

Akari Care Limited

Ayresome Court

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 4 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Ayresome Court provides care and accommodation for up to 43 people. It is situated on the outskirts of Yarm and in close proximity to public amenities. The home provides personal and nursing care. On the day of our inspection there were 34 people using the service.

The home did not have a registered manager in place. The manager had applied to become registered with CQC and was going through the process to be registered at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Ayresome Court was last inspected by CQC on 6 August 2013 and was compliant.

People, who used the service, and family members, were complimentary about the standard of care at Ayresome Court.

People told us they felt safe at the service. We saw that staff were recruited safely and were given appropriate

Summary of findings

training before they commenced employment. There were sufficient staff on duty to meet the needs of the people. The staff team were very supportive of each other.

Medicines were stored in a safe manner. We witnessed staff administering medication in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace.

There was a programme of staff supervision in place that the new manager had established since joining the service at the end of 2014. Staff told us they had received training in mandatory subjects such as moving and handling and health and safety. Records of staff training were not well maintained although the new manager had a clear picture of people's training needs and training was planned imminently.

We saw people's care plans had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service.

The service encouraged people to maintain their independence and the activities co-ordinator ran a full programme of events, which included accessing the community with people and helping people keep in touch with their families.

The service undertook regular questionnaires not only with people who lived at the home and their family but also with visiting professionals. We also saw a regular programme of staff and resident meetings where issues were shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint. This showed the service listened to the views of people.

Nursing staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training but not every staff member knew about the requirements of the Act. Records were inconsistent and did not show that staff had always appropriately completed capacity assessments. Some were of good quality and involved the person whilst they were not in place for other people or partially completed in others. The manager stated they would address this straight away. This was a breach of Regulation 18 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient numbers of staff on duty to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Medicines were stored and administered in a safe manner.

Good



Is the service effective?

The service was not always effective.

Staff told us they had received appropriate training and staff were now receiving regular supervisions and appraisals. Records need to be improved in this area.

People were supported to have their nutritional needs met and mealtimes were well supported.

People did not always have appropriate assessments of their mental capacity in place.

Requires Improvement



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good



Is the service responsive?

The service was responsive.

Risk assessments were in place where required.

The service provided a choice of activities and people's choices were respected.

Good



Summary of findings

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

Is the service well-led?

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the manager was approachable and they felt supported in their role.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Good



Ayresome Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One adult social care inspector and an expert by experience took part in this 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 for older people.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. One concern had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and

safeguarding staff. No concerns were raised by any of these professionals. We met with a nurse assessor from the Continuing Healthcare team who was visiting the service during the course of the visit; they said they knew of nothing negative regarding the service at Ayresome Court.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 15 people who used the service and eight family members. We also spoke with the manager, four care workers, a senior care worker and two nurses.

We looked at the personal care or treatment records of five people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff. We observed care and support in communal areas and spoke with people in private. We also looked at records that related to how the service was managed.

Is the service safe?

Our findings

People we spoke with at Ayresome Court without exception told us they felt safe or very safe at the home. Comments included; “Indeed I do feel safe here. Very safe indeed. The staff are wonderful and ensure, when I am being hoisted into the bath, they talk to me the whole of the time letting me know what they are doing.” Another person said; “Yes, I do feel safe. When I am being helped out of bed and into my wheelchair, staff are always very careful with me and make sure I am comfortable.” One person told us they felt able to raise any issue of concern; “If I felt unsafe I would ask to see the manager, I would be very unhappy if I didn’t feel safe.”

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. A DBS record checks if people have been convicted of an offence or barred from working with vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We observed a number of staff on duty calmly going about their duties and having time to stop and speak with people as they were passing by. We asked staff, including domestic staff, whether there were plenty of staff on duty. They told us, “We manage but sometimes everyone decides to be up at once. Everyone does muck in though and we all work the floor as a team.” Staff told us the use of agency nurses had decreased as the new manager had recruited a permanent nursing team. One care staff told us; “It’s loads better now we are not using agency staff.” The staff rota showed that on the day of our visit there were two nurses, one senior carer, four care staff, a domestic, two kitchen staff, a maintenance person, and an activity co-ordinator. On the day of our inspection the administrator was off sick and support was provided by another person from another of

the provider’s home nearby. The manager discussed that she was keen to appoint a clinical lead to the service to take the lead role in providing nursing leadership and had discussed this with the provider.

