Runwood Homes Limited

Low Furlong

Inspection report

Darlingscote Road
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Warwickshire
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Tel: 01608662005

Date of inspection visit:
25 January 2016
28 January 2016

Date of publication:
02 March 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 25 & 28 January 2016 and was unannounced.

Low Furlong is a residential home which provides care to older people including some people who are living with dementia. Low Furlong is registered to provide care for up to 44 people. At the time of our inspection there were 42 people living at the home.

There was a registered manager in post. 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.

Staff knew how to keep people safe from the risk of abuse. People told us they felt safe living at Low Furlong and relatives agreed their family members felt safe and protected from abuse or poor practice.

The registered manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks. However, some care plans and risk assessments required updating to make sure staff provided consistent support that met people's needs.

There were enough staff on duty to meet people's health needs. The registered manager checked staff suitability to deliver care and support during their recruitment process. The premises were regularly checked to ensure risks to people's safety were minimised.

People's medicines were not always managed, stored and administered safely in line with GP and pharmacist prescription instructions. For example, the processes to administer medicines covertly (disguised in food or drink for example) were not thorough enough to ensure people received their medicines safely in line with manufacturer's guidelines. Records of controlled drugs did not reflect the stock we found on the day. When we returned, the registered manager had records to show they had been recorded and disposed of as required.

People were cared for by kind and compassionate staff, who knew their individual preferences for care and their likes and dislikes. Staff understood people's needs and abilities and they read care plans and received updated information at shift handovers. Staff received training and support that ensured people's needs were met effectively. Staff were encouraged to develop their skills and knowledge, which improved people's experience of care.

The registered manager had limited understanding of their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Two people had a DoLS in place at the time of our inspection. The registered manager acknowledged people's care plans did not always record information to make sure they had the proper authority to deprive a person of their liberty if it

was in their best interests. For people with complex needs, records were not completed to show that their representatives or families and other health professionals were involved in making decisions in their best interests.

People were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs, which minimised risks of malnutrition. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health, and when their health needs changed.

People and their representatives were not always involved in care planning reviews although they said staff provided the care they needed. Care was planned to meet people's individual needs and abilities and care plans were reviewed although some information required updating to ensure staff had the necessary information to support people as their needs changed. However, people's physical and mental stimulation was limited because they were not proactively supported to purse their own hobbies and interests.

The quality monitoring system included reviews of people's care plans and checks on medicines management. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. Improvements were required in assessing risks to people and how staffing levels were determined to ensure safe levels of care were maintained to a standard that supported people's welfare.

We found a 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?

Requires Improvement

The service was not consistently safe.

People told us they felt safe and staff understood their responsibility to report any observed or suspected abuse. Staff supported people who had been identified at risk although risk assessments were not always updated to reflect people's current health needs. Medicines were not always administered, recorded and stored safely and people's medicines were not always given in line with their prescription or GP instruction.

Is the service effective?

Good

The service was effective.

People were involved in making day to day decisions about their care and support needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People received support from a staff team that were trained and knowledge to meet people's needs. People were offered meals and drinks that met their dietary needs.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate towards people and people felt confident asking staff for support. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence, by encouraging them to make their own decisions.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their families were not always involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time but there was minimal physical and mental stimulation for people, which did not always meet their needs.

The registered manager took action to resolve complaints to the complainant's satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some systems required better organisation to ensure improvements that had been identified, resulted in positive actions being taken. Medicine and care plan audits were not always effective in identifying improvements that ensured people received a service that was safe and effective. People and staff were supported by a registered manager and provider that welcomed people's feedback about the service they received.

Low Furlong

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 25 January 2016 and was unannounced. On 25 January 2016 the inspection was carried out by two inspectors 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. One inspector returned on 28 January 2016 to speak with more people and staff about their experiences of living and working at the home.

Before the inspection visit, the provider completed 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. What the provider had identified as required improvement was supported by what we found during our inspection.

We reviewed the information we held about the service. We looked at information received from relatives, whistle blowing concerns and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority before this inspection but they did not share any information with us that we were not already aware of.

