

# Mr John Pinder

# Abiden Care

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

We carried out an inspection of Abiden Care on 2 and 3 June 2015. The first day of the inspection was unannounced.

Abiden Care provides accommodation and personal care for up to 22 older people. The home provides accommodation in 18 single rooms and two shared rooms on two floors. Ten of the bedrooms have an ensuite facility which includes a toilet and hand wash basin. There are two stair lifts which facilitate access between the floors. At the time of the inspection there were 19 people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 1 and 2 October 2014, we asked the provider to take action to ensure staff assisted people to move in a safe way, ensure environmental risks were identified and addressed, ensure people's capacity to make decisions and potential restrictions of liberty were

# Summary of findings

assessed and addressed, ensure people's rights to dignity were respected at all time, ensure people were involved and were enabled to contribute to the care planning process and ensure a system was put in place to consult people about the service they receive. Following the inspection the provider sent us an action plan which stated they would take action to address these issues by 30 March 2015. On this inspection we found the action had been completed and the necessary improvements had been made.

Whilst the registered manager sent us an updated falls policy and procedure following our visit we found during this inspection that the provider had not always ensured people had received safe care and treatment. We also noted the provider had not consistently maintained complete and accurate records. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding and we saw concerns had been dealt with appropriately, which helped to keep people safe.

We noted there were adequate numbers of staff on duty to support people safely and ensure that people's needs were met appropriately.

Systems and processes in place ensured that the administration, storage, disposal and handling of medicines were safe.

We found relevant checks had been completed before a member of staff started to work in the home. From the records seen and discussions with staff we also noted staff had completed relevant training for their role and they were well supported by the registered manager.

As Abiden Care is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate mental capacity assessments had been carried out and applications had been made to the local authority for a DoLS. Staff had completed training and had a working knowledge of the Mental Capacity Act 2005.

We noted people had a good choice of meals and were provided with snacks and drinks throughout the day.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained. People and their relatives spoke positively about the home and the care they or their relatives received.

From looking at people's care files we could see all people had a detailed care plan which covered their needs and any personal preferences. We saw the plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes.

People and their relatives told us they knew who to speak to if they wanted to raise a concern. There were systems in place for responding to complaints.

We saw there was a system of audits in place to monitor the quality of the service and people and staff were given opportunities to express their views and provide feedback on the service.

# 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 consistently safe.

Whilst people told us they felt safe and secure in the home, we found people were not always provided with safe care and treatment.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

There were sufficient numbers of staff to meet people's needs.

The systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

**Requires improvement**



### Is the service effective?

The service was effective.

People were cared for by staff who were appropriately trained and supported.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the meals served in the home and confirmed they had access to healthcare services as necessary.

**Good**



### Is the service caring?

The service was caring.

People told us they were happy living in the home and staff were kind and considerate. Relatives spoken with expressed satisfaction with the care provided and confirmed they were made welcome in the home.

The staff we spoke with had a good understanding of people's needs and we saw they respected people's rights to privacy and dignity.

**Good**



### Is the service responsive?

The service was not consistently responsive.

Whilst people were satisfied with the care provided, we found complete and accurate records had not always been maintained. This meant it was difficult to determine the level of care provided.

People were involved with planning and reviewing their care and arrangements were in place to find out about people's individual needs, abilities and preferences. People were given the opportunity to participate in a range of daily activities.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was well led.

The home had a registered manager who provided leadership and was committed to the continuous improvement of the service for people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Good



# Abiden Care

## 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 2 and 3 June 2015 and the first day was unannounced.

The inspection team consisted of an adult social care inspector and an additional adult care inspector on the afternoon of the first day.

Before the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We

contacted and received information from the local authority commissioners who also monitor the standards within the home and from a social worker and district nurse.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with ten people who used the service and three relatives. We spoke with the registered manager, seven staff members and the provider. We spent time observing care throughout the service and carried out general observations of the care and support people were given. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We also looked round the premises.

In addition, we looked at various records that related to peoples' care, staff and the overall management of the service. This included four people's care plans, two staff files, staff training records, meeting minutes, the complaints log, ten medication administration records, accident and incident forms and quality assurance tools.

# Is the service safe?

## Our findings

All people spoken with told us they felt safe and secure in the home. One person told us, “Yes I feel safe and happy here. The staff are very nice.” Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, “I’m very happy with the care. I like this home better than any other I’ve visited.”

At the last inspection we found two staff were using inappropriate techniques to assist a person to stand. This put the person at risk and was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which were in force at the time. Following the visit the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. At this inspection, we found the necessary improvements had been made. All the staff had completed further training on safe moving and handling techniques and the registered manager had also sought advice and support from an occupational therapist. We observed staff used correct techniques to assist people to move throughout the visit. We discussed staff training with two new members of staff who told us they had been shown how to safely move people on their first day of work in the home. They added that the registered manager regularly observed their practice and carried out spot checks. We saw records of the spot checks during the inspection.

