Ashmere Derbyshire Limited

Codnor Park Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 06 June 2018. Codnor Park was registered by CQC on 22 December 2016 and this was the first time we had inspected this service.

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

Codnor Park provides care and support for up to 40 older people, some of who may be living with dementia. The premises had been adapted and consisted of two floors which included bedrooms, a main lounge, garden room, dining room and an activities room. At the time of our visit there were 23 people using the service.

There was a registered manager post in. 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 found that regular audits by the registered manager had identified areas of the environment that needed attention to ensure that people's needs were met by the adaptation, design and decoration of the service. However, the provider had failed to address the identified areas of concern. During this inspection we found the same issues in relation to the environment as identified by the audits. For example, areas of the ceilings were stained brown and in some areas ceiling tiles were missing, exposing pipe work. In one corridor the carpet join had frayed and this had been stuck back down with duck-tape causing a potential trip hazard. In some en-suites and communal toilets the flooring had come away from the wall making it difficult to clean and some toilets needed to have the flooring sealed around the base.

In several bedrooms the carpets were stained and there was an unpleasant odour. Windows in many of the areas of the service had condensation in the pains obscuring peoples view to the outside. Concerns and dissatisfaction about how long it took for maintenance work to be carried out had been raised by people using the service, relatives and staff.

These issues were a breach of Regulation 15: Premises and Equipment. You can see what action we told the provider to take at the back of the full version of the report.

Systems and processes in place to monitor the environment were not effective to ensure actions were taken in a timely manner. Environmental audits identified areas for improvement, however these issues had not been addressed swiftly by the provider.

People felt safe at the service and staff knew how to protect them from potential harm. Staff monitored

people's well-being and took preventative action to keep them safe. There were enough staff on duty to support people and meet their needs. Staff supported people with their medicines and this was done safely. Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness.

People's needs were assessed before they started using the service. The staff were well-trained and knowledgeable. Staff assisted people with their meals and made sure people had enough to eat and drink. People's healthcare needs were met and staff referred them to healthcare professionals where necessary. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

The staff were caring and kind and had developed good relationships with people using the service. They engaged with people and welcomed their relatives and friends when they visited. Staff respected people and supported them to make choices about their care, support and any individual needs they might have including cultural, religious, and those relating to disability. People told us staff treated them with dignity.

Staff provided people with individualised care that met their needs. Care plans were personalised and written in conjunction with the person themselves and others involved in their care. They included information about people's life histories which enabled staff to get to know people and take an interest in their lives. Staff encouraged people to socialise and to join in with activities and events that took part on the premises and provided assistance for them to do this where necessary.

Staff were trained in equality and diversity and information was provided to people in formats that were accessible to them. The service had a complaints procedure and if a person made a complaint they were listened to and their concerns taken seriously.

People were satisfied with the care and support provided. Staff said they liked working at the service because they were well supported by the registered manager and their peers. People, relatives, and staff had the opportunity to comment on the service through surveys, meetings and one-to-one discussions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was not safe.

Staff received safeguarding training and had a good understanding of the different types of abuse and how they would report it. People had risk assessments in place to keep them safe.

Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service. Systems were in place for the safe management of medicines and people were protected by the prevention and control of infection. Staff understood their responsibilities to raise concerns and report them.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The physical environment was not decorated or adapted to a consistent standard to meet people's needs. Maintenance work was not carried out in a timely manner to ensure the premises was safe.

People's care needs were assessed and met by staff who were skilled and had completed the training they needed to provide good care. People were supported to maintain their health and well-being and staff helped to ensure people's nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised containing information about peoples likes, dislikes and personal preferences. People were supported to participate in individualised activities. The provider's complaints policy and procedure was accessible to people and their representatives.

People could be assured they would receive appropriate end of life care

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality audits had been carried out by the previous registered manager and the present manager. However, areas identified in the audits had not been addressed by the provider.

There was a new registered manager in post and people, relatives and staff all provided positive feedback about their leadership. The staff team worked well together and felt supported by the new manager. People told us they were happy with the service they received.

Codnor Park 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 6 June 2018 and was unannounced. The inspection was carried out by one inspector 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.

The inspection was informed by the information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

Before the inspection, the provider completed 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. We reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. This was used to inform our inspection judgements.

We spent time observing care and support in the communal areas and we observed how staff interacted with people who used the service. We spoke with six people using the service and three relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the area manager, the registered manager, two activity coordinators, the cook and a member of the house-keeping staff. In addition, we spoke with four care and support staff.

