

Island Care Limited

Cherry Blossom Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 19 and 20 April 2018. The first day of the inspection was unannounced.

Cherry Blossom Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation for up to 35 older people with personal care needs, including people living with a cognitive impairment. There were 33 people living at the home at the time of the inspection. All areas of the home were accessible via a lift and there were lounges/dining rooms on both floors. There was outdoor space available to people that could be accessed from the ground floor.

There was 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 our last comprehensive inspection of the service on 25 May 2017, we had found a breach of Regulation 20 of the Health and Social Care 2008 Act (Regulated Activities) Regulations 2014. The provider had failed to act in an open and transparent way when people had been harmed. People or, where appropriate, their families had not been notified of the incidents that had occurred in writing, including a written apology, as required by the regulations. We had given the service an overall rating of 'Requires Improvement'. Following the last inspection, the provider had sent us an action plan setting out the improvements they had intended to make.

At this inspection we recorded four breaches of Regulations in relation to Safe Care and Treatment, the Need for Consent, Person Centred Care and Good Governance, even though the provider had made some improvements to the service.

Consent to care was not always obtained in line with the Mental Capacity Act 2005. Some staff told us, they did not understand the Mental Capacity Act 2005 (MCA). This meant people's human rights were not fully protected.

Although regular audits were carried out to assess the quality of the service, these were not effective enough to identify the areas where improvements were needed. Some of the records were incomplete, inconsistent or out of date.

The 'grab bag' that was supposed to be used in case of evacuation from the building contained a list of the residents that was out of date. Some of the present residents were not on the list and the list contained a name of a resident who had passed away. The 'grab bag' first aid kit contained bandages that had expired in

2015.

Medicines were administered as prescribed, however, there were gaps in the records of application of topical creams.

We saw that some people used air mattresses that were set not accordingly to the weight recorded in their care plans.

People, their relatives and staff provided conflicting feedback about staffing levels.

There was no activities co-ordinator at the service. People's social needs were met on a group level, however, the service was unable to meet individual social needs of people.

The laundry room appeared to need general maintenance and posed a risk in terms of infection control. On the second day of the inspection we saw evidence that the provider had obtained a quote needed for maintenance action which included all necessary work to remodel the laundry room.

Systems and processes for protecting people using the service from harm or the risk of harm occurring were in place and were clearly understood by staff. Staff demonstrated a good awareness of safeguarding procedures and knew whom to inform if they witnessed or had an allegation of abuse reported to them. Staff understood their responsibilities to report incidents that occurred in the service.

Recruitment practices ensured potential employees were suitable to work at the service.

People were provided with sufficient amounts of food and maintained a balanced diet to remain in good health. People had access to health care professionals when needed. The registered manager had worked hard to develop a good working relationship with the GP and district nurses.

Records showed staff received the training they needed to keep people safe and meet their needs. The manager had taken action to ensure staff training was kept up-to-date and future training was planned.

Staff told us they felt supported by the management and received supervision and appraisals, which helped to identify their training and development needs.

People were treated with dignity and respect. Staff recognised the importance of maintaining people's independence and did their best to do so. People were asked for their consent prior to any care task being delivered.

Relatives and people who used the service were provided with opportunities to share their views on the service, and complaints were managed in line with the provider's policy and procedures.

The service acted pro-actively, and they provided us immediately with an action plan to address the issues identified during the first day of the inspection.

You can see what 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 ●

The service was not always safe.

Fire evacuation measures were not effective.

Although medication systems were safe overall, there were shortfalls in recording of topical medicines.

People provided us with contradictory feedback about staffing levels.

Staff demonstrated a good awareness of safeguarding procedures and knew how to recognise and report signs of neglect or abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The principles of the Mental Capacity Act (2005) were not being followed.

Staff received training and ongoing management support to help them succeed in their roles.

Staff sought for professional medical advice when they were concerned about people's health.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness, and showed genuine concern about people's comfort and well-being.

