Braeside Residential Care Limited

Braeside Residential Care Home

Inspection report

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Northumberland
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Tel: 01661832886

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Braeside Residential Care Home provides accommodation and personal care for up to eight adults with a learning disability. Nursing care is not provided. Five people currently use the service.

A manager was in place who had not yet applied to be registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager had very recently been appointed and staff felt they were open and approachable. The manager had many ideas they were introducing to ensure people received individual care that met all of their needs.

Due to their health conditions and complex needs not all of the people who used the service were able to share their views about the support they received. People appeared relaxed and comfortable with staff who supported them. We had concerns however that there were not enough staff on duty at all times to promote choice and provide individual care to people.

Not all areas of the home were clean and well maintained for the comfort of people who used the service. Communal areas, the kitchen and bathroom were showing signs of wear and tear.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were provided with other training to give them some knowledge and insight in order to meet people's care and support needs. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed. Accidents and incidents were regularly reviewed and action taken as required to keep people safe.

People had access to some health care professionals to make sure they received appropriate care and treatment. People at risk of poor nutrition or with mobility needs did not have current advice and guidance from appropriate professionals to ensure their needs were met. Other people received a varied diet. People received their medicines in a safe and timely way.

Braeside Residential Care Home was meeting the requirements of the Mental Capacity Act 2005.

People did not receive person centred care that enabled them to live a fulfilled life in the community with opportunities to learn new skills to maximise their potential and independence. There were some limited activities and outings.

Staff were kind, caring and compassionate with people they supported. Staff had developed good

relationships with people and treated people with respect. Regular staff knew most people's care and support needs but accurate information was not available for new staff. Care records and risk assessments were not all up to date and did not accurately reflect people's needs. They lacked detailed guidance for staff and evidence of regular evaluation and review to keep people safe and to ensure all staff were aware of their current individual care and support needs.

People and their relatives had the opportunity to give their views about the service. A complaints procedure was available.

The home had a quality assurance programme to check the quality of care provided. The new provider and manager had identified and prioritised several actions that needed to take place in the home to ensure people received safe and individual care and to ensure its smooth running. However, the systems used to assess the quality of the service had not identified all the issues that we found during the inspection to ensure people received individual care that met their needs.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, staffing, person centred care and good governance.

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

Not all aspects of the service were safe.

Staff were aware of most people's care and support needs but systems were not in place to ensure their safety and well-being at all times. Risk assessments were not robust or regularly reviewed to ensure they reflected current risks to people.

There were not sufficient staff to provide safe and individual care to people. Recruitment procedures were in place to ensure that new staff were suitable to work with vulnerable adults.

Staff were aware of different forms of abuse and they said they would report any concerns they may have to ensure people were protected. People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were supported to carry out their role. Staff received the training they needed and plans were in place for further training to ensure people's needs were met.

Best interest decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

Most people's nutritional needs were met but a system was not in place to ensure people who were at risk of poor nutrition and losing weight were appropriately monitored.

The premises were showing signs of wear and tear in communal areas but people's bedrooms were well decorated and personalised.

Is the service caring?

Requires Improvement

The service was not always caring.

People were offered some choice and staff encouraged them to be involved in decision making but we considered some improvements were required to ensure people received individual care that assisted them to lead fulfilled lives.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if the person had no family involvement.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive support in the way they wanted and needed because detailed guidance was not available for staff about how to deliver people's care.

People were not always supported to live a fulfilled life, to contribute and be part of the local community. There were limited opportunities to take part in new activities and widen their hobbies and interests.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A new manager was in place who was not yet registered with the Care Quality Commission. They were keen to promote the rights of people to live a fulfilled life within the community.

An ethos of involvement was encouraged amongst staff and people who used the service. Staff said communication was effective.

The manager monitored the quality of the service provided and was introducing improvements to ensure that people received safe care that met their needs. However, more effective auditing was required to ensure good outcomes for people who used the service.

Braeside Residential 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 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 12 May 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care to gather their feedback about the service delivered.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We spoke with the manager, area manager and three support workers. We looked around the communal areas and looked in the kitchen and people's bedrooms with their permission. We reviewed a range of records about people's care and how the home was managed. We looked at care records for three people, recruitment, training and induction records for three staff, two people's medicines records, staffing rosters, staff meeting minutes, the maintenance book, maintenance contracts and quality assurance audits the provider had completed. This included actions plans as a result of actions the new provider had identified

themselves to make improvements to the service.