We spent time observing the care people received from staff in the lounge and communal areas of the home. We spoke with seven people who lived at Low Furlong, one relative and one visiting health care professional. We spoke with two care team leaders, 10 care staff and a chef (in the report we refer to these as staff). We also spoke with a regional care director and the registered manager. We looked at five people's care records and other documentation related to people's care including quality assurance checks, management of medicines, complaints and incident and accident records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Low Furlong and said they received the care and support they needed from staff. People said staff made sure their health and wellbeing was supported, such as helping them to take their prescribed medicines. On 25 January 2016, we spent time with a care team leader looking at the administration, management and recording of medicines. We returned on 28 January 2016 to follow up concerns we identified regarding the management of controlled drugs and the administration of covert medicines (medicines disguised in foods or fluids).

People received their medicines from experienced staff who had completed training and whose competency had been assessed to ensure they continued to give people their medicines safely. One staff member said, "I have had the training in medicines and the manager has supervised me to make sure I give them correctly." The registered manager said only care team leaders, senior staff or themselves gave people medicines which helped keep tighter controls over medicines and limit the potential for errors.

'Controlled drugs' are medicines that have strict legal guidance that must be followed. We found these were stored safely and recorded in a special register log book which staff told us was checked twice a day and as a part of medicine audits to reduce errors. However, we found the number of transdermal patches; (patches that stick on to a person's skin to allow medicine to be absorbed through the skin), recorded in the register, did not match the stock of patches we found in the cupboard and were unaccounted for. We discussed this with the registered manager and they offered us an explanation that a district nurse had taken them. We found no records to confirm this and this practice was not in line with the provider's medication policy. When we returned on the second day to follow this up, the registered manager said a thorough search had located the pain relief patches. Records showed a district nurse had signed for their safe collection.

We looked at the procedures around the administration of covert medicines. Covert administration of medicines is where medicine is given without the person's knowledge, for example mixed with their food. One person received their medicines covertly. The registered manager had a 'one line letter' from a GP written in 2008 which said that covert medicines could be given. The lack of information in the care records meant that we were unable to be sure whether this letter applied to the person's current medication or how this 'best interest' decision was made. We found no mental capacity assessment had been completed for the person to decide if covert medicines was the least restrictive practice.

We found no evidence to show us that information had been sought by staff from the person's GP or pharmacist to say how the medicines were to be given safely to ensure the medicines remained effective. For example, certain prescribed medicines cannot be given with dairy products and the crushing of some medicines, could result in reduced absorption of the medicine or increase the effects of certain medicines. The lack of guidance sought by staff was not in line with the provider's medicine's policy.

We asked staff how they made sure they administered covert medicines safely for one person. Staff said it was, "The GP who approved medicines to be given covertly" but they did not know when decisions were made or what the safe methods were for certain medicines. We asked one staff member how they

administered covert medicines to this person. They told us, "I crush them all and give them in yoghurt." We asked how they knew this was safe and they said. "It is how we have always done it." One of three prescribed medicines' instruction stated it was to be given 'at least 30 minutes before breakfast and other medication'. However, we observed this instruction was not followed and saw the staff member crushing this medicine with two other tablets and mixed all medicines together with yoghurt. We asked them if the person had breakfast and they said, "Yes, they had their breakfast at about 9.00am. We asked why it was not in line with the specific medicine instructions but they could not provide us with an explanation. This person received the medicine at 11:05am.

We looked at four people's medicine administration records (MAR) and found one error regarding available stocks. One tablet was unaccounted for and there was no reason entered on the MAR that explained why. We checked against monthly stock balance checks and found these did not always balance with the MAR, so it was difficult to establish what the correct medicines stocks were. We showed examples of the incorrect stock monthly stock audits to the registered manager. They said, "The monthly stock audits made it confusing for staff" and following our discussion, decided to withdraw these. The registered manager completed regular medicine audits to check the safe management and administration of medicines. Records of audits had not highlighted the issues we discovered. We found people were not always protected against the risks associated with medicines because the provider did not safely manage medicines in the home.

This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when they received care from staff and people were confident their personal possessions were kept. Comments made to us that showed people felt safe were, "I do feel safe, if not I would speak to the manager", "Me and my possessions are secure" and "I have always felt safe. X (Registered manager) I would speak to, she is a very nice person".

Staff were able to describe how they would recognise abuse. Staff described how their knowledge of people meant they could identify changes in behaviour that could be an indication of abuse.
We gave staff various scenarios involving abusive behaviour and asked how they would respond. A typical response was, "I would report it to the manager or go higher and you would phone safeguarding." Another staff member told us they would feel confident to report any concerns and said, "It's about protecting people." Staff had the information they needed to report safeguarding concerns. A local safeguarding policy linked with contact numbers for staff should they be required. The registered manager was aware of safeguarding procedures and described to us the actions they would take in the event of concerns being received.