We reviewed records which included six people's care records to see how their care and treatment was planned and delivered. We reviewed five staff employment records and other records which related to the management of the service such as quality assurance, staff training records, the staff rota, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People felt safe living within the service, and with the support that staff gave them. One person told us, "I'm safe here. I have fallen in the past but I've not fallen here." A relative commented, "[Name of relative] is safe here. I have no worries about their safety." Another said, "A relative also told us they felt their family member was safe at the service. They commented, "[Name of relative] is calm and peaceful. I know that's because they feel safe and secure here."

We talked with staff about safeguarding people from abuse, and they were all clear on the correct procedures to follow. One staff member said, "I would definitely talk with the manager. I know it would be dealt with properly. I'm confident about that." Staff told us that they had been trained in relation to safeguarding people from abuse and records we examined confirmed this. Information about how to report safeguarding alerts and whistleblowing concerns were displayed and accessible to all staff. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team as required.

People had individual risk assessments to enable them to be as independent as possible whilst keeping them safe. They covered a variety of subjects including, moving and handling, falls, nutrition and tissue viability. Risk assessments also covered people's mental health needs and advised staff how best to communicate with people to help ensure they were supported in the way they wanted. A staff member said, "We have risk assessments in place so we know what to do to keep people as safe as possible." We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

The registered manager and staff had a good knowledge of the people using the service and where they might potentially be at risk of harm. This meant they could monitor people's well-being and take preventative action to keep them safe. Our observations confirmed that people were supported safely when care was provided, for example, when moving around the building and eating. We saw staff acted promptly and considerately when offering support and encouragement as required to ensure people were safe whilst maintaining their independence.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home or areas of the home to be evacuated. This provided assurance that people would receive the appropriate level of support in an emergency to keep them safe.

People said there were enough staff available to meet their needs. One person told us, "Staffing levels have recently been increased from two to three at night and there are always enough staff to help me." Another person said, "I have noticed that the home has been recruiting new staff. Staff stay here for a long time and the home has many long term and experienced staff. "

Most staff said they were satisfied with the number of staff on each shift. However, two staff members said that they would benefit from an extra staff member in the morning. We discussed this with the registered manager who said that a monthly dependency tool was completed and staffing hours were based on this

information. However, she said she would continue to monitor staff numbers on all shifts to ensure there was always enough staff on duty to meet people's needs. On the day of our visit we observed sufficient numbers of staff to support people and rotas showed that staffing was consistent.

People were safeguarded against the risk of being cared for by unsuitable staff because the provider followed thorough recruitment practices. Checks on the recruitment files for seven members of staff evidenced they had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy.

People told us that they received their medicines when they expected them. One person told us, "I always get my tablets on time. They always ask me if I'm in pain and if I need something to ease the pain." A relative said, "They [meaning staff] do tell me if there are any changes to [name of relative] medicines. I don't have any worries about medication." A staff member commented, "I have had medication training. I feel confident; the training was good and the manager checks our competencies regularly."

We observed a staff member giving people their medicines. This was undertaken in a person-centred way, with each person being asked if they were ready for their medicines and how they wished to take it. Medicines to be administered on an 'as needed' basis were administered safely by staff that followed clear protocols. Medicines were stored safely, there was a system for recording the receipt, and disposal of medicines to ensure staff knew what medicine was in the service at any one time. This helped to ensure that any discrepancies were identified and rectified quickly.

People were protected by the control of infection. Despite the service appearing a bit tired and worn looking, people thought the service was kept clean and hygienic. A comment made by the registered manager following the managers monthly quality audit read, 'The home is tired although clean.' A relative told us, "There are always staff cleaning."

Staff we spoke with could describe infection control procedures and told us they had plenty of personal protective equipment (PPE). One staff member said, "We have access to all the gloves, aprons and hand gel we need." Housekeeping staff followed suitable procedures to ensure the risk of cross infection was minimised. We saw the building was clean and tidy. However, there were areas that were shabby with scratched paintwork and worn furniture and old and stained carpets that despite regular cleaning remained stained. During our inspection we saw that housekeeping staff were vacuuming and cleaning the communal areas. Relevant staff training in infection control and food hygiene had taken place.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and monitored by the registered manager to ensure they had been managed appropriately and lessons learned. For example, if a person had a fall we saw that their risk assessment had been reviewed and their care plan updated to include new information about increased observations as a lesson learned action. The registered manager told us, "We have reviews every month of what's happened and we agree on actions to make improvements." This demonstrated that the provider made improvements and looked at what lessons could be learned when things went wrong.