People who used the service were encouraged to be as independent as possible, with support delivered by staff.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There were few opportunities for people to participate in activities, and people told us there was little to occupy their time.

Care plans were personalised and focused on people's individual needs and preferences.

Complaints were managed according to the provider's policy and procedure.

Is the service well-led?

The service was not always well-led.

Although regular audits were carried out to assess the quality of the service, these were not used effectively to identify the areas where improvements were needed.

The management team promoted an open, inclusive culture within the service.

Staff felt well supported by an approachable management team.

Requires Improvement 

Cherry Blossom Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 19th and 20th April 2018 and was unannounced. The inspection on 19th April was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had a thorough knowledge of supporting people who are living with dementia. On the second day of the inspection, two adult social care inspectors returned to the service.

Concerns about people's safety and a lack of their involvement in care planning had been raised with us prior to the inspection. Having taken these concerns into consideration, we decided to bring our planned inspection forward. Before the inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (those who fund the care for some people) of the service and asked them for their views.

Some people could not convey what they thought about the home because they were unable to communicate verbally. Therefore we used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care in order to understand the experience of people who could not talk to us. We saw how people were supported with lunch and how staff interacted with them at that time.

During the inspection we spoke with 10 people who were using the service. We also talked to two family members of people. We spoke with the registered manager, the provider, the speech and language therapist, the head of care, the senior carer, the health care assistant and domestic staff. We looked at care records for six people, including their overall assessments, care plans and risk assessments. We looked at how medicines were managed and examined the records relating to this area. We looked at four staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's audits of different aspects of the service.

Is the service safe?

Our findings

During our inspection we found that the evacuation measures were not always effective. For example, the fire evacuation list was out of date and two residents currently using the service were not on the evacuation list. Personal Emergency Evacuation Plans (PEEP) were not updated by the provider. One person did not have a PEEP in place. Instead, there was a PEEP for a person who had passed away. This meant people were at the risk of delayed evacuation and not being assisted as per their assessed needs if there was an emergency.

We checked the management of medicines. Only trained staff, whose competency had been assessed, administered people's medicines. Medicines were stored safely with checks in place to review storage arrangements. Records relating to the receipt, administration and disposal of medicines were accurate, with the exception of topical medicine records, which were not completed consistently. The registered manager told us and records confirmed they completed regular audits, and had identified this issue. However, the issue was on-going at the time of our inspection. This meant that the provider could not be assured that people had received their topical medicines as prescribed.

People with the risk of developing pressure sores had pressure relief equipment in place. However, the equipment was not always used correctly. People's weight was monitored on a monthly basis. However, some air mattresses settings did match people's weight. Although the correct weight was noted in the care plans, the weight specified in the air mattress monitoring form differed from the one recorded in a person's care plan. For example, the air mattress monitoring form instructed staff to set the mattress for the weight of 80 kilograms even though the person weighed 57 kilograms there was no evidence that the settings were consulted with health care professionals. This meant people were not always protected from the risk of developing pressure sores.

The staff had received training in infection control and there were hand gel dispensers in strategic points of the building. We saw domestic staff were employed throughout the day to keep the service clean. Whilst most areas of the service were generally clean, we found the laundry room was an exception. The laundry room appeared to need general maintenance and posed a risk of infection. The entrance flooring to the laundry room was untreated plywood. This bulged in places where liquid had soaked into it. This means the flooring would not be able to be disinfected if it came into contact with soiled laundry. In the hand washing sink in the laundry room there was a build-up of dust. Feather dusters were placed on the floor of the laundry room, under the sink, in lots of dust and next to a basket of dirty laundry. There was a home maintenance action plan which included all necessary work to make the laundry room meet the required standards. On the second day of the inspection we saw evidence that the provider had managed to obtain a quote for improvements to the laundry room. However, until the work required is completed, there is still an infection control risk.

