A H Choudhry

Lindhurst Lodge Residential Home

Inspection report

Lindhurst Lodge
Athersley North
Barnsley
S71 3DD
Tel: 01226 282833
Website:

Date of inspection visit: 11 November 2014
Date of publication: 12/02/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Lindhurst Lodge occupies a central position at Athersley North, approximately three miles from Barnsley town centre. The home is a purpose built care home providing personal care and accommodation for 37 older people. It is a two-storey building with a passenger lift. The home is dated and although it is clean and spacious, the fixtures and fittings are worn and tired. The provider has plans to totally refurbish the home in 2015.

On the day of our inspection there were 20 people living in the home. This was an unannounced inspection.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We last inspected Lindhurst Lodge on 21 July 2014 and found staff were not being properly trained, supervised and appraised. We also found there was not an effective system to assess and monitor the quality of the service. We asked the provider to take action to make improvements and this action had been completed.

At this inspection we found a medicine prescribed for a person had not been given for more than one week because information about the medicine had not been transferred over at the beginning of the monthly medicines cycle. This meant medicine records were not maintained appropriately.

You can see what action we told the provider to take at the back of the full version of the report.

The healthcare professionals we contacted prior to this inspection told us the new management team at the home were improving the service and they did not have any significant concerns.

People told us they were well cared for in this home. People said, "the staff here are brilliant," "they are such lovely people," "they are all good. There's not a bad one at all" and "these carers look after me very well. I've no complaints." Many people who lived in the home were from the local area and were able to remain in contact with their family and friends and still felt part of the community.

Relatives told us, "we don't feel we have to come every day now because we know [family member] is safe and well cared for. That's worth a lot to us" and "my [family member] was a resident in Lindhurst Lodge before they sadly passed away last year and they cared for them very well, particularly at the end of their days, we had no complaints as family."

We saw staff advising and supporting people in a way that maintained their privacy and dignity. People told us their views and experiences were taken into account in the way the service was delivered.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions for themselves.

We saw people participated in a range of daily activities many of which were meaningful and promoted their independence in and outside the service.

People were encouraged to maintain a healthy lifestyle which included being provided with nutritious meals and being supported to attend healthcare appointments. People told us the food was "good" "delicious" and "just right."

Staff said the training provided them with the skills and knowledge they needed to do their jobs. Care staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

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.

Medicine records for one person were not adequately maintained.

There were effective recruitment and selection procedures in place.

Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Requires Improvement

Is the service effective?
The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff had processes in place to identify where people required referrals to other professionals so that people received care to meet their health needs.

Staff were appropriately trained and supervised to provide care and support to people who used the service

Good

Is the service caring?
The service was caring.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Staff were caring in their approach and interactions with people. They assisted people with patience and offered prompting and encouragement where required.

Relatives and friends were encouraged to visit at any time and they said they were made to feel very welcome during their visits.

Good

Is the service responsive?
The service was responsive.

People's care plans were under review and had been amended in response to changes in their needs.

Staff understood people's preferences and their abilities. The activity programme took into account people's personal hobbies and interests.

People and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The provider, registered manager and staff told us they felt they had a good team. Staff said the registered manager and provider were approachable and communication was good within the home. Team meetings took place where staff could discuss various topics and share good practice.

There were quality assurance and audit processes in place.

The service had a full range of polices and procedures available to staff.

Lindhurst Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 11 November 2014 and was unannounced.

Two adult social care inspectors and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

We also contacted commissioners of the service and 11 external healthcare professionals who had knowledge of Lindhurst Lodge. We received feedback from three GP's, two specialist nurses, and Healthwatch Barnsley. This information was reviewed and used to assist with our inspection.

During the visit, we spoke with four people who used the service, the registered manager, three relatives and six members of staff, including care workers, an activity worker and ancillary staff.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included four people's care records, four staff records and other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We spoke with one person who told us they had pain in their legs. The person's care plan stated they required medicine for pain on a regular basis which had been prescribed on a PRN (as required) basis. We looked at the person's MAR (medication administration record) and found the medicine prescribed for pain wasn't listed. After discussion with a senior care worker we established the medicine had been omitted from the current MAR by mistake, at the beginning of the monthly medicines cycle. This meant the person had not received any pain relieving medicine for one week because their medication records were not accurately kept. We also found another medicine prescribed for the same person had not been given for more than one week. The senior care worker told us this was because the medicine was having an adverse effect on the person. We looked to see who had made this decision and if this was recorded on the MAR or in the care plan but there was no record of this. This meant medicine records were not always maintained appropriately and records did not support decisions made regarding changes to people's medicines.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw medicines at the home were stored in a medicine room which was kept locked. Medicines that were no longer required were stored securely in a locked cupboard until they were collected by the pharmacist. Senior care workers were responsible for medicines. Senior care workers told us they had completed training in the safe administration of medicines and we saw evidence of this. Staff competency was also checked by the manager every six months. We observed a senior care worker administering the lunch time medicines in a safe way.