Requires Improvement

Is the service safe?

Our findings

We had concerns that staffing levels were not sufficient to keep people safe and provide individual care.

The manager told us there were usually two and sometimes three staff on duty during the day and these numbers included the manager. No ancillary staff were employed to carry out cooking or cleaning duties. This meant domestic cover was not available each day to ensure the standards of cleanliness were maintained in the home. We saw some areas of the home such as stairs and the landings were not clean and there was an odour in some bedrooms and the hallway. Some communal areas were not clean and the carpets were soiled. When support workers carried out ancillary tasks they were also unable to provide direct care and support to people. We had concerns due to people's different dependency levels and increasing ages, there were not enough support hours or domestic hours allocated to provide individual care and support to people. In addition, there were not enough allocated hours to ensure all areas of the building were thoroughly and effectively cleaned.

The manager told us meal preparation and cooking was carried out by one of the support staff. At the time of inspection we observed meals were running late and people were waiting for their meal as staff were involved in other duties. We were told the lunchtime meal was usually served at 12:30pm but it was not served until 1:00pm when people were waiting. The evening meal was usually served at 5:00pm but a member of staff had not been available to prepare and cook the evening meal so alternative arrangements were made at 5:30pm. We observed people did not receive a drink in the afternoon until after 4:00pm. This meant when two staff were on duty and the manager was busy overseeing the running of the home only one member of staff was available to provide care and support to people, as the other staff member was downstairs in the kitchen making the meal. We also noted due to the numbers of staff and because an inspection was taking place the weekly shop did not take place at the usual time. We checked and we were assured there was sufficient food on the premises until the weekly shop did take place. This meant arrangements were not in place and staffing levels were not sufficient or flexible enough to accommodate any changes in the running of the home's routine and to provide choice and flexible care to people.

This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We had concerns systems were not in place to ensure people were kept safe.

Risk assessments were in place and they contained some information that identified risks. They included risks specific to the person such as for epilepsy, choking, pressure area care, distressed behaviours, moving and assisting and falls. They were not regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. Records showed they had last been evaluated in January 2015. Three people's records showed they were at risk of choking but guidance was not in place to promote their safety whilst they were eating. We observed during the lunchtime meal one person began coughing and choking as they were eating. This was noted by staff and action was taken. We discussed this with the manager as the person's records did not have a nutritional care plan in place, an effective or up to date risk

assessment or any assessment or specialist advice from a relevant health care professional to ensure the person was eating appropriately prepared food. For another person a risk assessment stated they were at risk of choking. Staff could describe the risk but this information was not documented.

A person's risk assessment for behaviour described as challenging contained inaccurate information. We were told by a staff member the person no longer displayed these behaviours but the person's records still reflected this out of date information. For the same person a risk assessment had identified they were at risk of pressure area damage but this had not been evaluated since January 2015. A longstanding staff could describe the action that was taken to reduce the risk but this action was not documented for new members of staff who did not know the person.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. This was for if the building needed to be evacuated in an emergency. A regular system of review was not in place for all people to ensure the record was up to date and accurately reflected people's support needs if they needed to be moved from the building in an emergency.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. They expressed confidence to us that the manager would respond to and address any concerns appropriately. One staff member told us, "I'd report it immediately to the person in charge." All of the staff spoken with told us they had been trained in safeguarding. There were also procedures and guidance available for staff to refer to. However, they were not all up to date and we spoke with the manager to obtain the most recent local authority safeguarding procedures and telephone number for the local safeguarding team if a concern needed to be reported. This would ensure the appropriate explanations were available of the steps staff would need to follow should an allegation be made or concern witnessed. The manager told us this would be addressed immediately.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the manager. We were told all incidents were audited and action was taken by the manager as required to help protect people. The manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring.

We checked the management of medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Records showed that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, on fire safety equipment, electrical installations and gas appliances.

We spoke with members of staff and checked personnel records provided after the inspection to make sure staff had been appropriately recruited. We saw relevant references and vetting checks from the Disclosure and Barring Service, had been obtained before staff were offered their job. The DBS support employers by

checking whether any potential new employees have criminal convictions and whether they have been entered onto a list which prevents them from working with vulnerable people. Application forms included full employment histories.

Requires Improvement

Is the service effective?

