise the signs of possible abuse. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff told us if they had concerns about possible abuse they would "speak to the manager, she would want to know". Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe and told us they had recently undertaken training in whistleblowing and safeguarding adults procedures. Staff said they felt comfortable referring any concerns they had to the manager if needed. The manager was able to explain the process to be followed if a concern was raised. The registered manager was able to describe the home's safeguarding policy and they told us they would contact West Sussex Safeguarding team with any concerns and the contact details are on the office noticeboard.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place. Where someone was identified as being at risk we saw that actions were identified on how to reduce the risk and referrals were made to health professionals as required. Before moving to the home an assessment was completed. This looked at the person's support needs and any risks to their health, safety or welfare. Where risks were identified these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage many of the risks associated with people's care needs and how to support them safely. For example one person was a risk of falls and had difficulty using their call bell. A sensor mat was in place next to their bed to alert staff when the person

Requires improvement

Is the service safe?

was out of bed to ensure they responded promptly. This information was clearly recorded in the person's care plan. Where people needed assistance with mobility we saw staff carried this out safely and in a reassuring manner.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service (DBS) checks were undertaken. DBS checks identify if potential staff are not suitable to work with people in a care setting. Two references were obtained from current and previous employers.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. Staffing levels were assessed by the registered manager and varied with the changing needs of people living at the home. We observed that people were not left waiting for assistance and people were responded to in a timely way. We saw staff supported people in a relaxed manner and that they took time to engage with them. Staff told us that the registered manager arranged cover if a shift was short of staff. No agency staff were used as the existing members of staff would pick up any shifts which were not covered. We discussed the use of agency staff with a visiting healthcare professional and they told us "staff are consistent".

People were cared for in a clean and hygienic way. There was a daily cleaning schedule which detailed which rooms had been cleaned and a night cleaning rota. We observed the housekeepers cleaning and vacuuming communal areas and bedrooms, including using carpet cleaner to de-odorise the carpets. The registered manager told us there are two housekeepers who are in daily. The laundry was managed appropriately. Clean and soiled laundry was stored separately to minimise the risk of infection. Staff were aware of their responsibility for infection control and told us that protective clothing such as gloves and aprons were available.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restriction on their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

The home DoLS policy stated that when a person lacks the ability to make decisions "we then request from the person's supervisory authority an assessment whether it's in their best interests to be deprived of their liberty for the purpose of receiving care and treatment". This is called an authorisation for a DoLS and is made by the local authority when a person does not have capacity to agree to a restriction of their liberty for their own safety. We reviewed people's care plans and saw that authorisations had been requested for some people. We saw that when a DoLS authorisation had been requested a capacity assessment had not been completed. As there was no capacity assessment in place the reason the application was deemed necessary was not clear. We discussed the MCA and DoLS with the registered manager who showed some understanding of their roles and responsibilities. She advised that she was in the process of making applications for all people and is "aiming to have everyone on DoLS". The registered manager had not given consideration to people's ability to consent to care and treatment, making the DoLS applications unnecessary and unlawful. A blanket approach to DoLS for all people did not ensure that people's individual circumstances were taken into account to protect their rights.

The provider had not followed the principles of the Mental Capacity Act 2005 or the Mental Capacity Act 2005 Code of Practice for assessing those who were unable to give consent due to lack of capacity. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the food. One person told us "I like the food very much ". After their lunchtime meal a person told us, "I enjoyed that very much ". A relative told us "they give good meals. They are excellent". The chef told was there was a four week rolling menu. There was a menu in the dining room which showed there was one option of the menu at lunchtime. The chef told us when people do not want the menu option he will prepare another meal such as an omelette or a sandwich. The chef also told us they monitored the response to meals prepared and if people stated they did not like the meals, or, if people were not eating the meal he would take it off of the menu. A healthcare professional told us there were protected mealtimes to ensure that people had enough to eat but staff were flexible with this arrangement in the event of an urgent health concern.

