M & S Care Limited

Seven Gables

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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 22 and 24 July 2015 and was unannounced. The home provides accommodation and personal care for up to 25 people, including some people living with dementia. There were 24 people living at the home when we visited.

There was a registered manager at the home. 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.

The home was clean and hygienic with appropriate procedures in place to manage the risk of infections. Prompt action was taken to provide a hand washing basin in the laundry.

Summary of findings

Individual 'as required' guidance and formal pain assessment tools were not in use. Medicines were stored securely, managed safely but not all were administered as prescribed.

Legislation designed to protect people's legal rights was followed correctly in most cases although for one person their legal rights were not being fully protected. People's ability to make decisions had been recorded appropriately, in a way that showed the principles of the MCA had been complied with. Family members told us decisions had been discussed with them, but best interest decisions had not been recorded. Staff were offering people choices and respecting their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) were applied correctly. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

People felt safe and staff knew how to identify, prevent and report abuse. Staff were correctly recording minor injuries on body maps but systems were not in place for these to be reviewed by the registered manager.

Plans were in place to deal with foreseeable emergencies although some personal evacuation information was not up to date. The home was well maintained although some aspects of the environment did not support people living with dementia or those with visual perception difficulties.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs. However, not all care plans were reflective of the care people were receiving.

People had access to healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people or relatives (where people lacked capacity) were conducted regularly.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and ensured staff were suitable for their role. Staff received appropriate training and were supported through the use of one to one supervision and appraisal.

People and relatives were positive about the service they received. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet. A range of daily activities were offered with people able to choose to attend or not.

People and relatives were able to complain or raise issues on an informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The registered manager was aware of key strengths and areas for development of the service and there were continuing plans for the improvement of the environment. Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff.

There was a breach of Regulation 12 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 this 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?
The service was not always safe.

Individual 'as required' medicines guidance and formal pain assessment tools were not in use. Medicines were stored securely, managed safely but not all were administered as prescribed.

The home was clean and hygienic with appropriate procedures in place to manage the risk of infections. Prompt action was taken to provide a hand washing basin in the laundry.

People felt safe and staff knew how to identify, prevent and report abuse. Staff were correctly recording minor injuries on body maps but systems were not in place for these to be reviewed by the registered manager.

Plans were in place to deal with foreseeable emergencies although personal evacuation information was not up to date.

There were enough staff to meet people's needs with arrangements in place to ensure staffing levels remained safe. The recruitment process was safe and ensured staff were suitable for their role.

Requires improvement

Is the service effective?
The service was not always effective.

Legislation designed to protect people's legal rights was followed correctly in most cases although for one person their legal rights were not being fully protected.

Some parts of the environment did not support people living with dementia or those with visual perception difficulties.

People were offered a choice of suitably nutritious meals and received appropriate support to eat and drink. The nutritional intake of people at risk of malnutrition was monitored effectively. People could access healthcare services when needed.

Staff were suitably trained and received appropriate support from the provider.

Requires improvement

Is the service caring?
The service was caring.

People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were involved in assessing and planning the care and support they received.

Good

Summary of findings

People's privacy was protected and confidential information was kept securely.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans provided individual information about how people wished to be cared for although these did not always detail how specific needs would be managed. Reviews of care were conducted regularly.

People praised the quality of care and told us their needs were met. A range of daily activities were offered with people able to choose to attend or not.

People and relatives were able to complain or raise issues with the registered manager and were confident these would be resolved.

Is the service well-led?

Good

The service was well led

Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff. Policies and procedures had been reviewed and were available for staff.

There was an open and transparent culture within the home. The provider and the registered manager were approachable and people felt the home was run well.

The provider sought feedback from people and staff; they used the information to improve the home.

Seven Gables

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 22 and 24 July 2015 and was unannounced. The inspection was conducted by one inspector.

Before the inspection we also reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with ten people living at the home and four family members. We also spoke with the registered manager, deputy manager, eight care staff, the cook and housekeeping staff.

We looked at care plans and associated records for four people, additional records of care people had received, staff duty records, four recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We spoke with one visiting health professional during the inspection to obtain their views.

Requires improvement

Is the service safe?

Our findings

People were prescribed medicines to be given 'as required' for pain management, agitation and constipation. Although staff were able to describe when they would administer these there were no individual 'as required' administration care plans or formal pain assessment tools in place. These would ensure consistent decision making as to when 'as required' medicines should be given. The deputy manager completed these during the inspection and we saw them in use on the second day of the inspection. Also, we noted that some medicines were not being given as prescribed. For example, a prescribed topical cream stated it should be applied twice daily but records showed this was only being applied once a day. Another prescribed topical cream which should be applied three times a day was only being applied twice a day. Records also did not stated how many of a variable doses pain medicine had been given or how the decision as to how much to give had been determined.