Requires Improvement

Is the service effective?

Our findings

People were not protected against the risks associated with unsafe or unsuitable premises. The building had not been appropriately maintained and maintenance work was not always completed in a timely manner.

For example, we found that on a set of fire doors the safety fire strip had come away. Many areas of the ceiling were stained brown and in some areas ceiling tiles were missing, exposing pipe work. On one corridor the carpet join had frayed and this had been stuck back down with duct tape. However, the tape was also coming away from the carpet causing a potential trip hazard. In two en-suites and five communal toilet/shower areas the flooring had come away from the wall making it difficult to clean and some toilets needed to have the flooring sealed around the base.'

In four bedrooms we found the carpets were stained and there was an unpleasant odour. We spoke with a member of the house keeping team who told us, "We do our best to keep the carpets clean and odour free. They really need replacing. They are so old that what we do makes little difference."

Windows in many of the areas of the service had condensation in the pains obscuring peoples view to the outside. The paintwork on the skirting boards was chipped and scuffed. Some chairs and furniture in communal areas were stained and some were in need of repair.

There was a passenger lift so people could access the different floors. A relative told us they were concerned about the reliability of the lift and said there are been numerous occasions where the lift wasn't working. They said, "It's not too much of a problem when [relative] is in their room on the first floor as the home would set up a temporary dining room in one of the first-floor lounges. However, there was a recent failure when [relative] was using the ground floor dining room. This resulted in [relative] having to be supported step by step by staff whilst they negotiated the stairs." On the morning of our visit the maintenance manager informed us they were visiting the service to get a quote for a new lift.

Staff told us the environment of the service made them feel embarrassed when showing new people around the service. One staff member said, "You feel you need to provide an explanation as to why the home is in such a poor state. It does make us feel embarrassed." Comments made by staff in the most recent staff survey included, 'We desperately need a new make-over. It's embarrassing. The homes interior doesn't reflect the care given here; it lets us down.' Another read, 'When things get reported to maintenance sometimes they don't get sorted for days/weeks. The sofas and the chairs in the lounge, and the carpet are very stained.'

There was dissatisfaction expressed by people and staff about how long it took for maintenance work to be completed. For example, one person's family were overall pleased with their family members room, however their main concern was the amount of time it took to resolve issues like the lift or more minor issues such as fixing their relatives TV aerial. The delays in sorting other minor maintenance issues was echoed by other people. One told us, "I used to have a room with low water pressure which meant that water came slowly out of the tap. The main problem was that I didn't have a plug for my sink and it took two

to three weeks to get one."

Staff shared the same dissatisfactions about how long maintenance issues took to resolve. Comments in the most recent staff survey included, 'We always have to wait for light bulbs.' Another read, 'The maintenance is shocking. Whenever we report something it either gets forgotten or takes a while to do.' A third comment read, 'Maintenance are hardly ever here. Our residents can be waiting days for a new light bulb.'

These issues were a breach of Regulation 15 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Premises and Equipment.

People's needs were assessed before they received a service. We saw that the service worked with local authorities in taking referrals and assessing people's needs. Each person received a pre-assessment of their needs before moving in, to enable the service to support them effectively. Assessments included a summary of people's cultural and religious needs so staff were aware of these as soon as people began using the service and could ensure they were met.

People said the staff were well-trained and knowledgeable. One person told us, "The staff do lots of courses and know how to look after me in the best way." Another person said, "The staff are very good at helping people. I have watched them and they are very good." A relative commented, ''I have a lot of confidence in the staff. They are patient and very knowledgeable." Staff told us they were satisfied with the training they received. One staff member told us they'd completed a range of training and had shadowed other staff before commencing their role. Another staff member said, "There's good support and encouragement here to do training."

We found that staff had the skills, knowledge and experience to deliver effective care and support. Records showed they completed an induction when they first commenced at the service and on-going training courses to enable them to meet people's needs. These included moving and handling, first aid, dementia care, equality, diversity, dignity and human rights and tissue viability.

There was evidence of staff supervision. Staff told us they were supported through one to one supervisions with a line manager to discuss any issues and receive feedback on their work performance. One member of staff told us," We have regular supervision and can always talk with the manager at any time in between. She's very approachable."