We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service.

We saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

Portable Appliance Testing (PAT), gas servicing and lift and equipment servicing records were all up to date. Risks to people’s safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date.

The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider’s safeguarding policy, which included contact details of the local safeguarding authority along with other agencies such as the police and CQC. We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police, and saw that CQC had been notified of all the incidents. All staff we spoke with were clear on what constituted abuse and what they would do if they saw or heard anything. One staff told us; “I’d report it straight away to the duty safeguarding team, I have done it before and don’t have an issue with it at all.” Another staff told us; “We have been trained in the use of the hoists. We never ever do it alone; there are always two of us from the team.” This meant that people were not placed at risk by staff members who didn’t understand how to keep people safe.

We saw that where safeguarding issues had been reported and investigated that the service had used any learning

Is the service safe?

from them to improve the quality of the service. Recently these had been in relation to two medication issues carried out by agency staff. The service had since recruited permanent nurses and stopped the use of agency staff.

Senior care staff and nurses we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training matrix provided by the manager. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines. One senior carer told us; "I have been trained to administer medicines. You are not allowed to give medicines without being fully trained to do it."

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. We saw that staff ensured people were given time to take their medicines before they returned to the trolley to sign that the medicines had been administered.

We discussed the ordering, receipt and storage of medicines with one of the senior carers and a nurse who were responsible for administering medicines on the day of our visit. They explained how the system of receiving medicines into the home worked and how a record was kept to ensure there was a clear audit trail of any medicines that were awaiting delivery from either the GP or the pharmacy, so stock could be maintained.

We spoke with a domestic member of staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination. They then went on to explain the procedure they followed if there was any outbreak of infectious disease at the service and we found their explanation of the procedure would further risk of infection was reduced. Another care staff member told us; "We get a lot of training which has included infection control; people don't sometimes understand how important hygiene is."

Is the service effective?

Our findings

People who lived at Ayresome Court told us they received effective care and support from well trained and well supported staff. People told us; “I have every confidence in the girls who assist me. They have been trained in assisting me in and out of bed and also bathing. Nothing is too difficult for them” and; “Yes indeed. I am helped with bathing. I am escorted to the bathroom, my dignity is acknowledged, and I help myself as much as I am able but my carer does the rest and helps dry me. She does know exactly what she is doing.”

We looked at training records for the service which due to changes in managers and administrators were haphazard over the last year. One staff told us; “We have to do the training otherwise we would not be able to do our job. We are paid when we do our training. I have enjoyed training; there is a lot to understand in this work – keeping people safe and well. We are encouraged to do training too, it helps us all.”

Staff we spoke with all stated they had received regular training in areas such as health and safety, moving and handling and safeguarding and nurses told us about recent training to set up syringe drivers. We saw that a training plan was now in place for 2015 and courses scheduled over the next few weeks included moving and handling, dementia, safeguarding, tissue viability and food hygiene amongst others. One newly recruited nurse told us; “It’s a good team and I am still finding my feet but I have had a buddy and I’ve had an induction so I’m aware of all the health and safety requirements and policies. Another care staff told us;” I have been trained to level 2. I have done training in Moving and Handling which is quite a part of this job, getting people in and out of bed and transferring from wheelchairs to chairs either in the lounges, bathrooms or from beds.”

Supervisions and appraisals had been inconsistent over the last year but the new manager was implementing a new plan and we saw that staff were scheduled to receive regular supervision. We looked at records of meetings the manager had already completed and they showed a clear discussion of role and responsibility and actions and support where needed.

We attended part of a staff meeting which was taking place on the day of our visit. The manager and 13 staff attended

this which had an agenda that was shared with the staff team prior to the meeting. The meeting was conducted professionally and in a positive atmosphere and topics such as training, uniform, rotas and promoting good care were discussed. We also saw records of other regular staff meetings such as one for senior carers and nursing staff which had taken place the previous week.