The failures to ensure people received all medicines as prescribed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the arrangements to receive their medicines. They told us they could get as required medicines such as for a headache if needed. Staff were aware which medicines should be given before or after meals and we saw these were given safely.

All medicines were stored securely and appropriate arrangements were in place for obtaining, and disposing of prescribed medicines. Medication audits were completed weekly. Only staff who had completed medicines administration training were permitted to administer medicines.

People and relatives told us the home was always clean. One person told us cleaning staff "come in every day and clean, including the en suite". Another person commented "They are often cleaning, every day someone comes into my room, it always seems clean". Visiting family members said the home always looked clean. One visitor told us "It's not anything I worry about, there are never any smells".

The home had a designated infection control lead and infection control risk assessments, although an infection control annual statement, as required by the code of practice had not been completed. Providers are required to take account of the Department of Health's publication, 'Code of Practice on the prevention and control of infections'. This provides guidance about measures that need to be taken to reduce the risk of infection. The code of practice requires providers to complete an annual statement detailing what policies and infection control risk assessments are in place, and any staff training or outbreaks of infection that have occurred. We noted that the laundry did not have a separate hand washing basin. During the inspection the registered manager arranged for this to be provided and notified us that this was completed shortly after the inspection.

The home appeared clean and there were two cleaners who between them worked seven days per week. We saw cleaning staff completed cleaning records showing that each room received general and more intensive cleaning throughout the week. All staff received infection control training as part of their induction with yearly updates also completed. Records of training confirmed this. Care and cleaning staff told us they had all the necessary products and equipment they required. We saw staff using these during the inspection and observed the registered manager taking immediate action when they saw a member of care staff not using gloves when these were required. Care staff and the deputy and registered manager were able to correctly describe the actions they would take if they thought a person had an infectious condition.

Body maps showing that people who were cared for in bed had sustained some minor bruising and skin injuries which could have been avoided. Staff were correctly completing the body maps and recording the injuries but there was no process for these to be reviewed by the registered manager. They were therefore unaware of the injuries and no investigations had occurred to reduce the risk of future injuries.

The failure to ensure systems were in place to review injuries noted on people and amend care plans, risk assessments and procedures to mitigate the risk of future injuries was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures were in place to help ensure that staff were suitable for their role. The registered manager carried out relevant checks including references and criminal history checks to make sure staff were of good character with the relevant skills and experience needed to

Requires improvement

Is the service safe?

support people appropriately. Staff confirmed this process was followed before they started working at the home. Recruitment records showed the checks as detailed had been completed although only one reference was available for one staff member. This may mean the staff member was unsuitable for the role placing people at risk. The recruitment check list for this staff member detailed that two references had been received but one was in the records. The application form requested staff to detail previous employment but did not specify a full employment history which was therefore not available for all new staff. The registered manager amended the application form during the inspection to include this.

People told us they felt safe. One person said "Yes I feel safe here, no worries, the staff are all lovely". A family member said, "I have no worries about (my relative), I know if there are any problems they will call me". Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member said, "I would listen to the person, write down whatever they had said and then tell (managers name). We also now have a deputy manager so I could tell them if (manager's name) was not here. I'm sure they would sort out any concerns but I could contact safeguarding as well. It was all covered in our training". There were suitable policies in place to protect people; staff followed local safeguarding processes and responded appropriately to any allegation of abuse. These were readily available for all staff as copies were kept in the care office

Risks were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. We observed equipment, such as hoists and pressure relieving devices, being used safely and in accordance with people's risk assessments. People had individual equipment, such as slide sheets, which were seen in their bedrooms which corresponded to information in the person's care plan. This would ensure they were the right size and type to support the person safely. People, relatives and staff said that moving and handling equipment was always operated correctly by two members of staff. Individual moving and handling risk assessments had been completed. Care records confirmed that two staff had been involved with repositioning of immobile people, meaning correct procedures had occurred to ensure the safety of the person.

There were plans in place to deal with foreseeable emergencies. Staff had undertaken first aid and fire awareness training. They were aware of the action they should take in emergency situations. Personal evacuation plans were available for all people. These included individual detail of the support each person would need if they had to be evacuated. The majority were up to date; however, a few required reviewing as people's needs had changed or they had changed bedrooms. The home had arrangements to use a local church hall should they need to evacuate in an emergency and were unable to immediately return to the home. Records viewed showed essential checks on the environment such as fire detection, gas, electricity and equipment such as hoists and stair lifts were regularly serviced and safe for use.