We observed the lunchtime experience in the dining room, during the meal soft music was playing in the background. People were offered a choice of where they would like to have their meal; some chose the dining room while other people chose the lounge. Staff offered people a choice of drinks. Staff were available and offered assistance and reassurance when needed. We observed staff prompted with use of cutlery and offered to cut food for people. We saw one person used a plate guard which allowed them to eat independently. Meals appeared hot and looked appetising. We observed one person eat a small amount of their meal before pushing the plate away. They were not offered an alternative meal. The person's care plan stated "generally eats very small portions and requires encouragement to eat and drink". This person did not receive the support as detailed in their care plan and action was not to taken to ensure they had enough to eat and drink. This was discussed with the registered manager on the day of the inspection.

Staff were knowledgeable about people's dietary needs and preferences. One person was on a diabetic diet. We reviewed their care plan and it was recorded that the person's diet should have a low sugar intake and that staff should "do this without letting her feel like she is missing out as she has a sweet tooth". A member of staff told us "we get special bits in so if they see residents eating she doesn't feel left out". We saw that this person received suitable low sugar alternatives. People who needed a protective apron where offered this. People's care plans showed that the benefits and risks of using an apron had been assessed before a decision had been made. This ensured that people were involved in the decision to use an apron and that steps were taken to ensure their dignity was maintained.

Requires improvement

Is the service effective?

Staff had undertaken training to ensure they had the skills and competencies to meet people's needs. Training records showed that staff had received training in topics such as fire safety, safeguarding adults at risk, medicines and moving and handling. The majority of care staff were trained to at least level 2 in a National Vocational Qualification (NVQ) or Diploma in health and social care. Staff told us they were encouraged to suggest and take part in training which they feel would be helpful. A member of staff told us they had asked the manager if they could attend an end of life course at the local college and this had been agreed. This knowledge and practice could then be shared and used to improve this aspect of care for people. We spoke with staff about the dementia training they received and how this impacted on the support they offered people. Staff were able to tell us about the importance of knowing people as individuals and how this can influence the way that they support people with dementia when they become upset.

New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider's induction checklist which involved familiarisation with policies and procedures and care plans. It also covered the 'on call system', handover, fire prevention and evacuation procedures.

Monthly supervision meetings were introduced by the registered manager in March 2015 where staff had a one to one meeting with their line manager to discuss their work. Regular supervision ensured that staff received guidance on best practice and any concerns could be addressed. Staff supervision was on-going and staff practice was observed by the manager and skills were monitored and advice and guidance was given when needed. Staff also received an annual appraisal.

People had access to healthcare professionals and the staff worked in collaboration with professional such as district nurses and falls prevention teams to ensure these needs were met. We spoke with people and were told "we are helped with everything if it's needed. We've all got our doctors and they come in". Care plans recorded communication with professionals. Professionals told us staff contacted them promptly if they had concerns. A health care professional told us, "whatever input we give them, they are happy to continue it," and, that advice is "consistently followed". The external activities coordinator told us "if people need attention staff are quick to respond." People's care plans recorded healthcare professional visits, the reason and the outcome of the visit. Advice and updates from health care professionals was discussed at the daily staff handover. A care plan we checked showed that when a person's appetite reduced staff informed the doctor and community nurse. Staff followed medical advice and care records showed the person had been gaining weight.

The registered manager told us they were proud of the work they had done to make the premises 'dementia friendly' and had received compliments from visiting professionals. A dementia friendly environment is an environment which takes into consideration the needs of people with dementia and allows them to find their way around safely and independently. One of the front lounges was a reminiscence room which was decorated in a 1950's style. There were books available in the lounge which people were free to pick up and read. There was clear signage throughout the building and pictorial signs were displayed on the toilets and bathrooms to help people with dementia orientate themselves independently. The lighting helped to create a homely atmosphere. People's bedrooms were personalised with possessions such as pictures, bedding and furniture. There were nostalgic pictures displayed in the corridor to encourage reminiscence. Within the lounge there was a noticeboard which detailed the day, date, season and weather. This information was displayed with words and also pictures which helped to orientate people to time and place. We saw two people come into the lounge after lunch, they sat together and spoke with one another while looking at the nostalgic images on the wall. However we saw that there were various clocks through the home but some of these were not set to the correct time which could be confusing.