Also at the last inspection, we noted risks had not been identified and assessed in respect of the dining chairs and a bath tap which protruded onto the seating area of the bath chair. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan which set out what action they would take to meet the regulation. At this inspection we noted the dining chairs had been replaced and a new swivel bath tap had been purchased and installed. People spoken with told us the new dining chairs were sturdy and comfortable.

During this inspection, we noted from looking at accident records and talking to the registered manager that two people had hit their head following a fall. The registered manager told us both people had been closely monitored following their accident to check for any ill effects. Whilst both people had recovered, we found no record of the staff

observations and there was no evidence to indicate emergency medical advice had been sought. Following our visit the registered manager sent us an updated falls policy which stated emergency medical advice would be sought in all circumstances. She also sent us a copy of new 72 hour monitoring and observation form which was due to be implemented following any accident in the home.

At lunchtime on the first day we observed that one person was offered and given food which was contrary with the recommendations made by a speech and language therapist. Whilst the person enjoyed the food, the increased risk of choking was not explained to them. This meant the person’s health and well-being could have been placed at risk.

The provider had not always ensured people had received safe care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding people from harm. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. We noted there was a flowchart setting out the safeguarding process prominently displayed in the kitchen. The training records showed staff had received safeguarding training and the staff we spoke with confirmed this. Where safeguarding concerns had been raised, we saw the registered manager had worked with the local authority to ensure the safety and welfare of the people involved.

We looked at how the service managed staffing levels and recruitment. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The registered manager explained the staffing levels were flexible and adjusted on a regular basis in line with the needs of people living in the home. For instance, on the second day of the inspection an additional staff member

## Is the service safe?

was placed on duty to accompany a person who wished to go shopping. Staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. We observed call bells were answered promptly and we saw people's needs were being met. The registered manager was able to monitor staff response times by analysing the data from the call bell system.

We looked at recruitment records of two members of staff and spoke with one member of staff about their recruitment experiences. Checks had been completed before staff commenced work in the home and these were recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

We checked how medicines were managed in the home. All people spoken with told us they were happy with the support they received to take their medicines. We observed a member of staff administering medication during the inspection and noted the member of staff was thorough in checking the prescription labels against the medication administration records before giving the medicine to each person.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the

medication records were well organised and included a photograph of each person. We found some minor omissions in the medication records which were rectified during the inspection.

Staff designated to administer medication had completed a safe handling of medicines course and undertook tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available in the dining room.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

We looked at how the provider managed the safety of the premises. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment, for instance on the equipment, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed all equipment was in full working order. The provider employed a handyman and arrangements were in place for the on-going upkeep of the building. CCTV (closed circuit television) was in operation in all communal areas and stair ways. A screen had been placed in the dining room which enabled the registered manager and staff to monitor these areas throughout the day and night. Appropriate signage was displayed both inside and outside the home to inform people and visitors about the CCTV.

We noted on a tour of the premises that all areas seen had a good level of cleanliness and hygiene. One person told us, "It is a beautiful home and always spotlessly clean."



# Is the service effective?

## Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, “The staff are very helpful and kind and they do what they can to help you.” Staff told us they enjoyed their work and were committed to providing people with good quality care.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. 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. Deprivation 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.

At the last inspection, we found consideration had not been given to people’s mental capacity to make decisions or the potential restriction of liberty posed by coded keypad locks on the external doors and the use of bedrails. We also observed a person’s walking frame had been moved to the other side of the room, which meant they were unable to stand up and walk. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the inspection the provider sent us an action plan and told us what action they intended to take. During this inspection we noted the necessary improvements had been made.

From the records seen we noted the registered manager had carried out a two stage functional test of capacity to determine if people were able to make their own decisions. Following advice from the local authority Deprivation of Liberty Safeguards team, she had also applied for 17 DoLS, one of which had been authorised and 16 were waiting for a decision. At the time of the inspection this paperwork was kept separate from people’s files. However, to ensure staff were aware of all the applications the registered manager told us, she intended to place the documentation within people’s files with a supporting care plan.

Staff spoken with told us they had received training on the MCA 2005 and we found they had a working knowledge of the principles associated with the Act. We also noted there were detailed policies and procedures available on the MCA 2005 and DoLS for staff reference.

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people’s needs effectively. Staff had been provided with induction training when they commenced employment. This ensured they were equipped with the necessary skills to carry out their role. Staff told us about the induction programme they underwent and said that it was extensive and valuable. The training helped them to understand people’s needs and gave them the opportunity to shadow more experienced staff so they could learn from them and understand the expectations of their new role.