These issues amount to a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives provided mixed feedback about staffing levels. Although some people and staff told us there were enough staff, other people complained that current staffing levels were insufficient. One person told us, "You can wait up to an hour when they are busy. They come and find out what you need and say they are busy doing something else". Another person said, "They are too busy to react to my bell. You press your button when you need the toilette, but you can't do this here. Not even when you say 'I need it badly'". One person's relative told us, "On Saturday or Sunday there can be only two staff members on duty". Staffing rotas confirmed that shifts were fully covered, however, some members of staff were regularly working extensive numbers of hours. Staff who worked regularly over their contracted number of hours had signed a relevant disclaimer to consent to it. Their overtime work was monitored by the registered manager who was alert to the possibility of staff tiredness. A member of staff told us, "I feel could do with another staff member. We have to answer the bells and tell people we will be back later". The registered manager told us that the service did not use a formal dependency tool but the current staffing levels were adjusted to the assessed needs of people. We saw that the staffing levels were appropriate at the time of the inspection and staff were able to assist people in a timely manner. We saw staff had time to respond to calls and to intervene when this was necessary. For example, when one person got distressed, staff responded immediately. A staff member talked to the person and provided them with table clothes to fold which helped the person calm down. The member of staff had enough time to interact with the person one-to-one and help them relax when other staff members assisted other people without any rush. During our inspection we saw that when people needed staff's assistance, they were supported in a timely manner. Staff were visible, easy to find and were able to spare their time to stop and chat with people.

People we spoke with told us they felt safe living at this service. One person replied, "Yes, I feel safe. They look after me very well". Another person told us, "Yeah, I have had several falls here. I bruised my arm and they helped me". One person's relative said, "It is definitely a safe place".

Individual risk assessments had been undertaken to enable people to retain their independence and make their own choices, whilst minimising risk. Systems were in place to identify and reduce the risks to people using the service. Risks associated with people's health and welfare, including the risks of falls, nutrition, dehydration, incontinence, developing pressure wounds and managing behaviour that challenged had been assessed. Staff were provided with relevant guidance to follow to minimise the risk of harm.

The provider had taken steps to protect people from abuse and discrimination. Staff received safeguarding training, and were reminded of their associated responsibilities at staff meetings. Staff knew how to recognise and respond to abuse.

We observed people being supported to move around the home by staff. Staff assisting people did so carefully and considered people's safety and well-being. We also observed people being supported at mealtimes. Staff made sure people were positioned appropriately and had the right texture of food and drink so that risks of choking were minimised.

A thorough recruitment policy and procedure were in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records contained application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

Staff wore uniforms and name badges so that people could identify who they were and their role.

We saw weekly checks of the fire control panel, emergency lighting, fire alarm points, fire doors and alarm sounders. Fire extinguishers were checked monthly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. When staff reported any maintenance requirements and issues, these were resolved in a timely manner.

People had access to a range of equipment at the service to meet their personal care and mobility needs. This included wheelchairs, hoists and standing frames. The provider had effective maintenance procedures in place, and carried out regular safety checks to ensure the premises and equipment were suitable and safe for use.

Some people had suffered falls on a number of occasions. We checked the care records of those people who were most prone to the risk of falls and found appropriate risk assessments had been carried out and reviewed on a regular basis. Accidents were recorded and analysed to look for patterns. Medical advice was sought where necessary and preventative care plans were in place for those who were likely to suffer falls. Special equipment, such as sensory pads, was used to alert staff when people at risk of falling were moving.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff were not all aware and knowledgeable of the MCA. Some members of staff were not able to explain to us what mental capacity is and how to assess if someone lacks the capacity to make a decision.

The provider had not always ensured that best interest decisions had been made when people lacked the mental capacity to make a decision. For example, the registered manager had signed consent forms to care, care planning and disclosure of information on behalf of people. There was no additional evidence to explain whether this had been discussed with people. The forms did not indicate whether there had been a best interest decisions in relation to people receiving care, care planning or disclosing information.

