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Radiant Care Home

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?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 10 January 2017. The inspection was unannounced. Radiant Care Home is situated in the Highbury area of Nottingham and offers accommodation for to up to 18 people who require personal care. The provider specialises in caring for older people and people who are living with dementia. On the day of our inspection visit 15 people lived at the home.

The home had a registered manager (who was also the registered provider) in place at the time of our inspection. 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.

During our inspection on 7 January 2016 we identified a breach of the Regulations of the Health and Social Care Act 2008. This was in relation to keeping accurate and complete records for each person who lived at the home including a record of the care and treatment provided and decision taken in relation to their care and treatment. At this inspection, we found improvements had been made but further improvement was still needed.

People who were able to, were supported to make their own decisions about their care and support. However decision making on behalf of people who did not have capacity to make decisions for themselves was not in line with the principles of the Mental Capacity Act 2005.

Systems in place to monitor and improve the quality of the service provided were not always effective in identifying issues.

The provider had not always undertaken adequate checks and risk assessments on the premises and equipment.

People's care records did not always provide instruction to staff on how to support them with their needs and describe what action staff would need to take to reduce risks and to keep them safe.

People were protected by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People's nutritional needs were met and staff monitored and responded well to people's health conditions.

People were supported by staff that had the knowledge and skills to provide safe and appropriate care and

support.

People lived in a home where staff listened to them. People were involved in giving their views on how the home was run. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have told the provider to take at the end of this 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.

Checks to the environment were not always undertaken to protect people from harm. People were kept safe from the risk of abuse because the provider had systems in place to recognise and respond to allegations or incidents. People received their medicines as prescribed and medicines were managed safely. There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some decisions made on behalf of people were not carried out in line with principles of the Mental Capacity Act 2005. Other people made decisions in relation to their care and support and where they needed it. Overall, people were supported by staff who received appropriate training. People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Requires Improvement

The service was not responsive.

People were involved in planning their care and support prior to living at the home, however care records did not always provide staff with guidance when their needs changed. Information was not always available for people in alternative formats such as pictures and symbols. People were supported to have a social

life and to follow their interests. People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits that are designed to monitor the quality and safety of the service did not always identify shortfalls in the service. The provider notified us of events and incidents they are legally required to. People and visitors felt comfortable and able to approach the registered manager. Staff felt supported by the management of the service.

Radiant Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the home on 10 January 2017. The inspection was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the Home. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the home and commissioners who fund the care for some people who lived at the home.

During the visit we spoke with five people who lived at the home, five visiting relatives and two visiting healthcare professionals to understand their views of the home.

We also spoke with two members of care staff, the cook and the registered provider. We looked at the care records of four people who lived at home, medicines records, staff training records, as well as a range of records relating to the running of the home. These included audits carried out by the registered provider.

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

Requires Improvement

Is the service safe?

Our findings

People lived in an environment which may not protect them from harm. This was because the provider had not always undertaken checks of their premises and equipment when they should.

Not all health and safety checks such as legionella checks were completed. Legionella is known to cause respiratory diseases such as pneumonia and the bacteria can be found in water systems. The provider told us that legionella checks were not undertaken as they had a new boiler system installed which they believed prevented legionella however information to support this was not available. Following our visit, the provider told us they would undertake a risk assessment and take any action identified within the risk assessment such as checking water samples for presence of legionella.

Testing of electrical equipment within the home was last undertaken in May 2015 and nine failures were found which the provider had addressed. However there was no evidence that further testing had been undertaken in line with current guidance. This meant that there could be a risk of electrical fires within the home. We saw that other health and safety checks such as gas and fire systems had been completed.

The provider checked water temperature regularly within the home to minimise the risk of scalds and burns to people. The records indicated that these temperatures were within an acceptable range. However we found that an outlet in one of the bathrooms had water running at 52 degrees, when the recommended temperature for safety was 43 degrees. Their checks had failed to identify this and it meant there was a risk that people could be scaled or burnt when washing. The provider told us they would arrange for a temperature control device to be fitted to ensure this risk to people was reduced.

In some areas of the home, the carpet had started to become worn and rumpled which caused lumps and bumps. We also saw in one of the corridor areas outside of people's bedrooms that the carpet had lifted. This was because it had come away from the carpet gripper and was not secured to the floor. This meant people might be at risk of tripping. We brought this to the attention of the provider who had temporarily fixed the lifted carpet and told us that they planned to replace the carpet sometime in the future.

