

Reading Borough Council

The Willows Specialist Dementia Unit and Intermediate Care Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 5 and 6 March 2018 and it was unannounced. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Willows Specialist Dementia Unit and Intermediate Care Service is purpose built and split into two adjoining units. The dementia unit provides a service for up to 16 people. The intermediate care unit comprises of 10 small flats, which can provide up to six week's rehabilitation following an injury or illness. At the time of our inspection, six people were living in the dementia unit and 10 people were living in the flats. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had a registered manager as required. However, they were on extended leave at the time of the inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager was overseeing the service in the absence of the registered manager. They assisted us with the inspection on both days.

During this inspection we found breaches of two regulations, Regulation 14 and Regulation 18 of Care Quality Commission (Registration) Regulations 2009. The registered person had not submitted notifications as required in good time informing CQC about the outcome of six applications of Deprivation of Liberty Safeguards. The registered person also had not submitted a notification informing CQC about the absence of the registered manager for longer than 28 days. We informed the management about this on our first day of inspection. However, there was a delay in submitting all notifications required including a notification of the return of the registered manager. You can see what action we have asked the provider to take at the end of the full version of this report. When there is a breach or more, the overall rating cannot be Good.

People told us they felt safe living at the service. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately.

Staff training records indicated which training was considered mandatory. Most of the staff were up to date with their mandatory training but some were due their refresher training. The deputy manager was overseeing and booking training when necessary to ensure all staff had the appropriate knowledge to support people. We have made a recommendation for the management to refer to the current best practice guidance on ongoing training and monitoring for social care staff.

Staff had ongoing support via regular supervisions with their senior staff. They felt supported by the registered manager and senior staff and maintained great team work. Staff had handovers and meetings to discuss any matters with the team. There were appropriate recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were

appointed to post.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and to report on what we find. The deputy manager had acted on the requirements of the safeguards to ensure people's rights and freedom were protected. They made appropriate applications to ensure people's liberty was not restricted in an unlawful way.

People told us staff were available when they needed them and staff knew how they liked things done. The deputy manager reviewed staffing numbers to ensure enough qualified and knowledgeable staff were available to meet people's needs at all times. Staff were knowledgeable and focused on following the best practice to make sure people were supported appropriately. We observed people were treated with care and kindness. People and their families were involved in the planning of their care.

The management carried out risk assessments and had drawn up care plans to ensure people's safety and wellbeing. Staff recognised and responded to changes in risks to people who use the service. These changes were reported to the senior person to ensure a timely response and appropriate action was taken.

There were contingency plans in place to respond to emergencies. The premises and equipment were cleaned and well maintained. The dedicated staff team followed procedures and practice to control the spread of infection and keep the service clean. The staff ensured maintenance checks were up to date. The premises and adaptations were dementia friendly.

People had sufficient to eat and drink to meet their nutrition and hydration needs. Hot and cold drinks and snacks were available between meals. People were supported to have their meals where necessary. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed. The service worked well with other health and social care professionals to provide effective care for people.

People received their prescribed medicine safely and on time. Storage and handling of medicine was managed appropriately. We found one minor error, which was rectified, and records were accurate.

We saw care was provided with kindness and compassion at all times. People told us they were happy with their care and support. The management was working with the staff team to ensure caring and kind support was provided in a consistent way. People confirmed staff respected their privacy and dignity. People were able to engage in activities, spend time with their visitors or if they chose be by themselves. Their choices were always respected. We observed people were offered some activities and were encouraged to join in.

Staff felt the management was approachable and supportive, and they communicated well to ensure smooth running of the service. People felt the service was managed well and that they could approach management and staff with any concerns.

The management team had reviewed, assessed and monitored the quality of care with the help of staff and other members of the organisation. They encouraged feedback from people and families, which they used to make improvements to the service. The service ensured people were protected against the risks of receiving unsafe and inappropriate care and treatment.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service has deteriorated to Requires Improvement for this key question.</p> <p>The registered person did not submit seven notifications in time to the Care Quality Commission to inform us about events in the service. This circumstance limits the rating for well-led to no better than requires improvement.</p> <p>The management had systems to monitor the quality of the service and make improvements. They actions to address any issues so it would not have negative affect on people's lives and the service.</p> <p>Staff were working to ensure people were comfortable and happy. People and staff found the management team approachable and responsive.</p>	<p>Requires Improvement ●</p>

The Willows Specialist Dementia Unit and Intermediate Care Service

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.

