

Northumberland County Council

Tynedale House

Inspection report

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Date of inspection visit: 03 and 05 February 2015
Date of publication: 10/04/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 3 and 5 February 2015 and was announced. A previous inspection undertaken in January 2014 found there were no breaches of legal requirements.

Tynedale House is registered to provide accommodation for up to 30 adults. The home is subdivided into four units. Six places at the home are designated for respite, short term care for adults with learning and/or physical disabilities. The remaining 24 places are used to provide

longer term accommodation, support and personal care to older people with a learning disability, some of whom also are living with dementia. Tynedale House does not provide nursing care.

The home had a registered manager who had been registered since November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People told us they felt safe and that staff treated them appropriately. Staff were aware of safeguarding issues, had undertaken training in the area and told us they would report any concerns of potential abuse. Staff were also aware of the registered provider's whistle blowing policy. The premises were effectively maintained and safety checks undertaken on a regular basis.

Appropriate staffing levels were maintained to support the changing needs of people living at the home. Proper recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. We found there to be some minor issues around the safe handling of medicines.

People told us they enjoyed access to adequate food and drink at the home and we observed this to be true. The registered manager showed us the system employed to ensure staff had regular training and updating of skills. Staff said they were able to access the training they required. Staff told us, and records confirmed there were regular supervision sessions at least four times per year and each staff member had an annual appraisal.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff were aware of the need for best interests meetings to take place where decisions needed to be made and people did not have capacity to make their own decisions.

The registered manager confirmed that appropriate assessments and applications had been made, where people met the criteria laid down in the DoLS guidance. The home had been adapted to promote people's independence with single level access and ramps available. We found the decoration in communal areas was not always homely and spoke to the registered manager about this. She told us she hoped to continue to improve the decoration at the home.

People told us they were happy with the care provided. We observed staff treated people with patience and kindness and showed a genuine interest in them as individuals. People had access to health care professionals to help maintain their wellbeing. Specialist advice was sought and acted upon where necessary and visiting professionals told us the service and support provided was good. People said they were treated with dignity and respect.

People had individualised care plans that addressed their identified needs. People talked enthusiastically about activities and holidays they had participated in. The registered manager told us there had been no formal complaints in the last year and visiting professionals told us people they were working with were happy at the home.

The registered manager showed us records confirming regular checks and audits were carried out at the home. Staff were positive about the leadership of the home, said that morale was good and felt well supported by management. People and staff all talked about the family atmosphere at the home and how they enjoyed working and being there. People who used the service told us they looked on staff as friends.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found some minor issues regarding the safety of medicines. Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Care plans reflected risks related to people's particular needs.

People said they felt safe living at the home. Staff had undertaken training on safeguarding issues and recognising potential abuse. They told us they would report any concerns they had to the registered manager or the local safeguarding adults team.

Proper recruitment processes were in place to ensure appropriately experienced staff worked at the home. People and visiting professionals told us they felt there were enough staff to meet needs and provide support.

Requires Improvement



Is the service effective?

The service was effective.

Records confirmed a range of training had been provided and staff told us training had been a priority area recently for the registered manager. Staff confirmed they received regular supervision and annual appraisals.

Staff were aware of the need to promote choice and understood the concept of best interests decisions and the provisions of the Mental Capacity Act (2005). The registered manager confirmed that appropriate processes had been followed in relation to Deprivation of Liberty Safeguards applications.

People told us there was ample food provided and we observed they had good access to drinks. The home had been adapted to aid access to people with limited mobility and was well maintained. However, whilst people's individual rooms were personalised we found some communal areas did not always have a homely feel.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care they received. People's care managers said their clients were well supported by staff at the home. We observed staff supporting people in their individual pursuits and to remain as independent as possible. People were helped to be involved in their care through the use of easy read or pictorial documents and equipment.

Staff followed advice from a range of professionals to help maintain people's wellbeing.

Good



Summary of findings

Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Is the service responsive?

The service was responsive.

Care plans reflected people's individual needs and were reviewed and updated as people's needs changed. The registered manager told us changes were being made to care plans to ensure they covered all the required aspects of people's care.