People felt there were enough staff to meet their physical and emotional needs. One person said, "Never any issues about staff at all," and a relative told us, "I think they are hard pressed but I have never seen a situation where there's a lack of staff. I have heard call bells coming on, the length of time they stop is after a few seconds to a couple of minutes."

All the staff we spoke with said they felt there were sufficient staff to meet the needs of the people who lived at Low Furlong. One member of staff said that there were occasions when they were short staffed but the team "pulled together" to ensure people's needs were met. The registered manager was confident staffing were levels met people's needs because they assessed people's dependency levels at regular intervals. The registered manager said if people's needs changed, staffing levels would be reviewed to ensure they continued to meet people's needs. They said, "I won't run short." Whilst staffing levels were sufficient to

meet people's needs, we asked the registered manager to review the dependency tool. For example, we looked at one person who had complex health needs and required support from two staff, however their dependency was assessed as medium risk. The registered manager gave us assurance they would reassess this to make sure staffing levels continued to meet people's needs.

The provider's policy for managing risks included assessments of people's individual risks. For example, the registered manager checked risks to people's mobility, communication and nutrition and described the equipment needed and the actions care staff should take to support people safely. In the five care plans we looked at where risks were identified, people's care plans described how staff should minimise the identified risks. However, some risk assessments required updating to make sure people's support needs continued to be met and the registered manager agreed they all required reviewing. For example, one person was prone to falling and had six falls in a five month period, yet falls assessments recorded no falls in the last 12 months. We found care staff were knowledgeable about people's individual risks and knew how to support them safely.

The provider had plans to ensure people were kept safe in the event of emergency or unforeseen situations. Fire emergency equipment was checked regularly and staff knew what action to take in emergency situations. There were records of what support each person required to keep them safe if the building had to be evacuated and this was accessible to the emergency services.

Good

Is the service effective?

Our findings

People told us they were pleased with the support they received from staff and they felt staff had the skills and experience to care for them. One person said they felt confident with staff's abilities because in their opinion, "I have not had any staff I felt not trained" and another person told us, "The staff are very knowledgeable I think." People said staff employed by the provider knew about their care needs, one person said, "I have no issues with the staff; they always do their best for you."

The registered manager and staff told us an induction supported new staff in the home. The registered manager said it was difficult to recruit staff, but they wanted the 'right staff'. They said and we found, staff had worked at Low Furlong for a long period of time. People and a relative said the staff team was very consistent so staff knew people very well and could spot signs that may not be obvious, to less experienced staff. For example, a sudden change in mood or behaviours.

Staff told us they received training to meet people's health and safety needs and they had received some training specific to the needs of people, such as caring for people living with dementia. The registered manager used a training schedule to make sure staff received refresher training and this showed not all staff had received training updates. This was identified and further training was booked for staff to attend. We saw dates for dementia training in February 2016 had been cancelled and we were told the dementia services manager was rebooking this training at a later date.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Mental capacity assessments were completed for people who lacked capacity to make certain decisions. It was difficult to establish whether people, their family and appropriate healthcare professionals were involved because the records were inconsistently completed. Records of best interest meetings and any decisions had not been recorded. It is a requirement to record the best interest meetings and mental capacity assessments. The registered manager confirmed to us families were involved but was unable to support this with records of those meetings and decisions. We found staff followed the principles of the Act when providing people with support and respected the right of people with capacity to make decisions about their care and treatment. Staff understood the need to support people to make their own choices and staff received training in the Mental Capacity Act 2005 (MCA). People we spoke with told us staff recognised they wanted to remain independent, which included making their own day to day decisions. Staff gave us examples of how they sought consent and how they made sure people had consented before any care was provided.

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).The registered manager understood their responsibilities under the legislation. They identified two people who could have some restrictions on their liberty and had submitted the appropriate applications to the authorising authority which were approved. The registered manager said DoLS applications for others would be completed as a priority to ensure people's freedoms were not being unnecessarily restricted. They told us they had not completed these because of time pressures, but were confident people who required a DoLS application, had been requested and sent to the local authority.