People who used the service said they felt safe living there. Relatives told us they were confident their family members were safe. One relative said "we don't feel we have to come every day now because we know [family member] is safe and well cared for. That's worth a lot to us." One relative we spoke with told us they had recently visited the home at the weekend and when they had needed some assistance with their family member they found that all the staff were in the staff room. This meant people who used the service were left unsupervised which could be a risk to people's safety, health and well being. We spoke with the registered manager about this who said this was not the homes policy and was "totally unacceptable." The registered manager said she would address this as a matter of urgency.

We found vulnerable adults safeguarding and whistleblowing policies and procedures in place, including access for staff to South Yorkshire's local joint working protocols to ensure consistency in line with multi agency working. Staff told us and records confirmed staff received safeguarding and whistle blowing training every three years. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence. This meant staff were aware of how to report any unsafe practice. Staff said they had also recently signed up to complete an advanced dignity and safeguarding training certificate, which included completing work books and practical sessions over a number of weeks.

Staff were able to tell us how they would respond to allegations or incidents of abuse and the lines of reporting in the organisation. Staff spoken with were confident the registered manager would take any concerns seriously and report them to the relevant bodies.They also knew the external authorities they could report this to, should they feel action was not taken by the organisation or if they felt uncomfortable raising concerns within the service. One staff member told us, "I had some concerns and spoke to the manager about them. She took them seriously and did what was right. I would do that again if there was anything." The registered manager had reported incidents that were potentially safeguarding concerns to both CQC and the local authority in line with written procedures to uphold people's safety.

We looked at four people's care records. Assessments were undertaken to identify risks to people who used the service. These were reviewed and amended in response to needs and to reduce the risk occurring. For example, one person was at risk of malnutrition. Their care plan identified that staff were to encourage and support the person at mealtimes and offer them their preferred choices. The care plan also showed the person was being weighed each month and that the GP and dietician were involved in making decisions about their care.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed money for some people. We saw the financial records kept for each person, which

Requires Improvement

Is the service safe?

showed any money paid into or out of their account. The record was signed by the person who used the service or their advocate and senior staff at the home. Money held for people was checked by the registered manager and business support manager each month. We checked the financial records for four people and found they were fully completed and accurate.

The home is a large building over two floors. There was plenty of space and we saw people moving around freely. There were large communal areas where people could sit with their friends and family. The provider was planning a total refurbishment of the building in 2015 and although the fixtures and fittings were very dated everywhere was clean, tidy and accessible. One person told us there had been no hot water one day recently. The registered manager told us there had been problems with the hot water system and replacement boilers had been fitted. On the day of the inspection the maintenance person was carrying out work to ensure all the radiators were working and there was hot water to each room. We noted two bedrooms which were too cold to spend time in during the morning were comfortably warm after the plumbing work was completed.

People told us they liked their bedrooms and invited us to go and look. We found they were light, bright, well decorated and well furnished. All the rooms we saw enjoyed a good view and people had their own possessions and photographs on display. The bedrooms, bathrooms and communal areas were all clean and fresh-smelling on the day of our visit. People told us this was always the case.

We looked at the system for recruiting staff. Staff files we veiwed contained all the required information and checks. Staff we spoke with told us they had provided reference details and had a Disclosure and Barring Service (DBS) check prior to starting their role. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home.

There were 20 people living in the home. There were four care workers and an activities worker on duty. There was also the registered manager and ancillary staff. We were told there was a supernumerary member of staff on duty as they were training to be a senior care worker. We saw people received care in a timely mannor. People and relatives we spoke with told us there was always enough staff on duty to provide assistance and support.

Good

Is the service effective?

Our findings

At the last inspection on 21 July 2014 we looked at the staff training matrix and found significant gaps in the training provided. We also found some staff had not received formal supervision or a yearly appraisal. This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Supporting workers because suitable arrangements were not in place to ensure that persons employed were receiving appropriate training, supervision and appraisal.