People told us they enjoyed the food served at the service. One person said, "The food is very good. You always get a good choice at every meal." They also told us they received plenty to drink and pointed to a drinks station where people were encouraged to help themselves to drinks at any time. A relative told us that although their family member had lived at the service for a long time the cook had just visited them recently to discuss their likes and dislikes. We were informed they particularly liked the desserts and that rice pudding was their favourite.

Staff told us they worked hard to ensure that people received a healthy dietary intake. We found that menu choices were designed to ensure they were nutritionally balanced and where appropriate, fortified or pureed to the right consistency to meet people's specific requirements. We spoke with the cook who displayed a good understanding about people's therapeutic diets, such as diabetic foods. They said, "I know everyone very well. I always visit them and talk with them about the foods they like."

We spent time observing people at lunchtime. We saw that staff were available to assist and/or encourage people to eat and drink. This was done discreetly and staff socialised with people while supporting them

and joined in conversations and banter. The atmosphere was pleasant and relaxed and people could take as long as they liked over their meals. Within the care plans we saw there was guidance for staff in relation to people's dietary needs, their likes and dislikes and the support they required. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Training records showed that staff had received up to date training in nutrition and food hygiene.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people, and had good communication with professionals including social workers, reviewing officers and other healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files.

People recalled how staff would protect their health and well-being whilst providing care by alerting them of medical or other health issues and would get a GP or other health service if needed. One relative said, "Yes, they will always get a doctor or district nurse if needed and will let us know what's happening." Records showed that if a person was ill or in pain appropriate actions had been taken to contact people's doctors, nurses or other relevant health professionals. This indicated that staff knew how to ensure that people received proper healthcare and on-going support.

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. At the time of our inspection there was no one with a DoLS authorisation in place.

Good

Is the service caring?

Our findings

People we spoke with were positive about the care they received and told us they were happy living at the service. One person said, "It's a very contented home. It's lovely." Another person commented, "It's a proper home from home and we get all the help we need to stay well." We observed that staff spent time interacting with people and addressed them by their preferred name. Staff supported people with care and compassion. For example, we observed one person who was concerned that they had misplaced a personal possession. The staff immediately responded to the person in a calming and soothing manner which the person responded positively to.

Staff took time to ensure that people understood what was happening and supported people in a patient and encouraging way when they were moving around the home. We saw that staff provided people with reassurance by touching and giving eye contact when talking to people.

People confirmed that they felt involved and supported in planning and making decisions about their care and treatment. One person told us, "I am involved in my care and I tell them how I want my care to be provided." Another person said, "They even ask me what time I would like my cup of tea in the morning. They don't miss a thing." People told us they were always given explanations when they needed them.

Staff told us they involved people and their relatives in planning and reviewing their care and the care records we looked at confirmed this. We saw that people were given the opportunity and were supported to express their views about their care through regular reviews. We saw that families were invited to these. The registered manager told us they would provide people with information about how to access advocacy services if required and we saw this information displayed around the service. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.

The staff promoted the privacy and dignity of people and their families'. One person told us, "The girls are so lovely. They respect me and treat us all like family." Another person commented, "The staff are respectful and always treat me with dignity." We observed staff treating people and all visitors to the home with dignity and respect. People and their families had access to private spaces and staff made sure they were not disturbed. We observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people's choices and offered assistance if the person needed it, to help promote their independence.

Staff described the importance of confidentiality and not discussing people's needs unless it was absolutely necessary. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Good

Is the service responsive?

Our findings

People told us that staff spent time with them on admission to identify fully their care preferences and future wishes. One person told us, "I was involved and so were my family. They asked me lots of questions." Another person said, "I have my say about how I want to be looked after." Staff told us that people's care plans were developed around them as an individual and their histories and preferences were taken into account. A staff member said, "Each person is totally different and the care plans and how we look after them reflects that."

Each person had a care plan in place that was personal to them. The service was in the process of moving over to an electronic system and this was in progress at the time of our visit. Care plans were used to guide staff on how to support people and provide the care they need. Giving people choices and promoting their independence were factors in how people's care was delivered. Care plans included information about people's life histories, previous occupations, families, hobbies and interests. This enabled staff to get to know people and take an interest in their lives. If people had other health and social care professionals involved in their care this information was in their care plans so staff knew who was responsible for which aspects of the person's care.

Care plans were reviewed regularly or more often if people's needs changed. People and their relatives, where appropriate, were involved in reviews and had the opportunity to make changes to their care if they wanted to. We saw staff giving people time to express their views and observed people being asked how they wanted to be supported. For example, people were asked what activities they wanted to join in that morning and were supported to attend if they wished. We also saw that numerous people who liked to rise later in the day and have their breakfast in their room were supported to do this.