Some of the consent forms were signed by people's relatives. The provider had not always ensured the relatives had the legal authority to make decisions on behalf of people. The Lasting Power of Attorney (LPOA) is a legal tool whereby a representative of a person has the legal authority to make certain decisions on their behalf. We saw no evidence that relatives who had signed the consent forms held the LPOA.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the management team had made applications for DoLS authorisations based upon an individual assessment of people's capacity, and their care and support arrangements.

People's needs were assessed in line with legislation and good practice guidance. Staff had completed pre-admission assessments with each person, asking them or their relatives about people's needs and specific likes. We saw that people's personal preferences were recorded within their assessments which highlighted people's strengths and needs. The assessments had been incorporated into care plans, which were regularly reviewed and updated. The assessments included nationally recognised tools for measuring people's needs in different areas, for example skin integrity and nutritional risks. Staff used these to identify the level of risk and need for each person.

When starting work at the home, new staff underwent the provider's induction training to help them understand and settle into their new roles. During this period, staff had the opportunity to complete initial training, familiarize themselves with people's care plans and 'shadow' (work alongside) more experienced staff. The induction process had recently been updated to include the Care Certificate. The Care Certificate is

a set of standards that social care and health workers adhere to in their daily working life. Staff told us their training covered all areas of the role and was relevant. A member of staff said, "The induction was really good. I had three weeks of shadowing a senior or a head of care. Much better than other places I've worked". Another member of staff told us, "It was a very good induction, very intense. I was able to discuss any issues I didn't fully understand".

Following their induction, staff participated in a rolling programme of training. We looked at the training records which showed staff had completed a range of training courses which included: safeguarding, first aid, moving and handling, fire safety and dementia care. Staff spoke positively about the training they received to help them support people safely and effectively. A member of staff told us, "Training is very good, in-depth and informative. We are provided with a mixture of small group sessions and distance learning".

Staff we spoke with told us and records confirmed each staff member received supervision on a monthly basis. They also said they had received annual appraisals since they had started working at the home. We looked at staff files and saw evidence of supervision and annual appraisals. Staff told us they felt supported by the registered manager and the provider. A member of staff told us, "I feel very supported by the manager and the company. They are going to put me through the nationally recognised qualification. They listen to my ideas for development, for example, this was my idea to introduce stock forms and audits for medication systems".

There were varied views about the choice of food offered to people. One person told us, "Oh yes, I have a choice in terms of food. I could have had a fry up or corn beef. The person that does the cooking, she is very good". However, another person was not satisfied with meal options and said, "They say I am a fussy eater, but I am not. In a way you have a choice of food, but you have to take what they say you do. Staff says to me 'We get into trouble if we won't get something for you', but would you eat something you did not like?"

We observed the lunchtime meal on both days of the inspection. Staff informed us lunchtime was normally at 12.30. We saw people started to arrive and were assisted to tables at 12.25, but lunch was not served until 13.05. This was a long waiting period, but people were provided with drinks whilst waiting and overall the dining experience was sociable.

We saw the risks associated with people's eating and drinking had been assessed, with specialist input from the speech and language therapists (SALT). Relevant plans were in place to manage these risks. As a result, some people were provided with specialist or texture-modified diets, whilst others' fluid intake was monitored. The speech and language therapist visiting the service told us, "From my observations I have no concerns about the home. People have the right consistency of foods".

Staff and the management understood the need to work collaboratively with external health and social care professionals, teams and agencies, to ensure people received coordinated care. We saw they liaised with a wide range of external professionals, including GPs, chiropodists and district nurses. People told us they received support to maintain their health. One person said, "Yes, they [carers] will arrange a GP visit. I do get regular check-ups".

Is the service caring?