There were a range of activities available for people taking place both in the home and in the local community. People talked enthusiastically about going on holiday and told us stories from their trips away.

The registered manager told us there had been no formal complaints in the last 12 months. People were regularly asked their views through the use of a weekly pictorial questionnaire.

Good



Is the service well-led?

The service was well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from the registered manager. People and staff talked about the family atmosphere at the home and staff told us morale at the home was good.

Regular staff meetings took place and staff told us that management listened to and acted on their suggestions.

Good



Tynedale House

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 3 and 5 February 2015 and was announced. The provider was given 48 hours' notice because the location was a care home for people with a learning difficulty, who needed to be advised and prepared for the inspection.

The inspection team consisted of one adult social care inspector.

The inspection was arranged at short notice because of a cancelled inspection elsewhere; therefore the provider did not complete a Provider Information Return (PIR) and we did not have in advance key information about the service, what they did well and what improvements they plan to make in forthcoming months. However, we reviewed information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. Because the service is provided

and run by the Local Authority we did not contact the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group immediately prior to the inspection so they were unaware of the inspection until close to the date of the visit. We did speak to a range of professionals, including two care managers, and speech and language therapist and a specialist nurse and considered their responses in detailing the report.

We spoke with seven people who used the service and one relative, to obtain their views on the care and support they received. We also spoke with the registered manager, a deputy manager, four care workers, a cook, one and three health and social care professionals.

We observed care and support being delivered in communal areas including lounges and dining rooms. We inspected kitchen areas, the laundry, bath/ shower rooms, toilet areas and checked people's individual accommodation; with people's permission. We reviewed a range of documents and records including; five care records for people who used the service, eight medicine administration records, six records of staff employed at the home, complaints and compliment records, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

People at the home told us they felt very safe with the staff and did not have any concerns about the way staff treated them. Comments from people included, “They are beautiful staff and always nice” and “It’s very nice here. They never shout at us, oh no.” One relative told us, “I can go home and think that I have no worries; he is well looked after” and “He is safe here. I wouldn’t have him anywhere else. He is very safe here.” Care managers and clinicians also told us they had no concerns about the safety of people at the home.

Staff told us they had received training in relation to safeguarding adults. They told us they would speak to the registered manager or one of the deputy managers and, if necessary, contact the local safeguarding adults team. Records confirmed staff had completed a range of training in this area. Staff also told us the provider had a whistleblowing policy and confirmed they could raise concerns. All staff were certain any concerns would be taken seriously and acted upon. The registered manager told us about a past safeguarding issue and how the matter had been dealt with.

Staff told us risks were considered and assessed in relation to each individual. People’s care plans had risk assessments relating to each aspect of their care including the administration of medicines, financial issues and evacuation in case of fire or other emergency. We saw in one person’s care plan details how they were prone to refusing to eat and the risks associated with this. There was information about how staff should deal with these risks and what action should be taken if this went on for a prolonged period. Another person was diagnosed as diabetic. There were plans in place to ensure staff were aware of risks associated with this condition, details of the signs of high or low blood sugars and action to take if risks increased. Staff told us the registered manager and deputy managers were all available through an on call rota system, if there were any concerns or emergencies out of hours. Wider risk assessments were also in place for the home environment and included areas such as fire safety, the flushing of water pipes and checking of water temperatures regularly. This established individual risks relating to people’s needs were assessed and monitored and wider risks within the home were reviewed.

We examined records for incidents and accidents at the home. We found most of the accidents within the previous 12 months had been minor in nature, but each event had been recorded and considered to ensure that action was taken, if required. For example, we saw that one person had become trapped whilst getting out of bed. It was noted that the person’s bed had been move in their room to increase the space at the side of the bed and to make the bed more stable, to try and reduce the risk of the event reoccurring.