Our findings

We checked how the service met people's nutritional needs and found that systems were not in place to ensure all people had food and drink to meet their needs. For other people the lunch time meal looked appetising and they enjoyed their food.

People were not routinely assessed against the risk of poor nutrition using a recognised tool. However, the manager had identified people's weights needed to be regularly monitored and their weight loss needed to be recorded and this had started to take place. Food and fluid charts were not available to monitor people's food and fluid intake where they were identified at risk of malnutrition.

People's care records did not all include nutritional care plans with identified requirements such as the need for a weight reducing or modified diet. They were also not in place for three people who had been identified as at risk of choking. The risk assessment information was not transferred to a care plan to show the support the person required to reduce the risk. They did not include clear instructions for staff to follow to reduce the chance of harm occurring. We noted that the appropriate action was not always taken if any concerns were highlighted with a person's nutrition. For example, where a person received a fortified diet via nutritional fluids or mashed potato, there was no evidence of the involvement of a relevant professional to give advice about the person's nutritional needs or to comment why this modified diet was required. We noted the person had been losing weight since January 2017. The manager told us this had been identified when they came into post in April 2017and a referral had been made to the dietician and speech and language therapy team (SALT).

The new manager told us they had identified people's healthcare required review to ensure all their healthcare needs were being met. The manager had started taking people to the GP to have a medical review and also to ensure a medicine review took place of any prescribed medicines, as these had not taken place recently. Records and our conversations with the manager showed that the relevant people were not all involved to provide specialist support and guidance to help ensure people's care and treatment needs were met. For example, for one person who used a wheelchair, we observed it took several attempts before they managed to stand up from the dining chair. They kept falling back down onto the dining chair as they were prompted by a staff member. Staff told us the person did not walk, except to walk a few steps occasionally if they were not observed. They told us the person could weight bear and could transfer to the wheelchair without staff assistance. They told us they did not provide any physical assistance in line with advice they had received from external professionals in 2015, to enable the person to do this themselves so their independence was promoted. However, there was no evidence of any occupational assessment or written guidance for staff. We spoke with the manager about obtaining a relevant specialist assessment so the correct guidance was available for staff in case the persons' mobility needs had changed and they required more direct support.

This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff were positive about the opportunities for training. One staff member told us "My training is up to date." Another told us "We discussed my training at supervision." A third staff member commented "I'd like to a National Vocational Qualification (NVQ) at level three. (Now known as the diploma in health and social care). The area manager discussed future training that was to be provided for all staff. This included values based training, positive behaviour training, communication and training about the rights of people with learning disabilities to ensure they lived fulfilled lives in the community, whatever their level of need.

We spoke with members of staff who were able to describe their role and responsibilities clearly. They told us they were supported in their role. New staff had undergone an induction programme when they started work with the service and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. The manager told us it was planned new staff and existing staff were to study for the Care Certificate qualification as part of their induction. All staff were expected to attend key training at clearly defined intervals. Topics covered included health and safety related topics, responding to behaviours and other training to give them insight into any specialist needs of people.

Staff told us and staff records showed they received regular supervision from the manager, to discuss their work performance and training needs. They also received an annual appraisal to review their work performance. Staff said they could approach the manager at any time to discuss any issues. They said they felt well supported by colleagues and worked as a team.

People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. Staff told us communication was effective. One staff member said "We have a handover at the start of each shift with staff who are going off duty." The manager said improvements had been made to communication as a keyworker system had been introduced, whereby staff were responsible for one or two people and their needs were also discussed at staff supervision

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. Records contained information about people's mental health and the correct 'best interest' decision making process, as required by the MCA. People were involved in developing their care and support plan. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. Staff were aware of the need to gain people's consent and explained they would respect people's wishes where they declined support. The manager described a best interest meeting that may need to take place for a person who does not want some medical procedure to be undertaken to check their physical well-being.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that five people were currently subject to such restrictions.

We looked around the premises and saw they were showing signs of wear and tear in communal areas,

hallways, bathrooms and the kitchen. People's bedrooms were well maintained and decorated. They were personalised and reflected the interests of the person. The area manager and manager told us the building was in need of refurbishment and some immediate plans had been made to address this. Future plans included possibly altering the physical layout of the building so some bedrooms were located on the lower ground floor for accessibility to the garden area for people.

Requires Improvement

Is the service caring?