We observed the support people received during their lunchtime meal and saw people were given a choice of two meals and if they wanted something else, this was provided. We spoke with the chef who told us they received information about people's dietary needs so they made sure people received their foods in a way that did not put them at risk. They said they were told of people's choices, "When they first come to the home and if there are any changes." They said, "People have two choices of main meal (one vegetarian) but if they wish can request an alternative." People who required help received assistance from staff and people's meals were prepared to meet their individual dietary needs. People enjoyed the food and gave us positive comments such as, "There's always enough staff at mealtimes", "The food is very good and it's quite nice in the dining room, the food comes quickly."

We saw people were offered a variety of drinks during our inspection visit and staff understood the importance of keeping people hydrated. People who had risks associated with poor fluid and food intake had 'food and fluid' charts completed to monitor their daily intake. These records supported people at risk, and staff told us they used these to check people remained hydrated and nourished. Staff said where people were identified at risk, people were weighed weekly and if their weight caused concern, support from dieticians or other health professionals was requested.

People told us they saw other healthcare professionals when required. During our visit, we spoke with a visiting healthcare professional. They told us they had no concerns about the care provided and said they would recommend Low Furlong to others because the staff team were very good. They said no one at the home had any pressure areas or skin breakdown at the time of our visit.
The registered manager confirmed that a GP visited the home weekly and we saw professional visits were recorded in peoples' care plans and staff followed advice or guidance provided.

Good

Is the service caring?

Our findings

People were complimentary about staff who they described as 'kind, caring and respectful'. People said staff supported them when they required assistance and they told us they received the support they needed, when they needed it. People said if it took them time to do certain things, staff were patient and attentive. A relative told us they were very pleased with the care their relation received. They said, "I think the care here is excellent. It's the way staff engage with [person] as a human being, the staff have warmth." Other comments people made were, "No problems here with staff, they are polite and help you", "Definitely very caring and respectful" and "They can never do enough to help you."

From speaking with people and relatives, we found staff were kind, considerate and caring when they carried out their duties. During our visit we saw friendly interactions with people. Staff spoke respectfully and explained what they were doing as they supported people to move around the home, or if people were upset or agitated. Staff helped keep people calm and relaxed. For example, we saw one person spoke with the registered manager because they were very concerned about the safety of their cheque books and money. The registered manager reassured them and explained they were kept safe. We heard the person say, "Oh thank you, that is such a relief. It has taken a weight off my mind, thank you." Other staff reassured people who were anxious and staff spent time with them helping them to remain calm and relaxed. One staff member told us about 'calm talking' and said they never raised their voice even, when faced with behaviours that challenged.

Most people we spoke with were able to express their views and opinions so we asked them if they were involved in their care decisions. Some of the people we spoke with had not been involved in how their care plans were designed around their needs but people did not seem to be concerned. People told us they were satisfied with the support they received and any help they required, staff were on hand to provide. A relative told us they were pleased and confident staff knew how to provide individual care that their relative appreciated. They said, "It's very obvious to me that they know what she likes and doesn't like". The registered manager said care plans were reflective of people's needs and were reviewed monthly, although some of the care plans required further improvements. They said people were not routinely involved in monthly reviews but said this was something they would ask people in future. They said relatives were always involved and updated when people's health and wellbeing changed.

People told us they were supported with their personal appearance where required and staff respected their privacy and dignity. One person said they felt comfortable when staff provided their personal care. They told us, "They stay with me but I bath myself, I am quite happy with that." People looked well cared for and people's personal rooms were kept clean and tidy.

People said staff helped promote their independence and supported them to do things for themselves, such as washing, dressing and making their own day to day choices. Comments people made were, "My carer (staff member) gives me a bath, she is very kind, no embarrassment" and "I can wash and dress myself, quite independent in that respect." Staff recognised respecting people's independence was important to promote.

Staff respected people's privacy and dignity and they understood people's need for personal space and privacy. When people required assistance with their personal care, staff managed this discreetly and made sure all doors were closed. People's bedrooms were individually furnished. For example, people furnished their rooms with personal items such as furniture, pictures, photographs and other personal memorabilia.

Staff understood the importance of caring for people and they described to us the qualities staff had at Low Furlong. Staff said there was a good team that helped people and each other. One member of staff described care as "Meeting peoples care needs, making sure they are safe, checking people regularly, and supporting people to do what they like to do." Other staff we spoke with said comments such as, "Every interaction with people should be kind, caring and respectful" and that they treated people how they would like to be treated themselves. Two members of staff told us they were polite and respectful to people and that, "It was a privilege to work with the people who lived at Low Furlong."