The registered manager told us there were 59 members of staff, excluding herself, employed at the home. This figure consisted of 47 care staff, including three deputy managers and 12 ancillary staff, such as kitchen, domestic and administrative staff. She told us she regularly reviewed people’s needs to ensure there were enough staff and was conducting a staffing review to try and make the most of the available staff hours. Staff we spoke with told us they felt there was enough staff and that whilst there were four units in the home they worked as a team and supported each other. One staff member told us, “It is a good team on the unit; we do things for each other. It really is team work. If you haven’t got team work, we’ve got nothing.” One visiting professional told us how one to one assistance was provided for one of the people they worked with to help support them in their chosen activities. Another professional told us, “There is a sense of calm about the place. People are not running round chasing their tails. They are on top of their care.” One staff member told us, “A lot of the people just like your time; sitting with them having a chat and a cup of tea with them.”

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references being taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. This verified the registered provider had appropriate recruitment and vetting processes in place.

We observed staff dealing with people’s medicines. We saw people were given their medicine appropriately; with time given for them to take their tablets or medicine and a drink given to help them swallow the dose. We saw medicines at the home were stored securely and there were proper processes in place for ordering medicines from the

Is the service safe?

pharmacy. Staff told us they had undertaken training on the safe handling of medicines, and records confirmed this. They said checks on their competency in handling medicines were carried out through the year.

We examined the Medicine Administration Records (MARs) for people who lived at the home. We noted that some records did not have photographs of people in the file, to help ensure they were correctly identified and some names were missing from these front sheets. We found that handwritten or hand typed MARs were not always double signed to confirm they were correctly written. In one instance the description on the MAR did not identically reflect the information on the medicine box. We noted a number of people were prescribed “as required”

medicines. “As required” medicines are those given only when needed, such as for pain relief. We noted there were no specific care plans or instructions in place to indicate when these medicines should be given, the maximum dose that could be given or action to take if the medicines were not effective, or too much was accidentally given. In most instances there were no gaps in the record, although we noted one person’s record had not been signed for two weeks for an evening dose of medicine. The Registered manager told us the medicine had been given but the signatures had not been added to the MAR. This meant that systems for the safe handling of medicines were not always in place.

Is the service effective?

Our findings

People told us they felt supported by the staff at the home. One person told us, "I like living here, the staff are delightful." Visiting professionals and relatives told us staff had a good understanding of people's need and the right skills to support them. A relative told us, "The staff know what to do for him; the care he gets is 100%." A visiting professional told us, "We have provided training in the past and the staff are always receptive to ideas and information." One staff member told us, "The manager is very supportive and has brought all the training up to date."

The registered manager showed us copies of the training documents and explained the system in place to ensure staff had up to date training. Copies of certificates for recent training courses were available in staff files. Staff told us they had regular access to updating of skills and could request additional training, if necessary. One staff member told us, "The training is spot on. Anything you identify that you think would help you and your job, you can ask for it." Staff told us they had supervision meetings four times a year and that one of these would be an annual appraisal. We saw copies of appraisal and supervision documents in staff files and saw these covered a range of areas. This meant proper arrangements were in place to ensure staff had access to regular supervision and ensure their work was reviewed in relation to delivering appropriate care.

Staff told us they had received training in relation to the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were able to describe the process of making best interests decisions when people did not have the capacity to make such decisions for themselves. We saw detailed records and a health plan developed from a recent best interests meeting, involving staff at the home and external professionals, in relation to end of life care, where the person had no immediate relatives involved in their care. The registered manager demonstrated that appropriate action had been taken in terms of assessing people in relation to the MCA and the guidance on the implementation of DoLS. This meant people's rights against inappropriate restriction of liberty were protected because appropriate measures were in place to make the required assessments and applications, in line with MCA and DoLS legislation.

We saw that where possible people had signed their care plans to say they agreed to the care being delivered and were encouraged to give their personal consent on a day to day basis. Consent forms were in the form of easy read versions, to help people understand what they were being asked. We saw staff asked in a sensitive and appropriate manner if people would like help with bathing or a shower and asked if they would like to move to the table for something to eat. Staff talked extensively about how they ensured that people were happy with the care and their approach. Staff told us, "We always involve people, whatever their capability. They can express things, even if it is with an expression or a hand gesture" and "We try and give them their independence and their choices. It is their choices that matters at the end of the day."