People were protected from abuse. People we spoke with told us they felt safe. One person said, "The provider is very good at setting your mind at rest. They make you feel safe." A relative we spoke with also felt their relation was safe in the home and said, "They're very security conscious. People can't get in or out with staff opening the door."

People were supported by staff that recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse (safeguarding).Staff had a good knowledge of how to safeguard people who may be at risk of harm and knew to escalate concerns to the provider or to external organisations such as the local authority. One member of staff told us, "I would tell the provider and they would take action but if they didn't, I would report it myself." The provider was aware of their responsibility to notify us and the local authority safeguarding team of any suspected abuse.

Prior to staff working at the home, the provider had taken steps to protect people from staff who may not be fit and safe to support them. The provider carried out checks to determine if staff were of good character by requesting references from previous employers and requested police checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. We found this had improved since our last inspection.

Risks to people's health and well-being were assessed and staff had access to information about how to manage the risks. Risk assessments which covered a variety of areas such as falls, mobility and personal hygiene were in place to support people. The completion of these risk assessments had improved since our last inspection.

Staff had received health and safety training and knew how to respond if there was a fire in the home. Staff told us this training had been, "Good" and they were able to explain the fire evacuation procedure to us and felt confident to assist people to move to safety.

Many of the people had lived at the home for a number of years and the provider told us that they knew their needs well. All members of staff we spoke with felt there were sufficient numbers of staff to meet people's needs and to keep them safe. One member of staff said, "Yes of course. Our manager (the provider) is always here and steps in when needed." Another member of staff said, "I'd say so." If people became unwell and required additional support from staff, the provider would provide additional staff to ensure people are kept safe. The provider told us that the home was at full capacity so they will be increasing the number of staff needed to support people. The provider said, "I am in the process of recruiting an additional carer."

At our last inspection we found that people's medicine administration records which were used to record when people had taken their medicine were incomplete. We also found that there were not protocols in place for people who took their medicine 'as and when' needed. At this inspection we found improvement had been made.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. One person said, "I get my medicine on time." Another person told us, "Staff never miss my medicine. I always get it." The relative we spoke with told us they were happy with the way staff managed their relation's medicines.

We found the medicines systems were organised and people received their medicines when they should. Staff followed safe protocols, for example completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Medicines were stored safely and in line with legal requirements.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 7 January 2016, we recommended that the provider found out more about the appropriate application of the Mental Capacity Act 2005 (MCA). The provider sent us an action plan advising people's care records would contain the necessary capacity assessment, best interests decisions and any DoLS (Deprivation of Liberty Safeguards) applications by 30 June 2016. We found at this inspection the provider continued to not fully meet the principles under the Mental Capacity Act and how to support people with decision making.

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.

We looked at assessments carried out where there were concerns the person did not have capacity to make an informed decision. A person's capacity should be assessed against a specific decision, not in general. Records did not always make it clear what decision the person's capacity was being assessed against.

Where a person had been assessed as not having capacity to make decisions for example, with medicines, there had been no 'best interest' meeting held to determine whether it was in the person's best interest to continue to take their medicines. Similarly, the person did not have the capacity to consent to staff supporting them with personal care, and no best interest decision had been taken in response to this.

Assessments did not adequately demonstrate how the provider had concluded that people lacked capacity to give their consent. Where it had been determined the person did not have capacity, the provider had asked relatives to give consent on the person's behalf. We saw that one relative, who gave consent, did not have the legal authority to make those decisions. Relatives can only give consent if a person lacks capacity to make their own decisions if they have the Power of Attorney to make decisions about a person's welfare. This meant that the provider had not followed the principles of the MCA. We discussed this with the provider, who told us they would revisit people's capacity assessments to ensure they were accurate and that the principles of the MCA were followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). At the time of our inspection visit we checked whether any conditions on authorisations to deprive a person of their liberty were being met. The provider told us applications for each person who did not have capacity to know the code to door had been applied for in relation to the door to the home being locked which prevented people from leaving.

People who were able to, were supported to make decisions on a day to day basis. We saw people decided how and where they spent their time and made decisions about their care and support. One person told us they could go to bed when they chose to and get up when they want to. Another person told us, "I chose to sit here because I can see the garden. It's a bit cold at the moment but as soon as the sun is out, I shall be out there."

People were supported by staff who were trained to support them safely. One person we spoke with told us, "Most of [the staff] have been doing it a long time, they seem well trained." We saw staff supported people in a confident manner and had the skills needed to care for people appropriately.