At this inspection staff we spoke with told us since July 2014 they had been provided with training including, fire safety, moving and handling, first aid, safeguarding, food hygiene and health and safety. Additional training had also been provided to staff in areas such as end of life care, record keeping, equality and diversity and tissue viability. Staff said, "the training is much better" and "we discuss our training needs in supervision and then the manager sorts this out for us."

Staff said they received formal one to one supervision with the registered manager. One member of staff told us, "supervisions are very different to how they used to be. It's a two way discussion about our role and if there's anything we're not doing right she tells us but in the right way." The registered manager told us she had a plan in place to provide all staff with an appraisal in January 2015. This was to allow time for staff to get to know the registered manager and vice versa. The registered manager and staff said this would mean the appraisal process would be more valuable to them.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprviation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager had recently applied for a person to have a DoLS authorisation in place due to recent changes in the legislation. We saw a 'best interest meeting' with appropriate healthcare professionals had taken place to make decisions for this person regarding the decision to leave the home. This showed the registered manager understood the requirements of the MCA and where relevant the specific requirements of the DoLS.

The registered manager told us four staff had completed MCA and DoLS training and that other staff were booked on training to receive this soon. Staff told us they had talked with the registered manager and senior staff about MCA and DoLS and were able to correctly describe what the act entailed and how it was used. Staff were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed. The registered manager told us they were currently speaking with people about their care and who they would like to be involved with decisions about their care and support. We saw consent forms in care plans which confirmed that some people wanted their family to be involved whilst other didn't.

People spoke very positively about the food which they said was varied and plentiful. People told us the food was "good" "delicious" and "just right." One person was particularly pleased with the choice of food available at breakfast time. They said "You can have a full cooked breakfast every day if you want, or just a slice of toast." We saw that lunch looked appetising and was well presented, including pureed meals. Most people ate all of their meal. We noted there was only one hot main meal and dessert on offer, but staff (including the cook) knew the preferences of people, so alternative food or snacks were available. We saw two people did not want their meals so staff kept them warm for an appropriate time, offering the meals again later. People were allowed to eat at their own pace and there was a relaxed atmosphere in the dining area. We noted that one person received full support with their meal and this was appropriate for the person, who enjoyed their meal and the company of the care worker supporting them.

People's weights were monitored monthly and we saw evidence of involvement of dietitians where weight loss was identified. We looked at the four weekly rotating menus. Meals provided included lots of fresh vegetables, healthy options and meals suitable for people on special diets. Between mealtimes there was a drinks trolley taken round and people who used the service and relatives could make a drink for themselves if they wanted one between times. This indicated the service was providing effective nutritional care.

We saw people's needs were assessed and records demonstrated that care was planned appropriately.

Good

Is the service effective?

Sections of each care plan included information about the person's preferred care and support in relation to medication, mobility, nutrition, safety, communication, health, activities and everyday living.

People told us they received appropriate health care. For example one person told us that staff had called a GP twice for them recently, when they felt unwell, which they appreciated. This person also told us they received a flu vaccination from the GP at the same time. The two relatives we spoke with told us staff had called GPs out to see their relatives when they were poorly recently. One relative told us that staff had recently contacted them to ask permission for a GP consultation to discuss medication. This relative was particularly pleased that their family member had been allowed to keep the same GP they had when they were living at the family home.

Care plans showed people were referred to healthcare professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to GPs, opticians, speech and language therapist (SALT) and diabetic nurses. Healthcare professionals told us, "on a recent visit the care worker who escorted me to see people was polite and co-operative. One person didn't want to have the flu vaccination and she did try to explain to them why they should have it but they still refused, which was their choice. Her interaction with the person was very good and didn't give me any cause for concern" and "we do not have many call outs for things like pressure sores and skin tears and when we do visit all seems ok." This indicated to us that people received good healthcare and links were good between healthcare services and the home.

Good

Is the service caring?

Our findings

People who used the service and relatives we spoke with all said the staff were kind and compassionate. Comments about staff included, “the staff here are brilliant,” “they are such lovely people,” “they are all good. There’s not a bad one at all” and “these carers look after me very well. I’ve no complaints.” People we spoke with told us they had lived previously in the local area, so many of their friends and family could still visit them, which they found very helpful. One person said “I think I’m lucky because this is a good place to live and it’s close enough for my family to pop in whenever they can, so you don’t get so lonely.”

We observed care interactions that were friendly, patient, kind and respectful. We observed one person being transferred from a wheelchair to an armchair appropriately and the care workers were explaining what they were doing at each stage. We observed a care worker supporting a person with their lunch and speaking sensitively with them. We saw that one person preferred to spend time in bed in their bedroom. We saw carers asking this person if they wanted to get up, but this person was clear that they did not want to get up. We saw carers assisting this person to sit up in bed to eat their lunch.