People told us they were happy with the food and could make choices or ask for particular items if they wanted to. We observed a lunch and teatime at the home. We saw people had access to enough food and drink and could ask for extra portions if they wished. One person had a teapot of tea to themselves and this was refilled when they asked for it to be. People who needed support when eating were given appropriate help by staff and were not rushed to complete their meal. We spoke with a speech and language therapist (SALT) who was visiting the home on the day of our inspection. She told us that the home had been very supportive to a person who had some difficulty with swallowing and followed the advice given by the SALT team.

Kitchen staff were aware of people's special dietary requirements, such as the need for a pureed diet or diabetic diet. They told us they would discuss people's special needs with the care workers or family members. They described how they used separate equipment, such as deep fat fryers, for gluten free diets, to reduce the risk of contamination from other food items. We saw that they had a list of people's likes and dislikes. One member of the kitchen staff told us, "I like to ask them, and they will feedback to you. We should not assume what their likes and dislikes are." We saw people's weight was monitored and recorded. We checked the kitchen and saw there was a good supply of fresh, frozen and dry goods at the home.

Elements of the home had been designed to accommodate people's particular needs. We saw that most of the home was on a single level with ramped access where necessary. On one unit staff showed us how they were developing a

Is the service effective?

sensory garden, with support from a local charity group. Although not finished, the garden had ramps and a raised bed area to make it more accessible. Other units had outside spaces which were paved. We noted in a couple of areas the paving had sunk, making the surface uneven for people with mobility difficulties. Inside the home people had their own rooms, decorated to their liking. The registered manager explained how they were currently adapting existing toilets and bathrooms to develop more accessible wet rooms.

Decoration in the respite unit was pleasant and homely. The standard of decoration in the other three units was

good and generally well maintained. Attempts had been made to make the environment more personal with the use of pictures and art items, produced by people who lived at the unit. However, we found the ambiance of the longer term units to be clinical and lacking a homely feel. The registered manager told us that some areas of the home had been updated and she was hoping that this would be continued in other parts of the unit. She said she would consider how best to engage with people and get their ideas about the decoration of the home as refurbishment progressed.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care provided. Comments from people about their care included, “The staff look after me very well, yes”; “It’s like a family here, it’s nice” and “It’s alright here. The staff are not bad. They help me, yes.” A relative told us, “He is spoilt rotten here. The staff are so kind and considerate” and “All the staff are so caring. I wish there were more places like this.” A visiting care manager told us, “I can’t praise the manager highly enough. She is as caring as the rest of the staff are. All the staff here are so caring.”

We spent time observing how staff interacted and treated people who used the service. We saw people were treated as individuals and with patience and kindness. Staff took time to ensure people were happy with their approach and spoke to everyone by name. Staff showed a genuine interest in people by asking them what they had done that day and through the sharing of jokes. We saw one staff member crouch by a person who was feeling unwell and enquire how they were and ask if they would like a warm bath after tea. One person talked enthusiastically about his favourite football team and engaged in some appropriate banter with staff around football rivalries.

Staff said there was no one at the home with particular cultural or religious requirements, but spoke about how the home supported acceptance of people. We saw in one person’s care plan that they chose to attend a regular weekly religious meeting and were supported to do so. One staff member told us about one person’s particular routines and how they liked to have their room in a particular order. A visiting care manager told us how two of his clients had lived together in the community for a long time. He said the home had worked extremely hard to accommodate the people’s needs so that they could remain together when moving into the home. People who were able to mobilise independently were free to move around the building. We saw some people went outside for some fresh air and another person sat in the foyer area, where it was quieter.

Staff told us they tried to involve people in their care as much as possible. A deputy manager told us that people were involved in reviewing their care, if at all possible. She told us that staff would sit and have a conversation with them about their care and any changes they wanted. She felt sitting with a care plan or review document would

intimidate them. One care manager told us how people had been given the opportunity to visit the home prior to making the decision to move there. He told us people were involved in initial discussions about the move and in the planning process. Staff told us they were committed to helping people achieve what they wanted to do. One staff member told us, “The reward is seeing people have a good happy life; seeing people doing what they want. We see them through both the good and the bad.”