Staff told us they had been given the training they needed to ensure they knew how to do their job safely and effectively. They told us they felt the training gave them the skills and knowledge they needed to support the people who lived at the home. Records showed staff had received training in various aspects of care delivery such as nutrition and hydration, health and safety, and moving people safely. We saw that all staff training the provider considered 'mandatory' was up to date and the provider had a 'training matrix' in place which alerted them when staff were expected to renew their skills. This meant that staff had the relevant and up to date knowledge to ensure they cared for people effectively.

Staff were given an induction when they first started working in the home to ensure they had the skills and knowledge to support people effectively. The registered manager told us new staff were completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the home and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance. We saw records which confirmed this.

People were supported to meet their nutritional needs. We spoke with people about food and drinks provided and they told us they had enough to eat and drink. We saw people received food and drink when they wanted. One person told us, "Snacks are available throughout the day along with tea and coffee." Another person told us, "We can have snacks at night if we want them."

People spoke positively about the food, comments included, "I like the food", "It's lovely and nicely presented" and, "It's not posh, but good everyday food." One person told us, "We eat in the dining room and we have two choices on the menu. They (the staff) would make you something else if you don't like it."

We saw that the menu only contained written information and did not offer visual descriptions as to what the meals were. People who live with dementia may sometimes not be able to understand words and the use of pictorial and visual prompts would assist people to make decisions and choices. We identified this at our last inspection but improvements had not been made.

People's nutritional needs were assessed regularly and information in care plans detailed these needs. For example, one person was diabetic and dependent on insulin, and needed a specific diet to help them manage their diabetes. Staff we spoke with knew what foods the person could and could not eat. The cook showed us a list of all people's dietary requirements and preferences and meals were tailored accordingly.

People were supported with their day to day healthcare. People were supported to attend regular

appointments to get their health checked. One person told us, "They make sure we are signed up with a doctor and [staff] call them if we need them." Another person told us, "The GP and Dentist come [and visit us at the home] automatically, also we get to see the Podiatrist every three months."

Care records contained information about the involvement of a range of external professionals such as, the dementia outreach team (approved mental health professionals) the district nurse, dentist, optician, GP, physiotherapist. One person with diabetes had their blood glucose monitored by a district nurse who visited the home daily as advised by the person's GP. Advice from the registered mental health nurse was followed when they assessed a person who displayed behaviours that people might describe as challenging. We saw that one person had regular reviews of their medication by their GP.

Good

Is the service caring?

Our findings

People told us they were happy living at the service. One person said, "I am very happy here." Another person told us, "The staff make me feel comfortable and I get on with them very well." A relative was positive in their comments and said, "It's a very nice place here. They make me very welcome. You're always greeted with a smile and a hello."

Staff were kind and caring to people when they supported them. People looked relaxed and comfortable with staff. One person told us, "I think the staff are very kind." Staff told us they enjoyed working in the home. By seeing staff interaction with people and through talking with staff, we found staff knew people's needs and preferences. For example, at lunch we observed one person was experiencing difficulties in eating their food. A care worker approached them and said, "I can help you," to which the person responded positively. The care worker maintained eye contact and asked, "Are you ready?" before proceeding to assist the person the eat.

People's care plans had written information about people's preferences for how they wanted to be supported, along with their likes, dislikes and what was important to them. For example, we saw that one person used to visit church regularly before they moved into the home and due to their care needs, there were no longer able to visit as frequently as they liked. Staff told us that a member from the church visited the person at the home every week. This demonstrated that staff understood what was important to the person and were able to encourage the person to maintain their involvement.

We spoke to the provider about the use of advocacy services for people. An advocate is a trained professional who supports, enables and empowers people to either speak for themselves, or who speaks on their behalf. The provider told us no one in the home was using this service but information was available for them should this be required. We saw that information about advocacy services were available on display within a communal area of the home. The information contained important details such as, how the service can support people and how to contact them for assistance.

People were supported to be independent. Care plans detailed people's levels of independence and what they needed support with. For example we saw staff provided verbal prompts to a person who needed them when moving around the home. Staff provided reassurance as the person was unsteady on their feet and required the use of a walking aid. The person appeared to be anxious but we saw that staff took their time supporting the person, gently reminded the person to use their walking aid and made sure that the person did not feel rushed.