Good

Is the service caring?

Our findings

People described the staff as kind and as being "very good people". The atmosphere was relaxed and we heard friendly conversations between people and staff. One person was heard having conversations with staff about their family and when they planned to visit, the person appeared to enjoy this conversation. People's artwork was displayed on the walls. Staff listened to people and comforted them when they were upset. We observed a member of staff speak kindly with person who was upset, they offered reassurance and encouraged them to spend time with other residents and take part in the day's activities. Photographs of people and staff attending events and outings added to the homely atmosphere. A relative told us, "It's pretty good care. They are very compassionate"

One relative told us they can visit "anytime I like, they make me feel very welcome," and told us the staff are "friendly and efficient". Friends and family were able to visit without unnecessary restriction. Staff told us "family are always welcome to come". We spoke with a relative who visited the home regularly. They told us that they did not have any concerns about the care provided to their relatives. A relative told us "this place deserves a pat on the back".

A family member told us "They really love what they are doing. I was impressed with their genuiness and consideration". Another family member told us staff "are extremely respectful". The provider's Statement of Purpose stated that the home aims "to respect individual preferences as far as possible and maintain dignity and confidentiality". From our observations this ethos was embedded in the home. We spent time observing care practices in the communal area of the home. Through both inspection days we saw and heard staff knocking before entering people's bedrooms. Staff told us how they would ensure people's privacy and dignity was respected. One staff member told us, "I would knock before I went in and ask if it's ok to come in. I would tell her what I'm going to do before I start". We saw staff knelt or sat down when talking to people to ensure they were at the same level. Staff spent time talking to people while they supported them and offered reassurance when needed. There was a calm and positive atmosphere in the home and people responded positively to staff and enjoyed being in their company. A member of staff told us, "I treat residents as nicely as I would like to be treated". All bedrooms were en-suite and many had showers which promoted people's privacy and dignity.

Staff had a good understanding of people's needs and individual likes and dislikes. One member of staff told us they read the person's care plan to get to know them and the registered manager gave information about new people at the daily staff handover. Staff told us, "I like to talk to someone to get to know them. We sit and chat with the residents. You don't realise how much they've done until you talk". The manager spoke with us about the importance of knowing people's personal history and how this influences the best way to support them. A social worker told us "staff know X (person) well and know what her gestures mean". Staff knew which people needed equipment to support their independence and ensured this was provided when they needed it. We observed one member of staff move a person's Zimmer frame beside them and offered reassurance to use this when they wanted to leave the lounge. Staff took time to make sure that people understood what had been said or asked by making eye contact and repeating questions if needed.

Throughout the inspection we saw that staff offered people choices regarding how their time was spent. We saw people were offered a choice of whether they wanted to go into the lounge or spend time in their room. A social worker told us "she likes her own company and the carers respect this". When discussing choice a member of staff told us "when all's said and done it's about choice, would you like to wear this or would you like this?"

Care plans showed us that people were supported to remain as independent as possible.

Care plans told staff how to promote independence such as "to promote independence involve in selecting clothes". Staff told us they "I would wet the flannel and give them it to wash their face".

Good

Is the service responsive?

Our findings

Staff knew people well and understood how they liked to be supported. Care records showed people's needs had been assessed before they moved to the home. The pre-admission needs assessment had been used to develop the care plan which gave information on how to support the person. Care plans included information on people's key relationships, personality and preferences. They also contained information on people's social and physical needs. People's care files contained a section detailing communication with healthcare professionals such as the GP. Care plans contained information on people's life history which gave staff information about the person's life before the moved into the home. In some places this information was limited, the registered manager told us that people's life history information was gathered from relatives and was dependent on how much information they received. Life history information allowed staff to have a good understanding of people which enhances the personalised care which they provided to people.