There were enough staff to meet people's needs at all times. People and relatives told us there were enough staff and call bells were responded to promptly. A new call bell system had been provided which the registered manager could use to audit call bell response times. They said this showed most call bells were responded to within a few minutes of being activated. Staffing levels were determined by the registered manager who assessed people's needs and took account of feedback from people, relatives and staff. The registered manager and deputy manager were available and provided additional support when required. Duty rosters showed that staff covered additional shifts when necessary. This demonstrated a commitment from staff and ensured staffing levels were maintained at a safe level.

Requires improvement

Is the service effective?

Our findings

People praised the quality of care and told us their needs were met. One person said, "The food's good, all the meals are, the soup in the evening is my favourite, that's really nice." People told us staff knew how to care for them. One person told us "I've had a shower today – other days staff help me have a wash, I'm very happy with the help I get". Another person said of the staff, "They know what they're doing; it's always two of them when needed." A relative told us "I have no worries about the care, my (relatives name) always looks well cared for and is happy here."

People's ability to make decisions had been assessed and recorded appropriately, in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Care plans contained information where relatives or others had legal powers to make decisions on behalf of people such as in respect of their finances.

We found that one person, whose assessment showed they lacked capacity, was having care at times which they were not consenting to. Their care plan and records of care provided showed they required limited restraint to enable staff to complete necessary personal care. Although this was detailed in the care plan there was no evidence that a best interest decision had been completed. The guidance in the care plan, and restraint method staff described, could have placed the person at risk of harm. A Deprivation of Liberty Safeguards (DoLS) application had correctly been made in respect of the person which would help protect their legal rights. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff were recording when they were unable to provide personal care due to the person's behaviour. However, the records lacked the level of detail required for there to be an analysis of the incident to aid future care planning. We raised our concerns about the restraint procedures with the registered manager who took action to amend the care plan and commence best interest decision making procedures involving external specialists.

Some parts of the environment did not support people living with dementia or those with visual perception difficulties. Signage to help people navigate round the building was limited and not prominent. We observed staff directing people who were independently mobile to the toilet or back to the lounge. If staff were not present people may have struggled to find their way. Otherwise the environment was safe and adaptations had been made to make it suitable for older people, such as a passenger lift and stair lift to access first floor bedrooms. There was level access to the outside patio and gardens and a range of seating in communal areas. People's rooms were personalised with items important to them.

People were able to access healthcare services. Relatives told us their family members always saw a doctor when needed and were admitted to hospital promptly if investigations or treatment were required. Care records showed people were referred to GPs, community nurses and other specialists when changes in their health were identified. A visiting health professional told us they were contacted appropriately and felt people's healthcare needs were met. A second health professional was also positive about the home and said staff met the needs of older people with mental health needs including those living with dementia well. A third health professional identified concerns with some aspects of the care people received. They identified people had received a number of skin injuries which may have been avoidable.

People received appropriate support to eat and drink enough. Most people choose to eat in the dining room where they sat in small groups at tables for four to six people. One person told us "They take me down for lunch so I get to talk with the others". Tables looked attractive and had been laid with tablecloths, serviettes, cutlery, glasses and placemats. This helped make the mealtime a pleasant and sociable experience. People were offered varied and nutritious meals which were freshly prepared at the home prior to each meal. Alternatives were offered if people did not like the menu options of the day. People were asked their preference the previous day, but if they changed their minds at the time of the meal this was accommodated. Drinks were available throughout the day and staff

Requires improvement

Is the service effective?

prompted people to drink often. People were encouraged to eat and staff provided appropriate support where needed, for example, by offering to help people cut up their food. Special diets were available for people who required them and people received portion sizes suited to their individual appetites. Staff monitored the food and fluid intakes of people at risk of malnutrition or dehydration. They monitored the weight and body mass index of people each month or more frequently if required due to concerns about low weight or weight loss.

Staff were knowledgeable about the needs of people living with dementia and how to care for them effectively. All staff, including catering and housekeeping staff undertook dementia awareness training. Ancillary staff said this had given them an understanding of dementia so that they could interact and support people living at the home. New staff received induction training which followed the Care Certificate. This sets the standards people working in adult social care need to meet before they can safely work unsupervised. Records showed staff were up to date with essential training and this was refreshed regularly. Most staff had obtained vocational qualifications relevant to their role or were working towards these.