People were very positive about the food at Ayresome Court. “The food is very good and we have a choice. Today it is either pork or mince & dumplings. If you did not like either of these then the cook will rustle up something else for you like an omelette. Another person said; “I do enjoy the food. It is well cooked and there is a good variety. The cook takes note of anything you dislike such as broccoli and so that is helpful. We get plenty to drink too. Always tea, coffee or fruit juice, There is no need at all to be either hungry or thirsty in here.”

Other comments included; “I love it – I no longer have to cook, the food is certainly nutritious, good quality and we can have as much or as little as we like. The cook cooks vegetables the way I like them. I have no problems at all with the food.” And “Good food, well cooked, can have seconds if you want them, plenty of choice, good company what else can I say?”

We saw from care records that people’s weight and nutrition were monitored regularly and if people were at identified risk then they were weighed weekly and dietician advice was sought as well as informing the kitchen of any dietary requirements.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The quality of recording in relation to mental capacity assessments for people living at Ayresome Court was variable. Of the six care records we looked at two people had comprehensive care assessments that were signed by the person and showed family involvement whilst another two were not completed at all and two others were not completed correctly or missed key information. One person’s record we viewed was subject to a DoLS and although some staff were aware of this and what it meant, others were not aware of it. We found that there were no records in place to show that staff made

Is the service effective?

'best interest' decisions. Relatives made decisions for people but the care records did not show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. Relatives cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves.

This was a breach of Regulation 18 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We fed this back to the manager who stated they would address the outstanding assessments and discuss the DoLS processes with staff further.

We found that people we spoke with were able to discuss a range of decisions they made. Some people required support to understand complex information and think through consequences of their actions. Other people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which are needed if people lack capacity to make decisions and these types of restrictions are made. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. DoLS authorisations can only be used if the person lacks capacity to make decisions; the choices they wish to make would put them at risk of harm; and they cannot agree to their liberty being restricted. We found that the manager recognised that further action was needed to ensure the staff understood how to apply the requirements of the MCA.

This was a breach of Regulation 18 (Consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed with the manager that they were required by regulation to send notifications of the applications had been submitted to CQC as we had not received these at the point of our inspection. The manager stated they would address this straight away.

This was a breach of Regulation 18 (notifications) of the Care Quality Commission (Registration) Regulations 2009.

The care records we looked at included 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms. All of these were up to date and showed who had been involved in the decision making process, for example, the person who used the service, family members, GP and staff.

We asked people whether they had been asked to provide consent to care and treatment. One person told us, "I've had my care plans reviewed we talked through them and I signed to consent to having a flu vaccination."

We spoke with a visiting Speech and Language Therapist who told us their visit to the service had been; "Very good and friendly. The staff have been informative and helpful."

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including dietitians and consultant specialists. One relative told us; "Yes, I am sure all my mum's health needs are dealt with in a caring and professional manner. Mum's own GP will call and see her at any time she needs medical support or advice." We saw that since September 2014, all of the people who used the service had their observations such as blood pressure, respirations and pulse taken each month by nursing staff which was good practice as this may pick up early changes in people's health. We found that where this practice had identified concerns staff took appropriate action and contacted the GP.

Staff also told us of the excellent relationship with the local GP. One of the nurses said; "He is brilliant, I can talk to him, I can negotiate with him and I can say to him "Do you not think this might be better" and he listens. We had one person whom we were concerned about and doctor said they would get nurse to take some bloods, I stated I thought this would delay things and I felt the person would be better in hospital and the doctor agreed with me. It's great to have that joint working relationship."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw that bathroom and toilet doors were appropriately signed, and walls were decorated to provide people with visual stimulation. Corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home.

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Ayresome Court. Comments from people included; “I am very happy in here. I was made welcome and well cared for from the day I came in. They are so caring and kind, really good staff.” and “I was not too happy about giving up my home but the kindness and help I get in here is second to none.” Family members and visitors told us; “I come every day to see my wife. The staff are wonderfully kind and compassionate. I am settled in my mind that she is getting extremely well looked after” And “I looked around several care homes before coming in here. This home provides my mother with a good safe caring environment. My mother has settled in very well.”