People were encouraged and supported to develop and maintain relationships that were important to them. One person told us, "My family visits me every Friday." A relative also told us, "We can come anytime, we've never been stopped." Another relative told us, "I can just turn up and sometimes I say that I am taking mum out for lunch and they (the staff) say it's 'okay'." This meant that there were no restrictions on visiting hours and friends and relatives were made to feel welcomed.

People were supported to have their privacy promoted and were treated with dignity. All the people we spoke with told us they felt they were treated with respect. One person said, "They respect everybody, I've never heard [the staff] raise their voice." We saw staff knock on people's bedroom doors and asked if it was okay to enter before going in to people's bedrooms. One member of staff told us, "I always knock on people's bedroom and toilet doors before entering and ensure they are closed behind me if I am helping someone with their personal care." Another staff member told us, "I place a towel on people during personal care. I ensure I tell them first and explain why and check that they are okay before I do."

Staff told us they were given training in privacy and dignity values. The provider told us as part of their role, they carried out observations of staff to ensure they were working to the values. Staff we spoke with showed they understood the values in relation to respecting people's privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on 7 January 2016, we had concerns that in some people's records, care planning documentation lacked up to date information. We identified issues with records relating to risk associated with people's health conditions. This could increase the risk of people receiving care in a way that was not appropriate or not in the way they wanted to receive it.

The provider sent us an action plan telling us that care plans would be reviewed on a regular basis or sooner if a change in people's needs had been identified. They also said that where possible, people would be included in reviewing their care. They told us this action would be completed by 30 June 2016. We found at this inspection that further improvement was required.

People were assessed prior to living at the home to check that their needs could be met with the staffing and facilities at the home. This formed the basis of the person's care plan. People's care plans contained information about people's physical and mental health needs but they did not always provide guidance for staff when their needs might change.

For example, three people had been diagnosed with diabetes. Whilst their care plans had identified this and provided instruction on how staff were to support the person in relation to their diet, there was no information or guidance that instructed staff how to respond if they noticed that the person's behaviour or symptoms associated with high or low blood sugar levels changed. When we spoke to staff and the provider, they were able to explain what action they would take, however if staff changed in the home, new staff members might not be aware of what action they need to take to respond to the change in the person's health.

People and their relatives were involved in the care planning process and made choices about their care and support. Where possible, people or their relatives had been involved in writing some aspects of their care plan such as providing a life history which gave the staff useful information about the person such as their likes, dislikes and important events. However when care plans were reviewed, there were no evidence that the person or their relatives had been consulted with. This was contrary to the provider's action plan which told us people or their relatives would be more involved in reviews of care.

People were supported to follow their interests and take part in social activities. One person told us about the activities they enjoyed and said that staff supported them with this. They told us they enjoyed, "Dominoes and cards." We saw people were supported to go out. One person told us, "I go out every Friday with my relatives in the car." Other people said they had been involved in activities such as, "Barbecues, going to the museum and having picnics." We saw that special events were celebrated such as Christmas and birthdays and photos of people were displayed around the home. This gave a homely sense to people living at the home.

Care was provided in a way that met people's preferences. People told us they were able to make choices, for example, about when and where they ate, how they spent their time and what activities they were

involved with. One person told us, "Sometimes if I feel a bit down, I like to relax in bed and at dinner time staff always bring me a dinner."

People's choices were respected. For example, prior to living at the home, one person had enjoyed eating fish and chips every Thursday. Their relative told us they had arranged with staff to bring fish and chips into the home for them on Thursdays to provide continuity. They told us that their relative continued to enjoy this.

People chose where and how they spent their time. One person we spoke with told us, "I love reading and talking to people." There were plenty of books around the home which people could read. People were provided with different brands of newspapers and people appeared happy with the selection available. Another person told us that they did not enjoy being in communal areas of the home preferring to stay in their room and that staff respected their choice. The person told us, "I like to do jigsaws and read romance books." We saw that this person had a variety of jigsaws and books in their room.

The provider used the services of an external Activities Motivator that visited the home once a week to undertake focussed activities with people. At our last inspection the Motivator had visited the home monthly, this had now been increased to weekly. We saw the Motivator running a session during our visit and over half of the people at the home attended the session. We saw a variety of activities take place such as memory recall and word association, breathing exercises and making music with instruments. Throughout the session, people were thoroughly engaged and were encouraged to participate. There were lots of laughter and people were seen smiling.