Our findings

Not all people we visited could comment verbally about the support they received from staff. We saw they appeared comfortable and relaxed with staff. There was a calm, happy atmosphere in the service. Staff interacted well with people, joking with them and spending time with them when they had the opportunity.

Although we observed people were provided with kind and compassionate care we considered care was not person-centred and maximising people's potential. We discussed with the provider and manager their plans for people to receive more individual care. We were told staff were to receive training about person-centred care to help ensure people were encouraged to be as independent as possible and to be fully involved in daily decision making to enable them to lead fulfilled lives.

People were supported by staff who were warm, kind, caring and respectful. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. They asked people's permission before carrying out any tasks and explained what they were doing as they supported them. For example, as they assisted them to eat or offered them a drink.

We observed the lunch time meal. The meal time was relaxed and unhurried. Most people sat at a large table. Specialist equipment was available to assist people to eat independently. Staff remained in the dining room to provide help and support to people. They provided full assistance or prompts to people to encourage them to eat, and they did this in a quiet, gentle way and explained to people what they were getting to eat with each spoonful. Staff talked to people as they ate lunch and there was a camaraderie amongst staff and people.

Information was made available in various ways to help people understand if they needed encouragement. For example, we saw pictures for staff to show a person so they could indicate their preference with regard to food. The person's care record stated 'I pick my foods from a pictorial menu.' Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as two items of clothing. This encouraged the person to maintain some involvement and control in their care.

People's records advised staff how to communicate with the person. Examples included, 'Physical hand gestures or passing stickers to you to return to them' and 'I will take staff by the hand to point out what I want.'

Staff treated people with dignity and respect. We saw they knocked on people's doors before entering their rooms and they ensured any personal care was discussed discretely with people. We observed that people looked clean and well presented. Most people sat in communal areas but some moved around the home as they wanted and spent time in their own room. Records contained information to promote people's dignity, examples included, 'No preference for male or female staff to provide personal care' and 'Staff to prompt [Name] to shut the lavatory door.'

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the manager or senior staff any issues or concerns. We were told one person may require a more formal advocacy arrangement in the future with regard to some medical treatment to assist them with some decisions and promote their views. Advocates can represent the views of people who are not able to express their wishes. Information about the use of advocates was displayed in the home.

Requires Improvement

Is the service responsive?

Our findings

We had concerns people's care was not always person centred care with records in place to ensure people received care and support that met their needs. Several of the people had lived at the service for thirty years and the manager told us their care arrangements had not been reviewed by the commissioners for some time.

People's needs were assessed before they started to use the service. Records showed pre-admission information had been provided by relatives and other people who knew the people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

Care plans were not in place for people, with information transferred from assessments, to give staff guidance about people's current care and support needs. For example, with regard to nutrition, personal care, mobility and communication needs. Care plans were not in place that provided instructions to staff to help support people to learn new skills and become more independent in aspects of daily living whatever their needs were. For example, a person's mobility assessment from January 2015 stated there had been 'a decline in a person's mobility.' A more recent evaluation had not taken place. Information was not available to provide the current state of the person's mobility. A care plan for mobility was not in place for the person that provided guidance to staff about how they should be supported.

Medicines care plans were not in place to detail the guidance required for staff to administer medicines in the way the person wanted. Guidance was also not in place in people's care records for the use of 'when required' medicines which may be required when people were in pain, agitated or distressed. This would provide staff with a consistent approach to the administration of this type of medicine and when it should be given.

Support plans for distressed behaviour were not in place to provide clear instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support a person to ensure consistent care was provided. The manager told us they had observed one person with distressed behaviour was being supported by staff in different ways as a care plan was not in place that provided guidance to instruct staff. For another person out of date information, from 2015, was available and we were told it was no longer applicable.

Information was available to show people's interests from some years ago but there was limited information to show how people had been encouraged to expand their interests and benefit from new experiences.

The manager and area manager told us people had access to some activities and outings but they had identified people should have access to the community on a more regular basis if they wanted. Recent outings included shopping, visiting the Metro Centre, the garden centre, local parks and taking bus rides. Two people accessed community day services on a part time basis but plans were being made for all people to be offered new experiences and activities to ensure they led fulfilled lives. For example, snoezellen

(relaxation therapy) was being explored for a person. One person enjoyed attending a knitting club. People had the opportunity to attend a weekly church service on a roster basis, two people attending at a time. The manager told us this was being addressed as religion was not a fluctuating need and some people may want to attend each week. We were told staffing levels previously had not been flexible but now they had been increased during the day and they could be increased in the evening if people were attending activities and outings. We were told people now accessed the community to visit health professionals such as the GP, dentist and optician rather than them coming into the service.