One person's care records said the person should avoid social isolation. We could see that staff followed this as the person was out of their room and socialising with other people. A visiting healthcare professional told us, "I have no issues with the care plans, the information is always up to date". Care records were reviewed by the registered manager or deputy manager. They were reviewed monthly or sooner if people's needs changed. They spoke with people, staff and relatives to determine if people's needs had changed and this was reflected in their care plan.

A care plan we checked showed that a mobility assessment had been completed and reviewed monthly. Due to a change in the person's mobility the care plan had been updated to reflect that a sensor mat should be placed in front of their bed. We checked this person's room and saw that this was in place. We observed a staff handover meeting where staff discussed the care which people had received and refused. Staff discussed changes in a person's mobility and an upcoming appointment with the falls prevention team. We also heard staff discussing people's strengths and skills as they discussed one person's reading skills and how best to encourage them with this. Care records encouraged staff to promote people's independence. One care plan told staff "to promote independence with personal care. Involve (named person) in selecting clothes". Care records showed how care was responsive to meeting people's needs. For example, where people were at risk of developing skin pressure injuries there was guidance for staff on how to management and prevent these developing. However we identified one care plan did not have sufficient information on how to manage someone's identified behaviour needs. This meant that staff did not have clear guidance on how to respond to this person when they became upset.

Staff told us they found care plans helpful and that change to the support people needed was discussed at the daily staff handover. We saw staff discussed changes to people's medicines and the reasons the doctor made the decisions..

Daily records were kept in individual diaries for each person. These recorded what the person had to eat, what support had been offered and accepted. The diaries also recorded information about people's moods and behaviours, any concerns and what action had been taken by staff. This ensured the person's needs could be monitored for any changes. There was a secure garden which was easily accessible to people who lived at the home. There were raised flower beds and the manager said sometimes people liked to watch the staff planting flowers there. A relative told us, "If it's nice they will go outside and do a bit in the garden". People spoke positively about the activities on offer and also the activities co-ordinator.

We asked a person if there were enough activities on offer and they replied "absolutely". A relative told us "a lady comes in nearly every day, she does quizzes, games and general knowledge tests". We spoke with the external activities coordinator who told us they had been coming to the home for 10 years and visited 4 days a week. They organised and led arts and craft sessions and games like skittles and bean bag toss. She told us "There's always something going on". She also told us she adapted the activities to the people and their individual interests and encouraged people to take part while respecting their decision if they refused. She told us, "Some residents don't take part but like to observe". There were two adjoining lounge areas within the home. One lounge was used by people who liked to socialise and take part in activities and the other was a quiet lounge. The quiet lounge had several chairs and a fish tank and was decorated in a homely way. People were able to choose which lounge they would like to spend time in. On the afternoon of the first day of our

Good

Is the service responsive?

visit we observed ten people alongside the activities coordinator taking part in an art project. The activities coordinator was engaging people in conversation and encouraging their input. Other people had chosen to sit nearby and observe the activity. On the second day or our inspection we observed two members of staff reading out a crossword puzzle to people in the lounge. Staff and people were heard happily talking and laughing with one another during the crossword activity. We also observed two people sitting in a quiet area of the home happily chatting to one another and listening to music while watching the home's cat. Staff came over to them and asked if they would like some tea and checked that they were comfortable. We heard staff offered to paint someone's nails and later saw that this had been done. A varied and engaging programme of activities ensured people's social and psychological needs were met and reduced the risk of social isolation.

A relative told us they knew how to make a compliant but had never had to complain as issues were dealt with quickly. Another relative told us, "If I had any concerns I would speak to the manager". The registered manager told us that there had been no formal complaints as she had a good relationship with family members and they spoke to her regarding any issues. Staff demonstrated an understanding of how to deal with a complaint. Staff told us they would pass a complaint on to the manager or deputy manager if she wasn't available. The manager told us "they tend to speak to me. They know that they will be listened to". The complaints policy states that oral and written complaints should be recorded. At the time of our visit there was no written record of complaints.

Requires improvement

Is the service well-led?