We spoke with the registered manager and asked them how they were confident staff respected people's choices and supported people in a caring and dignified way. They told us they spent time observing staff practices and they used this time to see how staff conducted themselves with people and visitors. The registered manager said they covered some shifts and spent time administering medicines to people. They said this provided opportunities to talk with people and observe staff practices.

People were supported to maintain relationships with people important to them. Visitors were able to enjoy meals with their family member. One relative told us they came most days and joined their relative for lunch. We saw staff made visitors feel welcome.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the support they received from staff and were complimentary about the staff who provided their care and support. Comments people made to us were, "I'm happy with any of the staff, they are all very good", "I have no issues with the staff; they always do their best for you," and,"The staff are lovely." People said staff were responsive to their requests for help, although some people said at certain times, usually in the mornings, if they rang their call bells for help there were occasional delays. People said if staff could not help them immediately, they would explain that they would come back and provide the support they required as soon as possible. Everyone said they did not wait long, usually five minutes. A visiting relative said, "I have heard call bells coming on; the length of time they stop is after a few seconds to a couple of minutes."

People told us they were cared for and supported in the way they wanted. They told us that staff understood them and knew their likes, dislikes and preferences, because they were involved in their care decisions. A relative told us, "I think the care here is excellent. It's the way staff engage with [person] as a human being, the staff have warmth." They explained this by saying staff were proactive and recognised when certain things caused some anxieties. For example, they told us their family member, "Won a prize at bingo, a cuddly toy and it worried her what to do with it." They said staff noticed this and, "After that staff made sure she won prizes she liked, sweets, which wouldn't distress her." They told us that it was the small things staff did that made the biggest difference and had a positive impact.

People gave us mixed opinions about the quality of opportunities they had to follow their interests. Comments made to us were, "I just read, watch telly and natter. The carers (staff) do sit with me and have a chat in my room and in the lounge. Interests have not been mentioned", "I have been out with friends and staff. Not been out with other residents, not been asked," and, "I just read. They have never asked about hobbies. They tell me if anyone's coming to *perform." Some people told us they visited the seaside last year which people really enjoyed and there were plans for another trip to be made this year. It was clear that some people had formed supportive friendships with each other living in the home. Some people chose to sit next to each other during the day and at meal times. Some people said others visited them in their room 'for a chat'.

We were told the activities co-coordinator put together a programme of activities but they had been off work for a period of time which had some impact in how people were kept stimulated. Staff told us they tried to support people to do the things they liked but other tasks meant that they did not always have time to support people with activities. The registered manager was recruiting for an activity co-ordinator but said this had not been successful. They agreed activities for people were not as frequent as they wanted.

People told us they really enjoyed bingo which was planned to take place during our visit but this did not happen. The registered manager told us it took extra staff so had to be cancelled and was removed from the planner. We saw no evidence of activities taking place for people, either in a group or individually. Staff told us that there were group events planned on monthly basis, such as exercises or singers and entertainers. People told us they enjoyed the singers who they said were very good. Some staff told us they came in on

their days off to support this but that otherwise there were not any other organised activities. We found the provider had not taken action to cover the activities co-ordinator role in their absence and people's individual needs to pursue hobbies and interests was not met.

We looked at five care plans and found there was minimal evidence in the care records which confirmed people were involved in developing their care plans. People told us they had not been involved in their care planning but everyone said the support they received met their needs. We found inconsistencies in two care records that showed people were involved and had given consent to their care, when other care records stated they were unable to consent due to their limited understanding. Records were completed and contained information about care given but there was limited analysis of the information. For example "very sleepy" but no reason as to why or what action was taken. A member of staff told us, "We keep daily notes and body maps if needed, and report any changes to the team leaders. The registered manager was confident if anything was 'unusual', visits from other health professionals were booked or had taken place. We found care records were not reviewed when needed and did not always reflect people's changed needs. Although staff spoken with could tell us about people's needs, staff did not have the information available to refer to if needed.

There was a strong emphasis on people remaining independent with their personal care as far as possible. Staff said this was important because it gave people control over what they wanted to do for themselves. Staff said they referred to care records and found daily 'handover' provided them with useful and relevant information to help meet people's needs. Staff said this was important, especially if they had been off or if people's needs had changed since they last supported them.