This was a breach of Regulation 9 and 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The area manager talked of a new electronic record system that was being introduced that would capture information to help ensure people received individual care. They also talked of their plans to help people learn new skills and become more independent in aspects of daily living, whatever their need. The manager told us they were auditing records to ensure they contained all the required information to make sure they reflected the care provided by staff and that they detailed how people wanted their care to be provided.

A daily record was also available for each person. It was individual and detailed their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information so people could be supported in line with their current needs and preferences.

Other historical information was available in people's care records that was personal to the individual. Records contained information about people's likes, dislikes and preferred routines. For example, 'I like traditional English foods', 'I like to watch my dvds and music videos' and 'I don't like getting up early.' Staff were quite knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their support needs, which enabled them to provide a more personalised service.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. For example, one care plan recorded 'I love my brother [Name], I have a good relationship with him.'

A copy of the complaints procedure was displayed. A record of complaints was maintained. No complaints had been received since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

A new manager was in place who had taken up their position on 24 April 2017. They had not yet applied to the Care Quality Commission to become the registered manager for the home but that was their intention.

We had concerns effective systems were not all in place to monitor the quality of care provided.

A system of regular audits was being introduced by the new provider and manager to add to the existing audits taking place to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included the environment, catering, health and safety, medicines, finances and care documentation. However, they did not proactively promote improvements within the service. During our inspection we found that staff did not know all people's current care needs and records did not accurately reflect their needs to ensure safe care was provided. Staffing levels were not consistently maintained to ensure people received safe care that met their care and support needs. Not all the records such as staff recruitment records were available on the premises. There was not a good standard of cleanliness in some communal areas. At the time of the inspection not all of these issues had been identified through the internal governance and quality assurance systems that were in place and necessary improvements had not been planned.

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

Monthly visits were carried out by a representative from head office who would spend time with people and speak to staff regarding the standards in the home. They audited a sample of records, such as care records and the manager's audits to check follow up action had been taken by staff. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The manager assisted us with the inspection. Records we requested were produced promptly and we were able to access most records we required on site. The manager and area manager were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The manager said they were well supported in their role by the area manager and the provider's management team. The manager said they had identified and were introducing changes to the home to help its smooth running and to ensure it was well-led for the benefit of people who lived there. They told us they planned a review of all care documentation so information for people was more person centred. All staff were to receive training about person-centred care. There were plans for the home to be refurbished. The area manager and manager responded quickly to address any concerns and readily accepted any feedback we shared.

The atmosphere in the home was relaxed and friendly. The manager was enthusiastic and had many ideas

to promote the well-being of people who used the service. Staff were very positive about their management and had respect for them. Staff said they felt well-supported. One staff member said, "The manager is approachable." Another said, "[Name], the manager, is definitely approachable."

The manager promoted involvement to keep people who used the service involved in their daily lives and daily decision making. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

Staff meetings were held each month to keep staff updated with any changes within the home and to discuss any issues. Recent meeting minutes showed some areas discussed included 'activities and outings, person-centred care and recording of people's weight.'

The area manager showed us an extensive action plan that had been compiled since the new provider had taken over in December 2016 and it identified actions completed and on going actions.

The area manager told us the registered provider monitored the quality of service provision through information collected from comments, compliments, complaints, if they were received and survey questionnaires that were to be sent out to people, relatives and visiting professionals to gain their views about service provision. As they had only recently taken over a survey had not yet taken place.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person had not ensured people's healthcare and support needs were all met in an individual way. Regulation 9(1)(a)(b)(c)3(a)(b)(c)(h)(i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risk of unsafe or inappropriate care and treatment due to a lack of information or failure to maintain accurate records. Regulation 12(1)(2)(a)(b)(i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured systems and processes were established and operated to ensure compliance with the registered persons need to: assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, by maintaining an accurate, complete and contemporaneous record for each person; evaluating and improving their practice. Regulation 17 (1)(2)(a)(b)(c)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured sufficient numbers of staff were employed and on duty to ensure the smooth running of the service and to ensure people had their care and support needs met in an individual and safe way. Regulation 18 (1)