Our findings

There were inconsistencies in the system of audits which were used to monitor the quality of the service. The process consisted of audits in areas covering care documentation, infection control and cleaning. The audit schedule did not include an audit of accidents and incidents or medicines. We identified significant gaps in the recording of medicines administration which the manager was not aware of. We also saw a blister pack of medicines from August 2014 for a resident who no longer lives at the home. This was raised with the registered manager on the day of our inspection, they did not know why this medicine had not been disposed of and agreed to follow this up. The lack of a system to monitor medicines management meant that the manager was not always aware of issues in the administration, storage or disposal of medicines. On the second day of our inspection the manager showed us a medicines audit which was put in place in response to our feedback. This audit was designed to checked the administration, storage and recording of medicines and covered areas such as checks on MAR chart entries and daily recording of temperatures in the medicines storage room. The manager told us that any accidents or incidents were recorded in the person's individual care plan but there was no audit for this area. Accidents and incidents were recorded on an individual basis in each person's care plans. The lack of a system for monitoring accidents and incidents meant that the manager could not identified trends and concerns and make any necessary improvements to the home.

We recommend the provider refers to reputable guidance and good practice in implementing a quality assurance system with regard to adult social care residential services.

People told us the home was well led and that there was a consistent staff group at the home. Relatives and health care professionals told us that staff knew people well and that people received a good and consistent service. The manager spoke with people and staff in a warm and supportive manner. Staff felt that they could approach the manager about any concerns or when advice was needed. Supervision was recently introduced and staff told us they found this beneficial. Prior to March 2015 staff had not received formal supervision and the registered manager was aware that this was an area in need of improvement.

The registered manager told us that staff would have supervision every three or four months and they would also have an annual appraisal. Supervision gave staff the opportunity to discuss their role within the service and improve how they work with people. This also ensured that staff receive adequate support. Supervision also allowed the registered manager is overseeing the culture of the service.

There was an open culture at the home and staff told us they would be listened to and supported by the registered manager if they raised a concern. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. A member of staff told us "we are a tight knit team, we look after each other". "You can rely on who you are working with". The registered manager and staff told us there were senior carers on duty at all times and they could access an on-call system if managerial support was needed.

People, relatives and healthcare professionals spoke positively of the services provided and staff. The external activities coordinator told us "there's usually a happy atmosphere, the girls are laughing and the residents seems settled" and "this is my favourite home". Relatives and staff spoke positively of the registered manager. Staff told us "she is easy to approach. She cares about everyone in the building. Not just the residents ".Another staff member told us the deputy manager "she's amazing, you only have to say something in passing and she will fix it". Visitors told us they knew the registered manager and would feel comfortable speaking with her if they had any concerns. The registered manager told us that they had "an open door policy" and staff and relatives were encouraged to approach them with concerns.

The registered manager was able to describe the vision and values of the home. They told us they try to create "a homely environment, that's how I'd sum it up. We are trying to make it like a family, we want the residents to know we are all equal". A staff member told us "I've worked in a few care homes and this is the nicest and most caring home I've ever worked in". Management and staff had a shared understanding of the key challenges, achievements, concerns and risks. We asked the registered manager what she was most proud of and she said she was proud of the dementia friendly environment which they created and the relationship that staff had with people who lived at the home. The registered manager told us "I'm proud of the

Requires improvement

Is the service well-led?

good care that we give. We know the residents and deal with them as individuals". Staff told us, ""its very person centred, residents are the most important thing". Another member of staff told us "I'm most proud of the quality of care. We do our absolute best".

The provider had recently asked for feedback from people who used the service. Service user questionnaires were contained in some people's care plans. The registered manager advised that they had not yet completed this for all the people at the home. The registered manager told us she or the deputy manager discussed the questions with people and took a note of their response. The questions included "Do you like the people that help you here?" one response was "yes, I can't fault it". One question asked for suggestions for activities and outings and one response was "Beach, to the café". This had been responded to and staff told us that people had been out on the mini bus to the local beach café. People had signed the questionnaire to show they had been involved in the discussion.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines. Regulation 12 (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment had not been provided with consent of the relevant person because the registered person had not acted in accordance with the 2005 Act. Regulation 11(1)(3).