There was lots of interaction between staff and people living at Ayresome Court and staff clearly knew people well. We observed staff and people sharing fun and laughter as well as very caring gentle moments. One person said; ““Lovely, lovely girls. Always so kind and thoughtful. The girls work so hard and they are always cheerful, kind and I find them to respect your choice and decisions you make. I don’t think you could find better people anywhere.”

All staff told us they gave people as much choice as they could around their daily life from when they got up to meals, activities, having their hair done and bedtimes.

Staff told us they encouraged people to be as independent as possible and we saw that people were supported to as much as possible including self-medicating and carrying out tasks such as dressing and washing with staff support if needed.

We asked people and family members whether staff respected the dignity and privacy of people who used the service. They told us, “I am helped with bathing. I am escorted to the bathroom, my dignity is acknowledged, and I help myself as much as I am able but my carer does the rest and helps dry me.” Another person said; “Always respectful, never come into my room unless they knock and ask permission for anything they do.”

We looked at the care records of six people who used the service. We saw that care plans were in place and included pre and post admission assessments, a daily living assessment with likes and dislikes, a range of health risk assessments for nutrition, moving and handling, skin care

and people’s dependency needs. The care plans described people’s goals for example one person wished to feed themselves and the service sought advice from a Speech and Language Therapist and now with staff support this person was doing this.

Most care plans contained evidence that people had been involved in writing the plan and their wishes were taken into consideration. For example, we saw the care records included a section where the person could say what name they preferred to be called. The manager told us that it was recognised that the care plans needed to become more person centred and new documents were being developed with staff and people. Communication and visit records detailed conversations with people who used the service and their family members, and contained notes of visiting professionals such as GP visits. These were very detailed and showed a clear audit trail of staff following through actions. People told us; “My care plan was reviewed a few months ago. It was agreed I stay where I am and really nothing was to change.” Another person told us; “Yes I know about the book with the care thing. My family get involved, I am alright in here, I would not want to go anywhere else.” This showed people were aware and involved in their care and how it was planned and delivered.

We saw there were many visitors to the home during our visit, all of whom were very positive in their views about the service. They told us; “I looked around several care homes before coming in here. This home provides my mother with a good safe caring environment. My mother has settled in very well,” and “The way my mother has settled is beyond belief. I was not able to give her the care she needed and was concerned she would be unhappy in a care home. She is very happily settled and gets wonderful care and attention from the staff.”

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. It was requested however, that meal times were not disrupted unless it was necessary to do so. People told us; “Everyone is always made so welcome. What is more important they feel welcome here. My family get on very well with all the staff,” and “Yes my daughter is always welcome, never ever been a problem. Staff always ask if she wants a drink when I am getting one, if she was not made welcome then I would be very unhappy about it.”

Is the service caring?

One staff member told us the service was providing end of life care for someone and they offered their partner a spare room to stay in as they were elderly and it was a long way

for them to travel home. They told us they enabled this relative to be part of the team and the home provided all their meals. This showed the service cared for people and their family at the end of life.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated. People's care and support needs had been assessed before they moved into the service. Each person had an assessment prior to moving to the service which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with.

Risk assessments were in place where required. For example, for people who required bed rails or for people who had moving and handling needs.

We asked staff about how they responded if someone's needs change. One staff told us; "We look at care plans and monitor things like if someone hasn't eaten their dinner or had enough to drink. We'd try them first with something different but if it still wasn't working we'd raise it with the senior or nurse."

The manager told us they were working to create a life story called "This is Me" for people. We saw the manager had discussed this at a recent meeting with people and their families. This would be used to make care records more focussed on the individual and used to assist with the development of the person's plan for social and recreational activity.

People told us they felt they would be assisted quickly if they required any healthcare support. One person said; "I am very well cared for and even if I have a "sniffle" they attend to me." During the course of our visit, one person had a fall in their room. We witnessed staff deal with the situation quickly and calmly and contacted the emergency services. The service also contacted the person's next of kin and staff remained with the person giving reassurance and support until the ambulance staff arrived.