People and relatives were relaxed in the company of staff and there was a cheerful atmosphere in the lounge areas. We observed care workers arriving swiftly when buzzers were pressed in people’s bedrooms. Staff demonstrated familiarity and knowledge of people’s preferences, likes and dislikes. We witnessed a lot of shared laughter and friendly, appropriate banter between staff and people at the home. We saw two members of staff moving a person using a hoist and they were reassuring them and telling them what was happening all the time. Also, they made sure they were kept covered as they were lifted to maintain their dignity.

We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect. People told us that staff respected their privacy and dignity. One person said, “the carers will always knock on the bedroom door.” Another person said “they respect my dignity and everyone elses.” Staff told us that the issue of privacy, dignity, confidentiality and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

People who used the service told us they were not involved in their care planning or reviews because their relatives sorted this out for them. One person said they did not know what a care plan was, but was confident their family would be dealing with this. Two relatives we spoke with could not recall being involved in any care planning, paperwork or care reviews, but they felt that the care their family member was receiving was appropriate. The registered manager told us they invited people who used the service and where appropriate their relatives to care planning reviews, which some people chose to be involved with but others didn’t. We spoke with the manager about making a record in each care plan of when people were invited to participate and either attended or declined.

We spoke with four staff about people’s preferences and needs. Staff were able to tell us about the people they were caring for, any recent changes to their health and well being and what they liked and disliked. We found the registered manager had a good knowledge of the people who lived in the home, for example their personalities and their life history. This showed us that staff and the registered manager took time to engage and interact with people in the home.

The registered manager could describe end of life care arrangements in place to ensure people had a comfortable and dignified death. This included consultation with a multi professional team and where appropriate friends and family. Staff we spoke with had a good understanding of ensuring that people receiving end of care life and their families were treated sensitively. One healthcare professional we spoke with said, “over the past year we have had several end of life patients whose preference of care was to stay at Lindhurst Lodge. They required additional care input and support from the staff at Lindhurst Lodge and the service managed very well, taking on board suggestions and ensuring treatment plans were followed and implemented into practice.” One relative told us, “my [family member] was a resident in Lindhurst Lodge before they sadly passed away last year and they cared for them very well, particularly at the end of their days, we had no complaints as a family.” We saw a letter sent to the staff from a relative following their family members death. They

Good

Is the service caring?

said, “when [family member] was deteriorating staff rang us straight away and we went back to the home. The staff were absolutely lovely with them, they had everything they needed, staff pulled out all the stops, which included a special mattress and lots of pillows. They brought chairs for us and made us drinks, we could not thank them enough.”

We observed information on display around the home about how people could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

There were various areas in the home where families could be taken for a private discussion or where visitors could talk in private. Relatives told us they were allowed to visit at any time and were always made to feel welcome. One relative and one healthcare professional told us it sometimes took staff along time to answer the door. We also observed this on the day of the inspection. The registered manager told us she had been made aware of this and was monitoring this. She said she would then talk to staff about this at the next staff meeting.

Good

Is the service responsive?

Our findings

One person told us they were very pleased with the care they were receiving. They particularly appreciated the flexibility of the care because their care needs fluctuated on a daily basis. They said "the carers are so thoughtful. They know when I'm feeling poorly and they offer me things like toast and not a big meal. They also notice when I'm looking poorly and suggest I go and lie down for a bit. I think that's lovely." People we spoke with told us that the service provided in the home was flexible to their needs and they were able to make choices about their lives. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us the staff in the home listened to them and respected the choices and the decisions they made.

The care records we reviewed showed people had their individual needs regularly reviewed and recorded and issues such as falls and changing healthcare needs were responded to. People's general health was monitored and referrels to other healthcare professionals were made if there where any concerns. Where people and relatives had been involved in the planning of care this was recorded. People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes. We looked at their daily notes records and we saw examples where they had been supported to participate in these interests.

Care plans seen contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included meal choices and choosing the social activities they wanted be involved in.