The inspection took place on 5 and 6 March 2018 and was unannounced. The service was inspected 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, e.g. dementia care.

We did not have any information to use from the Provider Information Return as it was not requested due to technical issues. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. However, the registered person did not always send all notifications as required.

During the inspection we spoke with four people who use the service. We spoke with the deputy manager. We observed interactions between people who use the service and staff during our inspection. We received feedback from the staff, as well. We contacted five community professionals for feedback. We receive feedback from two professionals. We looked at five people's care plans, monitoring records and medicine sheets, staff training records and the staff supervision log. We looked at records relating to the management of the service including two recruitment records, the compliments/complaints log and accident/incident

records. We checked medicines administration, storage and handling. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, gas safety certificate, fire risk assessment, fire safety checks, legionella risk assessment and quality assurance records.

Is the service safe?

Our findings

People felt safe and liked the staff who supported them. People could speak with staff if they were worried. They said, "I feel very safe – there are people around most of the time", "I have no problems" and "They frequently come in to make sure I'm ok." Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding when to report concerns, accidents and/or incidents to the registered manager or other senior staff. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns and staff confirmed they were aware of it. The deputy manager understood their responsibilities in regards to safeguarding people who use the service and reporting concerns to external professionals accordingly.

People were protected from risks associated with their health and the care they received. The staff team assessed the risks to people's personal safety and put plans in place to minimise those risks. People's support plans and risk assessments had detailed guidelines to ensure staff supported them appropriately. It included information about people's needs, behaviours, personal care and skills, and provided information for staff to monitor their safety. Care plans provided guidance for staff on how to minimise the risk without restricting people or their independence. Information about risks and needs were kept under review and staff reported any changes promptly. As people's needs changed, risk assessments were also adjusted to reflect the changes.

When people had accidents, incidents or near misses these were recorded on the forms and kept in people's files. These were discussed with staff to ensure people were provided with the correct and timely support and to look at ways to prevent recurrence. We noted to the deputy manager the form did not always indicate the action taken to address it. They said they would ensure appropriate information was available. There were arrangements in place to keep people safe in an emergency such as the need to evacuate the premises. Staff understood these and knew where to access the information. People had call bells in place and in reach should they need to call staff for assistance. We observed calls were answered in good time. People confirmed staff were always quick to come when they needed them.

The staff team assessed personal and environmental risks to the safety of people, staff and visitors and took action to minimise those risks. They carried out safety checks of the premises and equipment regularly. For example, walking frames, weekly hot water temperature checks, fire safety checks and fire equipment checks as part of their daily work. The provider monitored other risks such as up to date portable electrical equipment checks, fire risk assessment, water safety and legionella risk assessment review. Staff carried out regular fire drills to help people and staff become familiar with procedures to follow in case of fire. Staff followed a cleaning schedule and used appropriate personal protective equipment to help protect people from the risks relating to cross infection. They ensured the service was kept clean, tidy and odour free.

The provider determined the number of staff required according to the needs of the people using the service. The deputy manager said all vacancies were filled last year. However, some staff had left and the service had to rely on agency staff to cover some shifts. Therefore, the deputy manager arranged them in advance to ensure the same agency staff were booked. The deputy manager said, "We treat them as our

own staff, we value them and [they help] maintain a good standard of care." People felt they received care and support when they needed and they never felt rushed by staff. The staff confirmed they had time to support people most of the time and helped each other to cover absences. The deputy manager felt the staff worked well together as a team which had a positive impact on people's care and support.

The provider had recruitment procedures in place to ensure suitable staff were employed. They included a fitness check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We identified some discrepancies with employment histories and references. The deputy manager rectified them and provided sufficient information after the inspection.