There were two activity staff members who worked across the full week at the service. We asked people if there was much to do at the home. They told us, "She is so good; we do all kinds of things with her. We get taken out by her; she is willing to do almost anything we ask. I have been taken to York with X and we went on the train. We had a lovely day." Another person said; "X thinks up all sorts of different things for us to do. Christmas was marvellous; we made all

sorts of things." Other people told us; "Really kind and helpful. X took me shopping for a new top and I bought this (showing us a top with glitter) I really love it." and "She keeps us busy, talking, playing games, singing the old songs, painting, all sorts of things. I keep busy anyway because I have a tablet and play patience or scrabble on it."

We saw a programme of events taking place at Ayresome Court in 2015. For example in February there were visits by an entertainer, a coffee morning for Dignity Day, a beauty therapist and a celebration of Pancake day. This was in addition to other smaller activities such as knitting, arts and crafts and bingo as well as people having one to one time to go out to the community with activity staff.

We saw the complaints file, which included a copy of the provider's complaints policy and procedure. This provided information of the procedure to be followed when a complaint was received and it was displayed in clear language around the service. Staff also told us; "People can tell us if anything is wrong as they see us regularly and feel they can say something to us."

People, and their family members, we spoke with were aware of the complaints policy. We were told by everyone with whom we spoke they had not made a complaint at any stage during their residence. If they had a reason to complain then they would speak to the manager or their family member. Without exception everyone told us they felt able to make a complaint if one was necessary. Comments from people included; "I have never had need to complain. I am very happy in here, well looked after with good food and good companionship. If I had something to make a complaint about then I would do so," and "Yes, if there was anything I was not happy about then I would ask to see the manager and have it sorted. I would not hesitate, if I was concerned, but no, I have not made a complaint about anything at all."

There were regular meetings with people who lived at the service and their families and we saw that topics such as questionnaires, keyworkers, care plans, meals and activities were discussed at the meeting held a week ago. We were told that people had suggested that sometimes on a night they were peckish and so the service with the kitchen staff prepared "snack boxes" that were available for people to request if they felt hungry at night time. This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the relatively new manager. The manager was in the process of registering with the Care Quality Commission. Staff told us; “I speak as I find” and another said; “I hope we support her too.”

The home had a clear management structure in place led by an experienced manager, who was in the process of becoming the registered manager. Many staff had also worked at the home for several years and data told us that staff retention was better than average at the service. Some staff were quiet when asked about the new manager but other staff told us; “She wants things implementing and straight away and some staff have been told about this and aren’t happy.” One person told us the manager was very supportive with an ongoing personal issue, they said; “She is supportive in any way she can.”

The manager showed and told us about their values which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. Staff told us how the manager had stopped the service taking admissions after 6pm at night due to the trauma this had caused recently with people arriving at a new home from hospital sometimes very late at night. Staff told us this was talked about at a staff meeting and put into place.

We asked people about the atmosphere at the home, everyone said it was a good place to be, comments included “I love my job and the residents too. We, as staff, get on well together, we are a team. We help each other,” and “Yes, we all like our jobs, it is a good home and we really care about our residents.”

We asked staff about what the service did well and they told us; “We look after people” and “We are good at end of life care, we make people as comfortable as possible.”

We asked the manager about the arrangements for obtaining feedback from people who used the service. They told us that themed satisfaction surveys were used to gather feedback. There were also regular meetings for people who used the service and for relatives and we saw at the most recent that items such as menus, activities and key workers were discussed. We were told that mealtimes had changed so the main meal was served in the evening although hot meals were prepared at lunchtime. Staff told us; “We don’t rush people on a morning so sometimes after a late breakfast people weren’t ready for a big lunch.” This showed the service listened and acted on improvements it could make.

Any accidents and incidents were monitored by the manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, staffing, feedback from people and observations of care practices. We saw that as well as monthly checks carried out by the manager where clear actions were recorded, the regional manager from the provider also carried out a monthly visit which included observations of staff practice and talking to people and visitors.

This meant that the provider gathered information about the quality of their service from a variety of sources.

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	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person must notify the Commission without delay of the incidents specified in paragraph 4A of the regulation in relation to a request to a supervisory body for standard authorisation under the 2005 Mental Capacity Act.</p>