Staff told us how they used pictorial information to help people understand things and allow them to make choices. We saw that where people had some difficulty with communication there was information in their care plan to aid staff in supporting them. For example, for one person, who was not able to speak well, the care plan advised allowing them time to respond, asking them to repeat phrases if it was not clear what they had said and providing written information for complex issues. Another person’s care plan stated that by touching them on their cheek they would know that staff had medicines for them to take.

People were supported to maintain their health and wellbeing, through access to appointments with a range of professionals. We saw copies of letters from general practitioners, consultants, therapists and specialist nurses confirming people had attended for reviews. During the time of our inspection one person was feeling unwell and a general practitioner was contacted to visit and assess them. A visiting professional told us how staff had worked hard to improve a person’s personal hygiene and that the person’s general practitioner was also involved in monitoring the care of the person.

The registered manager told us there was no one at the home who was currently using an advocate. We saw from records that when a major best interests decision had been made, an independent mental capacity advocate had been engaged to ensure the person’s views were fully considered.

Staff explained to us how they ensured that they respected people’s views and maintained their dignity when supporting them with personal care. One staff member told us, “I try and give them the life you would want for yourself.” Another staff member told us, “You make sure you do things with dignity; shut doors, make sure dressing

Is the service caring?

gowns are used. Ladies support the ladies and men support the men; and always ask if it is okay.” This meant staff understood about maintaining people’s dignity and applied the concepts when they delivered care.

Is the service responsive?

Our findings

People and their relatives told us they felt involved with the care that was delivered. One person told us, "I am asked what I want. The staff ask me about things." A relative told us, "They keep me involved with things. They will ring me if necessary and every time he comes in I get a letter; a review of what has happened and how he has been." A visiting care manager told us, "I have one client who was reluctant to come in, but now he doesn't want to leave. That's down to the staff; they involve him in all the reviews."

Staff told us they were able to cater for people's individual needs and ensure that care was centred on the person. Comments from staff included, "We have quality time with them. We try and make it the same for everyone" and "A lot of time they just want your time; sitting have a cuppa and a chat. One person likes to sit with you and go through his photos."

We saw people had individual care plans in place to ensure staff had information to help them maintain their health, well-being and individuality. We also saw care files contained information about people's personal history, their background and details of their family life. We saw that prior to people coming to live at the home there had been a comprehensive assessment of their needs undertaken. Care plans covered a range of areas including; communication, diet and nutrition and mobility. There were also details about people's physical health needs. Care plans varied in detail but contained information staff could use to support people, such as the gestures people used to communicate, symptoms for physical health conditions and people's likes and dislikes.

Care plans were regularly reviewed and updated, although we noted some of the review information could be limited to phrases such as, "no change" or "remains the same." We spoke with the registered manager about this, who said she would raise the matter with staff. Staff had a good understanding of people's particular needs or individual likes and dislikes. One staff member told us, "You get to know clients. If people who normally look well look pale or are off their food, then you can tell things aren't right." Another staff member told us, "Every plan is different because every client is different." The registered manager

showed us a new care plan format she was looking to introduce. The new care plans covered a wider range of areas in assessment but then focussed onto the particular needs of the individual.

People told us there were a range of activities and events for them at the home. We sat with people after their tea and they told us about the holidays and trips they had been on. They told us they had been to Blackpool and the Lake District, had good memories of both events and told us stories from the holidays. They also told us how they had been guests at the wedding of one of the staff working at the home and had got dressed up for the occasion. Staff told us how a number of people were supported to attend local day centres or other events. People also said that staff helped them to go shopping. The registered manager told us that one person was a season ticket holder for a local football club and was supported by staff to attend all home games. People were also supported to participate in arts and craft activities and we saw a number of collages on display or being worked on during our inspection. The registered manager told us they also used the currently dormant day centre for events such as karaoke. One person told us, "We sometimes go dancing. We have a big party and a big dance."