We observed people involved in activity sessions (floor based noughts and crosses and kerplunk) on the morning of our visit. Care workers were assisting with activities alongside the activity co-ordinator. A student was also observing, but not fully engaged with the activities. The activity co-ordinator worked 10am until 2pm Monday to Friday. The activity co-ordinator knew the activity preferences of people and explained to us that large group activities were not possible and that the gentlemen who used the service were particularly uninterested in organised activities. After lunch, there was not much time for formal activity. We saw the activity co-ordinator having a chat and a sing song with a group of ladies without the aid of recorded music, which was not fully successful. There were no activities planned for after 2pm. One person preferred to spend time in their bedroom because of a health condition. The activity co-ordinator told us she was aware that this person might become isolated, so tried to spend some time with them in their bedroom and looked at photos together, which this person enjoyed. Several people told us about a very successful Halloween party that most people and their relatives had attended recently. The staff and some of the people who used the service had dressed in Halloween costumes. The activity co-ordinator was planning similar events for Christmas. One member of staff was bringing her puppies into the home the next day for people to see and pet.

Healthcare professionals told us they felt the staff at the home were responsive to people's needs. They said staff were always willing to listen to ideas to improve people's care and they acted promptly on suggestions made, such as referrals to other professionals.

There was a clear complaints system in place and we saw any matters were recorded and responded to. Since our last inspection in July 2014 the service had received one complaint. This had been investigated and resolved. Issues raised from the complaint had been partly substantiated and changes had been made to prevent a reoccurrence. The service had also received four compliment letters from relatives thanking them for their support during difficult times.

Information about how and who people could contact or speak to if they had any concerns were displayed on notice boards around the home. The complaints policy and procedure was also in the 'service user guide' which people were given a copy of when they were admitted into the home. Everyone we spoke with agreed that they were able to go to staff in the home if they had any worries or concerns. None of the people who used the service or the relatives we spoke with had ever made a complaint, but people were confident that if they raised an issue it would be dealt with. One person said, "if I tell one of the carers, I know they'll sort it out, whatever it is." One relative told us that their family member's spectacles had gone missing

Good

Is the service responsive?

recently. This relative said they had reported this to care staff who said they would look for them, but they had not been found. This relative told us this was frustrating, but not a matter they would want to take to the registered manager as a complaint.

Good

Is the service well-led?

Our findings

At the last inspection on 21 July 2014 we found

Since the last inspection, where necessary, the service had informed us of any deaths or other incidents at the home as required by the regulations. We saw the registered manager had a clear process in place to ensure notifiable incidents were reported to CQC. Senior care workers said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager and senior care workers confirmed that any notifications required to be forwarded to CQC had been submitted. The registered manager said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they would also use this regular review to identify any themes or trends that may require addressing.

We saw evidence of regular audits completed by the registered manager to check the quality of service. These included health and safety, infection control, medication, staffing and premises. The deputy manager had the responsibility for completing monthly audits for all the care plans. Actions resulting from these audits were recorded and checked they had been completed by the registered manager.

The registered manager had been in post since August 2014 and was registered with CQC. Prior to registering as manager she had been employed as the area manager for the home and it's two sister homes. Changes to the organisation now meant the manager was registered for two homes. The registered manager divided her time between the two homes. She said she tried to spend time at each home everyday, either during the morning or afternoon. People we spoke with were not able to tell us the name of the registered manager. One relative told us that if they had a problem they would tell a senior member of the care staff as they were not sure who the registered manager was. The registered manager told us feedback from recent surveys sent out to relatives had confirmed they weren't sure who the current registered manager was and therefore a resident/relative meeting had been planned to formally introduce herself to everyone. The registered manager told us she was also "meeting and greeting" relatives that visited when she was in the home to build up a relationship and rapport with them.

During our inspection we found the atmosphere in the home was lively and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided. Staff told us, "when I first started working at Lindhurst Lodge I didn't like it but everyone told me things were changing and they have. The new registered manager has made a difference and we're all working better as a team," "staff communicate much better" and "I feel valued and if there's anything I don't know there's always a senior I can go to."

People who used the service, relatives, healthcare professionals and staff were asked for their views about their care and support and these were acted on. We saw evidence the provider carried out annual satisfaction surveys. The manager told us surveys for 2014 had been sent out to people who used the service, relatives and friends and healthcare professionals. We looked at the surveys that had been returned and saw positive comments about the service. The registered manager told us a report of the findings would be completed by December 2014.

The relatives we spoke with could recall relatives meetings being held some time ago, but could not recall any recent meetings, or invitations to a meeting. The registered manager told us she had planned to hold four 'resident meetings' per year and had also arranged a 'relatives and residents' meeting for November 2014.

We saw minutes of staff meetings which took place every three months or more frequently if required. The minutes we saw had included discussions on safeguarding, confidentiality, infection control, teamwork, health and safety and 'the way forward'. Staff we spoke with told us they were always updated about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use the service were not protected against the risks associated with the unsafe management of medicines.