The provider also allowed pets at the home. Although no one currently had a pet, the provider told us in the past a person used to have a bird.

People knew what to do if they had any concerns about their care or life at the home. People and relatives told us they would speak to the provider if they had a problem or concern, and told us they felt they would be listened to. One person told us, "I would go straight to the office," if they had concerns.

The provider told us they had not received any complaints and so we were unable to assess how well complaints would be responded to. However staff were aware of how to respond to complaints and the provider had systems in place to deal with complaints if they arose. There was a complaints procedure in place so that people would know how to escalate their concerns if they needed to. The provider's complaints policy also provided information to people on how to escalate their concerns.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection there was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the provider had failed to identify issues with the recording processes in relation to people's care records, medicine administration, risk assessment and the records in relation to the application of the Mental Capacity Act 2005. Following this inspection the provider sent us an action plan telling us they would meet the regulation by 30 June 2016. At this inspection we found that whilst some improvements had been made, further improvement was still needed.

There was a registered manager in post who was also the registered provider and people knew who the provider was. We saw people responded positively to the provider when they were speaking with them. The provider was clear about their responsibilities and they had notified us of significant events in the home.

The provider had audit systems and processes in place to assess the quality of care they provided to people. The audits looked at variety of areas within the home such as premises, fire, medication and care records. However not all audits were consistently or comprehensively completed. For example, whilst we saw that hot water temperatures were regularly checked, we found the water temperatures from one outlet were higher than the recommended limits but this had not been identified and no action had been recorded about how to minimise the risk of scalding to people.

Checks of premises and equipment such as legionella and electrical safety were not always undertaken which meant people's health and well-being could be placed at risk. People's care records did not always provide information about how staff were to support people in relation to risks associated with their care and health conditions. Records were incomplete or missing in relation to supporting people to make decisions when they could not consent to show how the principles of the Mental Capacity Act 2005 had been used.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Since our last inspection some improvements had been made, for example in relation to some elements of the management of people's medicines. This included when people were prescribed medicines on an 'as and when required' basis, such as for pain relief. We saw that protocols were in place that instructed staff when people might need their medicine and medicines were stored safely and securely. We also found that where the provider had identified that people's liberty and freedom might be restricted, they had applied for the relevant legal authorisation. We also saw that the television which people had told us had a poor picture quality had been resolved. We also saw that improvement had made in relation to staff recruitment.

The provider showed us a new computer system that they had invested in which will be used to hold people's care records electronically. This will reduce the need to hand write these in future. The provider also told us that staff would be given handheld computers which will enable them to access and update care records when they needed to. This was to ensure staff had access to the most up to take information.

The provider was in the process of transferring the information but told us they still needed time to complete it.

People told us they were happy living at the home and a relative we spoke with also commented positively on the service and said they felt their relation was happy there. One person told us, "[The provider] is very nice. She talks to me as a person and she seems to know what is wrong." A relative said, "[The provider] is very proactive, when we've asked for something for mum, they've got it. When mum had a fall and she needed extra equipment, it was all done."

People who lived at the home and their relations were given the opportunity to have a say about the quality of the service. There were meetings held for people who lived at the home so the provider could capture their views and get their suggestions and choices. 'Satisfaction Survey's' were sent to relatives on an annual basis. The results of these were analysed and shared with people and an action plan was put into place for any areas which needed addressing. For example, we saw that one person who is keen gardener wanted a dedicated area to plan vegetables such as tomatoes. The provider told us that they are in the process of buying a small green house for the garden. We saw that on the whole the feedback was positive and people who completed the surveys were happy with the service.

The provider was responsible for the day to day running of the home. The provider was a regular visitor to the home. People who lived at the home and staff told us the provider spent time talking with them and checking on how things were going to ensure people were happy with the service delivered.

Staff told us they felt the leadership of the home was good and made positive comments about the management team. One member of staff said, "[The provider] is really good and approachable. She cares about everyone's needs [people and staff]. I have learnt a lot from her." Another member of staff said, "She is always there for you."

People lived in an open and inclusive home. We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people. Staff demonstrated they understood the provider's vision and values. One staff member said, "Try to make the residents feel comfortable in their own home. It's about whatever they want or need. Everything is about them." Another member of staff said, "To look after the people."

We observed staff working well as a team. They were efficient and communicated well with each other.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Decisions made on people's behalf were not undertaken in line with principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits used to monitor and assess the quality of the service were not effective in identifying issues and actions taken.