People said that they were supported to make choices and we observed staff helping people to make personal selections throughout the inspection. People were offered a choice of activities and also a choice of food. We saw one person who was approached to see if they would like a cup of tea asked if they could have a small glass of beer. This was then provided and the person told us how much they enjoyed it. The kitchen staff told us how they tried to make sure people on special diets also had similar choice to others with regard to their food. They told us, "I like to give them the same choices as others. It is important that they do not feel singled out."

The provider had in place a complaint process and maintained a file of complaints and compliments. The registered manager told us that there had been no formal complaints within the last 12 months. One relative told us, "He's got wonderful care; I can't complain about anything." Visiting professionals told us they were not aware of any concerns. One care manager told us, "All my clients are happy and settled. I have no concerns." A speech and

Is the service responsive?

language therapist who was at the home during our inspection told us she had once raised a concern about supervision during meals times and that the matter had be dealt with immediately.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since November 2014. The registered manager was present and assisted us with the inspection.

Staff told us that the culture of the home was very much about making it a homely and family atmosphere. They also talked about the importance of team work in the home. Comments from staff included, “It is very much like a family. We are their extended family”; “This is their home, we just work here”; “It is a good team on the unit; we do things for each other. The clients are part of that team, a most important part.” and “The best thing is the team work and the relaxed atmosphere; each shift will support the other.” Comments from visiting professionals included, “It is like walking into someone’s home, it is very comfortable” and “It’s a comfortable atmosphere when you walk in. There is a sense of calm about the place.”

We saw the registered manager carried out a range of checks on the home, including fire safety checks, legionella checks, and temperature checks on the water system. Where there were any faults or problems these were recorded and acted upon. There were also regular audits on the catering facilities and food quality, cleaning and maintenance audits and checks on call bell systems, hoists and the general appearance of the building. Staff told us the registered manager regularly walked around the home to check on things and see how people were. One staff member told us, “She doesn’t lock herself away in the office and just do paper work. She is out around the place.” The registered manager showed us that she carried out a weekly “interview” with a person, following a pictorial questionnaire to seek their views on the service and the care they received.

Staff told us there were regular staff meetings and the deputy manager said that the senior management team met every month to discuss issues, including the needs of people, needs of individual units or staffing issues. She said it was a mutually supportive meeting where you could raise anything that you were struggling with. One staff member told us, “At team meetings we talk things through. We can

raise anything and they will listen.” Staff also told us the communication across the home had improved and the introduction of communications books had helped with this. One staff member told us that the registered manager had got all the staff together when she first arrived, to introduce herself and find out their views on things.

Staff told us that morale at the home was good and the atmosphere was positive. Comments from staff included, “I love working with the people. It is very rewarding”; “I never wake up in the morning and say I wish I wasn’t going to work” and “It’s what I love doing; helping them have a fulfilling life.” Staff said that the registered manager was supportive and approachable. They said she was starting to sort things out and was ensuring training was completed and addressing staff sickness, which had been an issue in the past. Staff told us, “You can go to her with issues or frustrations and she will support you. You can go and say you are not coping and she will support you”; “(Registered manager) is really quite approachable and easy to talk to. She is very supportive” and “You know where you stand with her. She is really nice. I really like her.” Visiting professionals told us, “The manager is very amenable to a full discussion about things and very available” and “(Registered Manager) has a nice attitude. She is very caring about both sides; the staff and the residents.” One relative told us, “(Registered manager) is brilliant.”

With the exception of the MAR charts we found records were up to date and in good order. Daily records contained good detail of people’s wellbeing and activities. Fire check records and other maintenance records were all up to date. There was clear evidence in people’s care records of the home working with other professionals. One visiting professional told us, “They make good use of the MDT (multi-disciplinary team) and work well together.”

The registered manager told us her focus at the present time was to get the home running effectively and efficiently in a way that really supported the people who used the service. She told us she would also like to develop a service to support people in the community whose behaviour could be challenging, to try and prevent placements from breaking down. She also aspired to have an outstanding rating from an inspection.