Our findings

People and their relatives told us they felt people were well cared for. One person said, "I can't fault them at all". Another person told us, "I respect them and they respect me. I would not change any of them". One person's relative remarked, "It's always nice and friendly and you hear the girls laughing and talking with other residents".

We saw people were at ease in the presence of staff, and freely approached them for a chat or to request assistance. Staff listened to people, took interest in what they had to say and responded to them in a friendly, polite and professional manner. Staff were observant and intervened if people looked as if they might need something. We saw a member of staff take time to sit with one person who was anxious and upset; they held their hand and talked to them until they settled down.

Staff respected people's privacy by knocking on the doors of people's rooms and calling out before they entered their bedroom or toilet areas. A member of staff told us, "We respect people's privacy and dignity. We keep the doors shut and we use towels during personal care to maintain people's privacy. We always try to ask them questions discreetly, for example, about going to the toilet".

Staff gave explanations to people before carrying out tasks. People were encouraged to remain as independent as possible and staff described how they supported people with their care letting them do as much as they could. A member of staff told us, "We promote people's independence by offering them choices, finding out what people want help with. We use of adapted cutlery where this helps people to be independent".

People's care plans included information about their individual communication needs and guidance for staff on how to promote effective communication. We saw staff adapted their communication methods to suit people's individual needs. The registered manager told us and records confirmed the service helped people access independent advocacy services when they needed support to have their voice heard on important issues.

There were equal opportunities and sexual and racial harassment policies available at the service. People's cultural and religious backgrounds as well as people's gender were recognized at the initial assessment stage and respected within the service. Staff received training in equality and diversity.

Staff were discreet and respected people's confidentiality. We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons had access to it. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Is the service responsive?

Our findings

People did not receive activities that were person centred. There was no activities co-ordinator in post. The service was advertising for the position of activities co-ordinator and in the meantime an external company was providing people with group music activities. There were no person centred activities organised for people at the time of the inspection. People told us they were not satisfied with the variety of activities provided which were too repetitive. One person told us, "I like the visiting musician, but the music is so loud I have to get out. You can hear it wherever you are". Another person said, "We just sit inside, bored". One person told us they would like more opportunities to get out of the home and to access the local community. The person said, "I wish I could go out as I have seen people in wheelchairs in town". Some people and staff admitted there were no activities organised on an individual level and staff were unable to engage in one-to-one activities due to insufficient staffing levels. A member of staff told us, "Activities could be better. There is nothing for the people who don't like to join in communal activities". Another member of staff said, "Would like to do more activities, for example, hand massage. When you get bust, you can't give them the 100% you'd like to". One person told us, "I used to do knitting, but I am paralysed and had strokes. I only sleep. I don't want to be here". The provider had failed to ensure people had access to activities and stimulation that met their person centred needs.

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

Care plans gave staff guidance on how to support people with their identified needs in such areas as personal care, medicines management, communication, nutrition, and mobility. Information was provided to staff which detailed what was important to a person, stating their daily routine and specifying what activities they enjoyed. Records showed detailed life histories which contained information on a person's early life, parents, education, career, work and achievements. The care plans were reviewed monthly by staff and were updated as soon as people's needs changed. Staff told us that the care plans were a good resource in terms of obtaining sufficient information to provide effective care. Staff were able to describe people's care needs, preferences and routines. These matched the information recorded in people's files.

Records showed there were regular formal review meetings with people using the service and relatives. At these meetings people's care was discussed and reviewed to ensure people's needs were being met effectively.

The service was responsive to people's changing needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. Staff were knowledgeable about people's needs and were confident to report any changes in people's health. A member of staff told us, "I would recognise changes in people's health. I would report this promptly to the GP if changes happened to people's routine, behaviour or their presentation".

The home was not currently supporting anyone on end-of-life care. However, the provider had systems and procedures in place to enable staff to identify people's end-of-life wishes and developed associated plans.

All staff were in the process of completing end of life care course provided by the local hospice.