Staff adhered to medicine policies and procedures in order to manage and administer people's medicines safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people order the medicine and prompted them to take it according to the care plan. We observed good practice while staff were supporting people to take their medicine. People's medicines were administered correctly. Staff were polite, asked if they were ready for their medicine, explained what it was for and ensured people took it. The medicine administration record (MAR) sheets were signed afterwards. We reviewed a sample of MAR sheets for people who use the service and did not find any gaps. Staff used appropriate codes to identify why medicine was not taken. For example when people were at the hospital or did not need any painkillers. The medicine trolleys were always locked every time we checked them. We saw the medicine areas were kept at the right temperature, tidy and clean.

We reviewed the controlled drugs cabinet with one of the senior staff. It was tidy and the records corresponded with the medicine that was in the cabinet. We found one incorrect record in the book. It was not clear if the controlled drug was supposed to be in the cabinet. We informed the deputy manager about this and the error was rectified. The provider also continued to work closely with the pharmacy to help maintain appropriate medicine management. We reviewed information from the last visit from the pharmacist. The progress was good and no major issues were reported back for the service to take action on.

When medicine errors occurred, the deputy manager and staff team reviewed those and took action promptly to address it. We noted to the deputy manager the form did not include a manager's sign off to indicate all the actions were complete. They confirmed actions were taken and showed us evidence of it. They said they would ensure the forms were filled in completely. When necessary, the registered manager or senior staff would carry out supervision or observations to ensure staff were competent to administer medicine.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people about the support they valued most. They said, "[They are] marvellous, 100%, and they know what they are doing", "They have been very good" and "Staff are very chatty and helpful, they are all very approachable." Staff ensured the personal care people received was effective ensuring they had a good quality of life.

We reviewed the latest training information provided to us which recorded mandatory training. The deputy manager informed us they were monitoring the training by reviewing the training records and during one to one supervisions with staff. If any of the staff did not attend booked training, the provider would inform the deputy manager to take action. Each member of staff had a certain period of time to complete it. However, we noted the timescale for refreshing some of the training was not in line with current recommended best practice. For example, safeguarding, medicine and first aid training was refreshed every three years whereas current guidance recommends an annual refresher. The service supported people who had dementia, however the training was only part of the induction. Some staff mentioned it would have been helpful to have more training around dementia and mental health. We observed people were supported with kindness and respect. There had been no negative impact to people and their care at this time.

We recommend that the provider refers to the current best practice guidance on ongoing training and monitoring for social care staff.

When new staff started they had an induction that included training and a period of shadowing experienced staff. All staff completed the Care Certificate as part of their role. It is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff felt they received enough training to help them carry out their roles effectively. Staff were also able to obtain further qualifications such as the National Vocational Qualification (NVQ).

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. Staff felt they could approach the managers or other senior staff any time to discuss various topics or ask for advice. The deputy manager and staff said they always communicated with each other and it helped them work well as a team. The deputy manager praised the staff team and good communication that ensured people received good care and support at all times.

We observed lunch and interactions between people and staff. People had a choice of eating in the dining room or their own rooms. People ate their meals at their own pace. Some people needed help with eating. The staff were gentle and supported the person carefully to enjoy their food. They were having a chat and it was clear the person enjoyed the company. People told us they liked the food and were able to make choices about what they had to eat. If they did not like any of it, they were always offered an alternative. People's dietary needs and preferences were documented and known by the kitchen staff and care staff. The menus were displayed every day with choices of meals and puddings. All staff were friendly, polite, and checking if people needed anything and were happy with their food. Staff were aware of how to monitor

people's food and fluid intake if there were any concerns regarding their diet.

The management and staff team made sure people's health and care needs were met in a consistent way. People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People were referred to various health professionals in good time to address any health or changing needs issues. The staff were knowledgeable and well informed about people's health and wellbeing. When people needed professional help and support, we observed staff took action promptly. We saw the care for people's health and wellbeing was proactive and organised well. They communicated with each other, the management and professionals reporting any changes or issues. They worked with GPs, local authority, community nurses and families for guidance and support to ensure people's health and wellbeing was maintained.