People were cared for by staff who were motivated and supported to work to a high standard.

Staff were supported appropriately in their role. They received one-to-one sessions of supervision and a yearly appraisal with the registered manager. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. One staff member told us “The managers are always available and if we are short they help out.” Another member of staff said, “(the registered manager) is really approachable and I trust them to sort out any issues”.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us "The staff are very good, lovely." Another person said of the staff, "They are all kind, especially the night staff, they are really nice". A relative described staff as "kind and caring" and said, "I've never seen any problems with any of the staff, they always seem happy." Another relative told us "The staff and manager are always talking to me; they tell me what's going on so I don't need to worry. If there are any problems they call me".

Staff spoke fondly of the people they cared for and treated them with consideration. For example, when staff were serving meals they engaged people in conversations about the meal and ensured they had meals they liked. When a person wanted a different meal to the one they had previously requested, staff resolved this quickly and provided an alternative meal. The person was concerned that they were putting staff to extra work and they were reassured that this was not the case. All members of staff spoke positively about people and were knew them as individuals.

Staff understood people's individual needs. For example, when staff entered the room of a person who was cared for in bed, they knocked first then called out and stated who they were. They then made a point of seeking eye contact with the person and explaining why they had come into the room. Staff explained to us how a person with speech difficulties communicated prior to our speaking with them. This showed consideration of the person who was not put at a disadvantage and was supported to give their opinion of the care they received. When people, for example those living with dementia, became anxious or confused staff remained calm and patiently encouraged them to accept help and support. We also observed staff supporting people gently when moving around by holding their hands and offering reassurance and guidance. They encouraged people to move at their own pace and offered them choices, such as to where to sit in the lounge and dining room.

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. People's preferences, likes and dislikes were known, support was provided in accordance with people's wishes and staff used people's preferred names. A family member told us "They asked me about (my relative's) life and what they enjoy etc. I have seen the care plan."

Staff ensured people's privacy was protected by speaking quietly and ensuring doors were closed when providing personal care. People stated that staff ensured their privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. We saw when moving and handling equipment was used staff ensured the person's dignity throughout. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

Requires improvement

Is the service responsive?

Our findings

People received personalised care from staff who supported them to make choices and were responsive to their needs. One person said, "I have not been here long but the staff seem to know what I like and always ask if there is anything else they can do." Another told us "I'm very happy. Obviously I'd prefer to be back in my own home but I can't so this is the next best place." A third person said, "I can choose what I do and staff don't make me do anything". A relative said of the staff, "They seem to know what each person needs."

Initial assessments of people's needs were completed using information from a range of sources, including the person, their family and other health or care professionals. When people's needs changed, staff responded appropriately. For example, one person had been moved to a ground floor room due to risks around their mobility.

Care plans provided comprehensive information about how people wished and needed to receive care and support. They each contained a detailed description of the individual care people required throughout the day covering needs such as washing, dressing, bathing, continence and nutrition. These detailed what people could do for themselves and how they needed to be helped. This helped ensure people received consistent support and maintained skills and independence levels. People had signed care plans and risk assessments which demonstrated that they had been involved in the planning of their care. Where people lacked capacity relatives had been involved in care planning and reviews.

Reviews of care were conducted regularly by the registered manager. As people's needs changed, care plans were developed to ensure they remained up to date and reflected people's current needs. We identified one person's care plan and risk assessments which was not reflective of the care the registered manager described. The person had been assessed as requiring their meals in an altered format due to a risk of choking. The person had capacity to understand this but wanted to continue to have a favourite meal which was not consistent with the specialist advise. Their care plan did not reflect the discussions with the specialist advisors, the person and family members nor the solution which had been agreed. Another person's care plan stated they should be observed when eating. We saw that this did not occur. The registered manager stated that staff did not need to constantly monitor the person if they were sitting correctly and would amend the care plan.

We saw staff followed the care plans. For example, we saw people were provided with eating and drinking utensils as described in their care plans to maximise their independence. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. Staff were able to describe the care provided to individual people and were aware of what was important to the person in the way they were cared for.

The interests, hobbies and backgrounds of most people were recorded in their care plans. Each afternoon an activity was provided. A list showing all the planned activities was displayed on a notice board in the entrance hall. This included a range of craft, music and interactive sessions. One person told us how they had enjoyed making some cards for family members and about a visiting musician they had listened to. People said they could choose to join activities or not. One person said "The staff tell me what's going on and if I want to they will take me down". A record was kept of the number of people who attended various activities. The registered manager said they used this to determine what was popular and which activities people had less interest in. They said they used this when planning future activities.