There were arrangements in place to ensure staff completed mandatory training. This included health and safety, moving and handling, MCA 2005, fire safety, safeguarding vulnerable adults and infection control. In addition, care staff undertook specialist training on caring for people with a dementia, risk assessment and nutrition and swallowing. The training was delivered in a mixture of different ways including face to face, online and work booklets. We saw the registered manager maintained an up to date training matrix. This enabled her to monitor staff training and make arrangements for the future courses.

Staff spoken with told us they were provided with regular one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. We saw detailed records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people’s care and the operation of the home. Staff confirmed handovers meetings were held at the start and end of every shift during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home. We saw records of the handover and staff meetings during the inspection.

We looked at how people were supported with eating and drinking. People told us they liked the food provided and confirmed they were offered a choice each mealtime. One person described the food as “Delightful” and another



## Is the service effective?

person said the meals were “Very good.” We observed lunch time on the first day of the visit and noted two staff were assisting people to eat and encouraging other people to eat independently. The meal was well presented and looked appetising. We noted one person did not like their choice of meal and they were quickly attended to and an alternative was provided. There was a friendly atmosphere and staff chatted to people while they ate their lunch. People were offered second helpings if they wanted more to eat.

We observed people were served drinks and snacks at regular intervals throughout the day and were able to request refreshments at any other time.

Staff told us they had received training from a speech and language therapist in how to support people with swallowing difficulties. However, we noted one person was

offered a type of food not recommended by a speech and language therapist. We discussed this situation with the registered manager and provider. We noted people’s weight was checked and recorded on a regular basis to ensure any fluctuations could be monitored and action could be taken as necessary.

We looked at how people were supported to maintain good health. People were supported to attend hospital appointments. Records we looked at showed us people were registered with a GP and received care and support from other professionals, including the district nursing team and chiropodist. People’s healthcare needs were considered within the care planning process and we noted there was separate section in each person’s plan detailing any healthcare conditions.

# Is the service caring?

## Our findings

People and their families were satisfied with the care and support provided. One person said, “I’m enjoying it. It’s like I’m on holiday all the time. They are all nice” and another person commented, “The staff are great. You have a laugh with them. It’s a good atmosphere.” Relatives spoken with also expressed satisfaction with the service. One relative told us, “I’m very happy with the care. All the staff are very caring.” The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

At the last inspection, we found that some care practices compromised people’s dignity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which were in force at the time. Following the inspection, the provider sent us an action plan which set out the action they intended take to ensure the necessary improvements were made. During this inspection, we observed staff respected people’s dignity and had a caring approach. We noted staff were available to assist and support people as necessary when they wished to eat and drink. People could choose to have their meals and drinks served in any area of their choice and we noted one person liked to have their tea in the living room so they could continue to watch television.

Staff spoken with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions. For instance we observed a member of staff asking a person if they would like to have support to eat their food.

People said their privacy and dignity were respected. One person told us, “The staff show the utmost kindness” and another person said, “They (the staff) really respect you.” We saw people being assisted considerably and noted they were politely reassured by staff. We also observed people spending time in the privacy of their own rooms and in different areas of the home. We noted staff routinely knocked on bedroom doors and waited to enter to the room. There were policies and procedures for staff about maintaining people’s privacy, dignity and confidentiality. The registered manager explained a specific policy and procedure was discussed at each staff meeting to ensure staff had a good level of understanding.

On a tour of the premises, we noted people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People were encouraged to express their views as part of daily conversations, residents and relatives’ meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

We observed staff encouraged people to maintain and build their independence skills, for instance supporting people to retain their mobility and eat their meals.

Information was available about the service in the form of a service user guide. This provided an overview of the service and facilities. The guide had recently been reviewed, however the registered manager explained that she intended to discuss it at a residents and relatives’ meeting to ensure it contained useful and relevant information. The registered manager had also recently developed an information file, which contained details about the local advocacy service. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

# Is the service responsive?

## Our findings

People told us they were happy with the care and support they received from staff. One person said, “The staff are very good. They do everything they can to help you” and another person commented, “The staff really are the best people. They work very hard looking after us.” Relatives spoken with were confident their family members were receiving appropriate care and support. One relative told us, “They are on the ball looking after people. My (family member’s name) is perfectly happy.”

At the last inspection, we found people had not been involved in the care planning process. This meant people had limited opportunities to offer their views about the way their care was delivered. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010 which were in force at the time. Following the inspection the provider sent us an action plan, which set out the action they intended to take to ensure this regulation was met. At this inspection we noted the necessary improvements had been made.