The intermediate care unit had ten flats, each with a kitchen area and an ensuite toilet and a washbasin. People were able to use their kitchens to maintain their independence and mobility aids were provided as needed for individuals, based on assessments by the physiotherapist or occupational therapist.

The design of the premises remained suitable for the needs of the people using the service and contributed to making it a homely environment. The interior of the service premises was dementia-friendly. All toilet doors were painted green so that people knew where toilets were both in their rooms and in the communal areas. Each floor of the building in each unit had been designed to allow people to walk through the corridors. They could return to the main communal rooms without being faced with dead ends that could be frustrating for people with dementia. Fresh water dispensers were situated in strategic places throughout the building. However, we noted there were no cups available to use the dispenser. People were able to use a dementia-friendly garden where all areas were joined with a single pathway that started and ended at the main building keeping people safe and not confused where they go.

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. People agreed staff respected people's wishes. Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. The deputy manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. If there was a situation where someone became unable to make decisions regarding their wellbeing or safety, then they would support the person to make decisions in their best interest. Families and professionals would be involved as necessary.

People can only be deprived of their liberty in order 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 are called the Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of DoLS. The registered manager and the deputy manager reviewed and assessed people with the local authorities to determine whether people were deprived of their liberty and submitted applications accordingly.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us they were happy with the care they received and felt it was "perfect". People said, "I couldn't wish for better, people are around day and night", "Oh yes, I am well looked after, they have been wonderful" and "Oh yes they are very attentive." People were well dressed, with clean clothes and appropriate footwear. People's bedrooms were personalised and decorated to their taste with family pictures and items important to the person. People's families were welcomed to visit the service whenever they wanted to. We saw staff interacted with people in a positive way and people responded to staff with a smile. Professionals were complementary of the service and agreed the staff were caring and kind. They said, "I found staff to be well motivated and some really skilled in understanding what they needed to do in order to develop and maintain relationships with those who live there."

Staff understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors, respecting their wishes for time alone and preserving dignity during personal care. People agreed staff were respectful and kind. They said, "They are very caring and kind, I like it here", "They are very respectful, polite and friendly at the same time" and "[Staff are] very helpful and very friendly." Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, personal interests and dietary requirements. These needs were recorded in detail in people's care plans. Staff said, "Care for the individual. Always listen to the resident and offer choice, be polite and kind" and "Ask them for consent, be empathetic and speak politely."

People who use the service and staff had friendly relationships. We also observed caring, gentle and friendly interactions between people and staff in both units of the service. Staff spoke calmly and politely giving people time to respond. People had an opportunity to make choices where appropriate. For example, some people had been at the service only for a short period of time, we saw they had personalised their areas with photographs and personal affects. The rooms were clean and well decorated.

Staff were allocated as dedicated key workers to people to ensure individuals were helped to express their views. This also ensured staff could offer continuous support in the service and keep up to date with people's changing needs, support or wishes. People were encouraged to be as independent as possible. For example, people staying in the intermediate care unit had care plans that reflected their support when they were back in their homes. This way the staff ensured people had skills to transfer from the service to the community smoothly. Staff understood little things or tasks were important to people. They said, "We encourage people to do as much for themselves as possible" and "We encourage choice, allow people to do things for themselves as much as possible." They encouraged their independence by giving people choices and involving them in daily tasks and helped if someone needed assistance. People's abilities were kept under review and any change in independence was noted with changes made to their care plan and support as necessary. People and those important to them were encouraged and involved in making sure people received the care and support they wanted. The management team had drawn up support plans with people, using input from their relatives or representatives and from the staff members' knowledge.

People's records included information about their personal circumstances and how they wished to be supported. Staff provided care that was individual and centred on each person to ensure people felt they mattered. Staff understood the importance of keeping information confidential. The service kept any private and confidential information relating to the care and treatment of people securely.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences, needs and cultural identities. They had detailed support plans and risk assessments personalised to each person's needs that were regularly reviewed and updated. Staff used shift handovers to inform the staff team about any tasks to complete or what was going on in both units. Regular staff meetings took place to discuss anything else of importance and to ensure appropriate action was taken to address any issues. The management and staff sought feedback about the support and service from people via surveys and resident's meetings.