People were given opportunities to express their views about the service. Meetings with people and their families took place every six months. The provider was developing a new questionnaire survey to send to people and their families to seek further feedback about the service and how it could be improved. The views of people were also captured during monthly reviews of their care and via a comments box in the entrance hall. The registered manager said they made a point of talking to people and visitors and felt this meant people could raise any issues in an informal way which could be quickly resolved.

People knew how to complain or make comments about the service and the complaints procedure was included in the 'residents' handbook' and displayed on the notice board in the entrance hall. Relatives and people told us they had not had reason to complain, but knew how to if necessary. We viewed the complaints record which showed that when complaints were made these were investigated

Requires improvement

Is the service responsive?

comprehensively. The person or relative who had raised the complaint received a full written response including, where necessary, an apology and information as to what would be done to resolve the issue.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the provider notified CQC of all significant events. One person described the registered manager and provider as "extremely good" and "very approachable". Similar comments were made by other people who felt able to raise issues and were confident these would be sorted out. A relative said, "I've met the manager, and I think this home is very well run."

Systems were in place to monitor the quality of the service people received. The registered manager undertook formal audits such as for infection control, documentation, medication and the environment. They were also fully involved in the day to day running of the home and on occasions would work with staff providing direct care for people. They said this enabled them to informally monitor the way staff worked and thus monitor the quality of care provided. The registered manager said they ensured the quality of the service provided by constantly talking to people, relatives and staff. They recorded daily the people, staff and any visitors they had spoken with and what, if any, issues had been raised. We viewed these records which also recorded any immediate actions taken to address concerns.

The registered manager told us they had control over budgets within the home and were able to authorise most routine costs. For example, on the first day of the inspection we identified a need to have hand washing facilities in the laundry. A plumber was in the building addressing another issue and they were asked for a quote to put in the washbasin. The registered manager approved the quote and the washbasin was scheduled to be completed a few days later. The deputy manager said they were also able to directly contact external professionals and approve emergency repairs and then inform the provider or registered manager once arrangements were in place to ensure the safety of the environment and services provided. This meant there was no delay and repairs could be affected quickly with limited impact on people.

This also showed the provider trusted the registered manager and senior staff to act sensibly for the benefit of people living at the home. The provider visited the home most weeks and was available by telephone at all other times. Staff said they felt able to raise any issues or concerns with members of the management team and trusted them to act to resolve issues. Staff said they felt confident to speak with the provider when they visited the home but could also contact them directly at any time if they felt the need.

The provider had commissioned an external fire safety assessment in 2012. We saw that where this had made recommendations action had been taken. For example, a new door had been put on the laundry room which had a glass panel so that staff would be able to see into the room rather than risk opening the door in the event of a fire. The fire risk assessment had been reviewed yearly by the registered manager and was due for the external company to review this again later in 2015.

The provider contracted with an external organisation that provided a range of policies and procedures which had been individualised to the home and service provided. These were reviewed internally by the registered manager and the external organisation provided updates when legislation or best practice guidance changed. This ensured that staff had access to appropriate and up to date information about how the service should be run. A folder containing policies and procedures was available to all staff at all times in the care office.

The provider sought feedback from people and staff on an on-going basis. Responses from a recent survey were positive, showing people were satisfied with the overall quality of service provided. The registered manager said they would address any individual issues raised and use the information to identify actions and improvements. However, as we saw, the comments had been very positive and there had been little that needed to be changed in response to the surveys.

We observed positive, open interactions between the registered manager, staff, people and relatives who appeared comfortable discussing a wide range of issues in an open and informal way. The registered manager was fully aware of people's needs and knew visitors by name demonstrating they had regular contact with them.

Staff were also positive about the management of the home and said they were able to raise any issues or concerns with the provider or registered manager who "listened and understood their concerns." Staff told us they enjoyed working at the home and felt valued. One member of staff described the staff approach as "making sure

Good

Is the service well-led?

everyone is well cared for, making sure they are happy and have everything they need." We observed staff worked well together which created a relaxed atmosphere and was reflected in people's care.

The registered manager was aware of key strengths and areas for development for the service. Over the past few years various parts of the home such as the kitchen, laundry and call bell system had been upgraded. We saw that bedrooms had been redecorated and new coordinating soft furnishings and accessories provided. The registered manager was investigating how the environment could be more supportive for people living with dementia such as improved signs and visual clues. This demonstrated a commitment to continually review and improve the service.

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 has failed to ensure people receive all medicines as prescribed and to do all that is reasonably practicable to mitigate against risks to people whilst receiving care.