People told us they knew how to make a complaint. There was information about the complaints procedure displayed in the reception area. People's concerns and complaints were monitored and appropriately investigated. Furthermore, this information was used as a basis for actions aimed to enhance the service. For example, extra help had been arranged on the floor by the head of care.

Is the service well-led?

Our findings

At our previous comprehensive inspection in May 2017 we had identified a breach in Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have a duty of candour policy in place to help ensure staff acted in an open way when people came to harm. The registered manager verbally notified family members of the incidents that occurred. However, they did not follow this up with written information, including a written apology, as required by the regulations.

At our inspection in April 2018 we found the provider had taken actions to implement the required improvements. We saw that there was an appropriate policy in place and family members were notified of the incidents. All actions were appropriately recorded by the registered manager.

The provider had a number of systems in place to monitor the standard of care delivered to people and to ensure continuous improvements. However, the audits had not always identified the areas where improvements were needed. For example, the first aid kit audit had failed to identify that some of the bandages had expired in 2015. Regular audits of the topical medicine records had identified the issue of gaps in the records, however, the measures undertaken to address this problem had not been not effective and there were new gaps at the time of our inspection.

Records were not always available, accurate or complete. The registered manager told us they were able to provide us with a copies of the Lasting Power of Attorneys (LPoAs) needed to act on behalf on some people. These records were not available to us on the day of the inspection. We gave the provider five working days to send us the copies of the LPoAs, however, they eventually failed to address our request. Other records had gaps, for example, repositioning charts. One person was repositioned every two hours, however, gaps in the records sometimes exceeded the required period by seven hours.

People and relatives were encouraged to provide feedback. A comments box was available by entrance. One comment received from a relative expressed a concern about inadequate staffing levels. There was no response from the service or an action plan to address the issue raised in this comment.

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

There was 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.

We received contradictory feedback from people and their relatives on the management of the service. One person complimented the manager saying, "She is lovely". Another person told us, "I know the manager. When she is not busy, I can speak to her". One person's relative said, "The manager is a lovely lady. She greets us and offers us coffee. My family feels 'definitely' involved". However, one person told us, "I have

never seen them".

All staff we spoke with confirmed they had a clear understanding of their roles and responsibilities and the values of the service. A member of staff told us, "Values of the service are very person centred. They adapt to provide care in the way people want it. They want to ensure people are safe, well cared for and happy. They look after us staff as well, they're very good to us".

Staff told us they felt well-supported and valued by the management team. A member of staff said, "I feel supported by the manager. I have regular supervision and she is always ready to listen".

We saw evidence of regular staff meetings. Regular meetings kept staff up-to-date and reinforced the values of the organisation and their application in practice. Staff told us the meetings were useful and enabled them to contribute to the service development and improvement by sharing their ideas. A member of staff said, "Staff get on well and know what is happening. Staff meetings are held regularly. We also have weekly head of care meeting with the registered manager. The meetings are useful and help to keep us in touch".

Surveys were regularly conducted and were designed to get people's opinions on various aspects of their care and on how they were treated at the service. People were also encouraged to raise issues and make suggestions in the surveys. Any issues or suggestions were forwarded to the provider where findings of the surveys were analysed. Two most recent surveys included people's comments on staffing levels, the lack of activities, and cold meals. We saw the service was producing action plans to address the issues mentioned in the survey.

The service worked in partnership with the local authorities, healthcare professionals, GPs, a local hospice and social services.

The registered manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.

Following our inspection, the service voluntarily sent us their action plan to address the issues highlighted by us during the inspection.

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 failed to ensure that the care provided met people's needs and reflect their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People who use services and others were not protected against the risks associated with giving their consent to care, support and where required treatment. This was because the provider was not acting in accordance with the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided to people in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured adequate systems were in place to monitor and improve the quality of the service delivered to people. They had not ensured all care records were accurate and up to date.