People told us they would talk to staff if they had a concern or complaint .Everyone we spoke with told us they were satisfied with the service and they all knew who the manager was. One person said, "I've got no complaints" and another said, "I see her around (registered manager) either up here or downstairs. Not needed to speak to her about anything. I usually speak to my carer." The provider's complaints policy was accessible to people which informed them how to make a complaint and how to pursue it if they were not satisfied with their response. Records showed that one written complaint had been responded to in accordance with the provider's policy. The registered manager said people usually came to see them to discuss any issues which meant the need to raise a formal complaint was reduced.

Requires Improvement

Is the service well-led?

Our findings

People and a relative made positive comments about the home and staff. People said the home was well managed and said the staff and management were very approachable. A relative we spoke with said confirmed this by saying, "Never had a problem speaking to the manager, I see her out and about a lot. The atmosphere in the home is excellent." A person living at the home said, "X (Registered manager) comes to see me sometimes and she knows how to do her job."

People had opportunities to feedback about the service and share ideas. For example, people said there was a meeting where they could share ideas about menus. During our visit, the registered manager held a meeting to seek people's views about the quality of food and what they wanted on future menus. Suggestions people made were I want, "Salads, salmon, sausage and chips and ice cream, other than vanilla." We observed this meeting which was constructive, friendly and relaxed and the registered manager said they would look to accommodate those suggestions. The meeting was unhurried and turned into a sing song. This was because one person started to sing and others joined in.

Staff felt supported and respected by the registered manager and provider. Staff said they could raise any issue with the registered manager and were confident that it would be addressed appropriately in a timely way. One staff member told us they had faced some personal challenges and said the registered manager was very supportive and understanding. They told us they were offered flexible shift times for a temporary period which they found eased pressures.

Staff told us that staff meetings were held regularly and that they were inclusive and productive.
All the staff said they received regular supervision and that this happened from six weekly to three monthly. Staff said supervision meetings were useful and that performance and training needs were discussed at these meetings. They told us that feedback from the registered manager was constructive and supportive.

Staff knew how to report concerns. One staff member told us that (staff) "Don't really need it as we are a good strong team who can discuss issues without fear of recriminations." This was supported by staff we spoke with who gave us positive comments about each other they worked with. The registered manager told us they had a good staff team and were, "Proud of what we do."

The registered manager knew their strengths and areas for improvement. We asked the registered manager what they felt the service was getting right and what could be improved. They responded, "The care and quality people get here is very good, it's the records and checks that let me down." The registered manager said, "I take pride in supporting staff and people at the service" which was their main focus. They agreed this was sometimes at the cost of the necessary day to day management and checks, but said they always made sure people were safe. They said they 'walked the floor', spoke with people and staff and made sure staff knew any changes to people's health was communicated to them.

We looked at the management checks and audits that monitored quality and safety. We looked at examples of completed audits such as health and safety, infection control and fire safety. Regular monitoring made

sure people received support in an environment that kept people safe and protected.

Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they analysed incidents for any emerging patterns and took measures to reduce the potential of further incidents. The registered manager told us their analysis meant necessary measures could and were taken to keep people safe. For example using alarm mats to alert staff when people were mobile in their rooms who were at increased risks of falling.

However, some audits had room for improvement to ensure they remained effective. Audits such as care plan reviews and risk assessments that were reviewed monthly were not always accurate or detailed. Assessment tools used to determine people's dependency may not be reflective of some people's needs and records of MCA decisions and 'best interests' meetings were not recorded.

Regular medicines audits were completed but these had not identified the concerns we found regarding stock balances, totals of medicine carried forward and controlled drugs. The registered manager acknowledged improvements were required and they told us they would seek improvements as a priority. The registered manager told us the deputy manager provided support by having 'supernumery hours' but this did not always happen because they were assisting staff and supporting people. They said the last two weeks they had not been able to help. We spoke with the registered manager about how they could ensure this happened in future. When we returned the second day, the registered manager told us they had reorganised the deputy manager's priorities so this time would be available.

People's personal and sensitive information was managed appropriately and kept confidential. Records were kept securely in the staff office on each floor so that only those staff who needed to, could access those records. Staff updated people's records every day, to make sure that all staff knew when people's needs changed although some required further improvement to ensure they remained accurate so people continued to receive the right levels of support.

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 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 Medicine management was not effective to protect people from potential harm Regulation 12 (1)(2)(g)