We looked at four people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs and included information about people’s life experiences and likes and dislikes. We saw evidence to indicate the care plans had been updated on a monthly basis or in line with changing needs. People spoken with were familiar with their care plans and confirmed they had discussed their needs with the care staff. One person told us, “They go through the care plan and make sure everything is as I want it to be.” Wherever possible, people had signed their care plan to indicate their involvement and participation. The provider had systems in place to ensure they could respond to people’s changing needs. For example staff told us they discussed people’s well-being and any concerns during their handover meetings.

People’s care plans were supported by daily records which evidenced that healthcare professionals visited the home regularly. The care staff updated the daily records twice a day as a minimum. However, there were no times on the entries and detailed information was written retrospectively. We also noted an observation file had been set up for a person requiring complex care. However, there were gaps in the records and staff had used ditto marks

rather than recording details of the care provided. This meant it was unclear what checks and care had been carried out. Similarly, although the registered manager told us people had been monitored closely following falls, there was no evidence of the type and level monitoring carried out within their care records.

The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care provided. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person’s needs. The registered manager told us people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person’s needs could be met within the home.

At the last inspection, people told us there were few activities and little to do to occupy their time. However, during this inspection people spoken with told us there were numerous activities arranged in the home on a daily basis. These included flower arranging, card games, reminiscence boxes, drawing, professional entertainment and skittles. Regular trips were also arranged to places of local interest and three people told us they were looking forward to a weekend away in Blackpool. People told us they were happy with the activities provided and confirmed any ideas for new activities were discussed at residents’ meetings. During our visit we observed staff playing cards with people and noted that one person went out shopping with staff and another person went for a walk in the local area.

People were supported to maintain relationships with their friends and family. Relatives spoken with during the inspection confirmed they were kept informed with any concerns about their family member’s care. One relative said, “I am always kept up to date with any problems.”

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered

## Is the service responsive?

manager in the event of a concern. This view was reflected in a satisfaction survey conducted in February 2015 where the majority of respondents indicated staff always took time to listen to their concerns and deal with them promptly. One person had written, “I don’t think there has been one time when I have had an issue and it hasn’t been dealt with.” Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The complaints procedure was included in the service user guide. The complaints record showed that complaints and concerns were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised.

# Is the service well-led?

## Our findings

All people, relatives and staff spoken with told us the home ran smoothly and was well managed. One person described the registered manager as “Very good” and a member of staff told us, “The home is very well run. The manager is really supportive and approachable.”

At the last inspection we found there were a lack of systems to consult people about the service they received. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which were in force at the time. Following the inspection the provider sent us an action plan which set out the action they intended to take. At this inspection it was evident the necessary improvements had been made.

We found people and their relatives were regularly asked for their views on the service. Residents’ meetings were held every six weeks and people were supported and encouraged to add items to the agenda. We saw minutes of the meetings during our visit. A relatives and residents meeting was also held every 12 weeks and we noted a pre-planned meeting took place on the second day of our visit. Systems were also in place to ensure people were involved in the development and review of their care plans. People spent individual time with their keyworker every week. This time was used in a meaningful way for each person and enabled people to share experiences and discuss any concerns or worries they may have.

People living in the home and their relatives had been given the opportunity to complete and submit a satisfaction questionnaire in February 2015. We were given a copy of the collated results during the inspection and noted the majority of people expressed satisfaction with the service. One person had written on their survey form, “The home makes every effort to keep residents safe. The staff are caring and affectionate towards the residents and friendly towards the relatives.” A detailed action plan had been devised in response to suggestions for improvement.

The service was led by a manager who was registered with the commission on 24 February 2015. The registered manager, along with the provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations. We noted the registered manager was supported by the provider, who worked with her in the home.

The registered manager told us she was committed to the continuous improvement of the service. At the time of the inspection, she described her achievements as the development of a varied programme of activities, greater involvement and consultation with people living in the home and the development of a staff training programme. She also told us about her plans for the future development of the service and her key challenges. These included the development improving record keeping and the development of lead roles for staff. Throughout all our discussions with the registered manager it was clear she had a detailed knowledge of people’s current needs and circumstances.

The staff members we spoke with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. All staff spoken with told us they were part of a strong team, who supported each other.

Staff were clear about their responsibilities and knew what the registered manager’s expectations of them were. Staff received regular supervision with the registered manager and told us any feedback on their work performance was constructive and useful. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty. We saw the registered manager worked well with the staff and was available to support them when needed, working with them to ensure they were fully aware of the issues pertaining to people’s care and the operation on the service.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and accidents and incidents, environment and equipment. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. We saw completed audits and actions plans during the inspection. This meant shortfalls could be identified and continual improvements made.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not always ensured people had received safe care and treatment. (Regulation 12 (1))

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care provided. (Regulation 17 (1) (2) (c))