People told us that they took part in activities or past times that were important to them and linked into things they enjoyed before they came to live at the service. One person told us, "There is always something going on. You are never bored." Another person commented, "We can even go swimming now. They like to try new things."

One person told us that they liked to spend most of their time in their room and enjoyed reading and completing puzzle books and word searches. They also commented that they liked to keep occupied and whilst they were pleased with the frequency of cleaning and laundry services they had asked for and received a duster and a can of polish which they liked to use on the furniture and pictures that they had brought in from their previous home. Another person told us, "There is lots of entertainment and activities going on here. The girls always let me know of any upcoming events and I am always invited to join in."

The service had recently increased considerably their activities by engaging two new activity coordinators, providing cover seven days a week. Both were highly enthusiastic and were delivering a range of traditional and innovative activities including swimming, belly dancing, book club, gardening, bistro evenings and tea and toast at a local church.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. For example, some people were visited by a church leader that visited them regularly. Staff told us they were guided by people's wishes and preferences when it came to arranging activities. They had a good understanding of people's needs and continued to find ways of supporting them. We also saw evidence to suggest that the service had organised themed events to celebrate key dates and holidays such as Christmas and the Royal Wedding.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

If people had any concerns or complaints they could use the complaints procedure in the 'welcome pack' they received when they began living at the service. This advised them they could complain in person, by phone or by letter/email, or get a friend or relative to complain on their behalf. One person told us, "I know that I can make a complaint if I need to. The girls always ask me if things are alright so if I do have a problem it gets sorted quickly."

Records showed that if a person made a complaint they were listened to and their concerns taken seriously. The registered manager carried out a thorough investigation, involving the complainant, and shared the resolution with them. This meant that a person making the complaint could be confident that the managers would take action to resolve it and make improvements to the service where necessary. All complaints were logged and tracked so managers could identify any trends and see if improvements were needed. We looked at the complaints log which showed that any issues people had were addressed and resolved.

Staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. They worked closely with district nurses to ensure people's needs were met if they had reached the end of their lives. People's wishes for how they wanted to be cared for were in their end of life care plans so staff were aware of these. Staff welcomed and supported the relatives and friends of people at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had completed regular monthly audits of the environment and sent these to the provider to make them aware of improvements needed at the service. However, the provider had failed to take action to ensure the environment was decorated and adapted to a consistent standard to meet people's needs. There was dissatisfaction expressed by people, relatives and staff about how long it took for maintenance work to be completed. The environmental issues posed a risk to people using the service and we needed to ensure these areas would be addressed and audits would be effective in the future.

There was a registered manager who was new in post at the service. Staff told us that the registered manager provided positive leadership and said they were approachable and had an open-door policy. One staff member told us, "The manager is very friendly and approachable." Another member of staff told us, "I feel supported and I think the new manager is going to be a real asset. When I was appointed to the job I was told to think differently, think big."

We found there was a positive culture at the service where people felt included and consulted. One person told us, "Staff talk to us all the time about things in the home. We are asked for our opinions and what we think about this and that." Another person commented, "I think the atmosphere here is happy and contented. The manager is very nice. She is willing and happy to listen.'' A relative told us, "We are happy with the care here. Staff are caring and it has a homely atmosphere."

All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the home. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. Feedback was sought from the staff through staff meetings and staff supervision.

The registered manager monitored the quality of the care provided by completing regular audits of medicines management, care records, infection control and equipment. They evaluated these audits and created action plans for improvement, when improvements were needed. There was a system in place to ensure when incidents occurred they were investigated by the registered manager. If areas of poor practice were identified these were addressed with the staff team to ensure lessons were learnt and to minimise the risk of recurrence.

The registered manager involved people and their families in the monitoring of the quality of care. We saw that people had been asked to share their experiences via satisfactions surveys and residents and relative's consultation meetings. One relative commented, "We do have opportunities to speak out if we want to see change." We saw that people's views and wishes were usually acted upon.

The service had links with the local community. We saw that the local churches were regular visitors to the service, providing communions and services. The service supported people across different local authorities, and worked openly with them in monitoring their work with people. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's

safety.

The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure that the physical environment was decorated or adapted to a consistent standard to meet people's needs. Maintenance work was not carried out in a timely manner to ensure the premises was safe.