People had their needs assessed before they moved to the service. The person, their relatives and other professionals were involved in people's care and informed the plan of care. People living in the intermediate care unit, had plans in place to ensure they were ready to go back to the community or residential care if necessary. During our inspection, one person moved on to a residential care setting. Staff, occupational therapist and family supported the person to settle in there ensuring appropriate aids and equipment was in place. Where a person's health had changed it was evident staff worked with other professionals. The staff recorded care and support provided to the people daily such as people's physical health, emotional wellbeing and how they spent their day. This helped staff monitor people's health and wellbeing, responding to any changes and enabling them to make timely referrals to appropriate professionals. People agreed staff responded to them in good time. They said, "They are pretty quick to respond", "I never have to wait" and "They are quick to come."

People were able to choose what activities they took part in. Staff were helping people with some activities like puzzles or going out. However, we observed it was very quiet during the day. Some staff felt more activities could be arranged with outside organisations to ensure people were stimulated. People said they had a choice to participate in the activities they wished. People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms or lounge room.

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand such as to speak slowly and clearly. The deputy manager was aware of the Accessible Information Standard and its requirements. They said they would review people's records to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format that would enable people to understand.

The management team took complaints and concerns seriously and used them as an opportunity to improve the service. They investigated complaints and concerns thoroughly. They showed people and their relatives were satisfied with their responses. People, relatives and staff were encouraged to raise any issues or concerns so they could be sorted out straight away and to avoid further negative impact. Staff knew it

was important to encourage people to raise any concerns with them and knew how to report concerns or issues to the registered manager.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. However, the registered manager was on leave at the time of the inspection. The deputy manager was overseeing the service. We use the information from notifications to monitor the service and ensure they respond appropriately to keep people safe. There are principles that we must take into account when making judgements about the rating. The registered persons had not notified CQC about significant events. CQC has determined that there are certain indicators that potentially limit a rating. There are four principles regarding events and circumstances that mean the well-led key question can never be rated better than 'requires improvement'. One of those principles is, "Statutory notifications were not submitted in relation to relevant events at a location without good reason."

The registered person did not submit notifications of six Deprivation of Liberty Safeguards (DoLS) applications, as required. They also did not submit a notification informing CQC that the registered manager would be absent from the service for longer than 28 days. We informed the deputy manager about it on the first day of inspection. We also informed them the registered manager would have to submit a notification when they returned to work. There was a delay submitting all seven notifications after we informed the service on the first day of our inspection. Four DoLS applications were sent five days later and two were sent seven days later. Notification for the absence of the registered manager was sent nine days later. The return from absence notification was sent seven days later.

This was a breach of Section 1 and 4 (b) of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was a breach of Section 1 (b), 2, 4 (b) and 5 of the Regulation 14 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. These included audits of the files, medicine records, observations and visual checks, feedback from staff and outside services, staff performance and competency checks and supervisions. They also checked senior staff completed all the tasks allocated to them. The registered manager and the deputy manager took appropriate disciplinary action if they needed to address poor performance. People's experience of care was monitored on a daily basis, 6 monthly questionnaires and care reviews. The people said, "It is very well managed", "Manager asks if everything is ok" and "No need to complain – they are excellent." The management reviewed reported incidents and accidents related to falls, health and any errors made when providing care and took action promptly. People's needs were accurately reflected in detailed care plans and risk assessments.

The service worked closely with health and social care professionals to achieve the best care for people they supported. The professionals agreed the service provided was of good quality and they did not have any concerns. They said, "The staff are skilful, thoughtful and observant and also recognise very quickly if a patient needs to be referred to another service because with so many frail patients such occurrences are not unusual." Staff had team meetings and records showed the staff team discussed various topics such as any

changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people.

Staff and the management worked well together as a team and motivated each other to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were opportunities to discuss issues, ask for advice or raise concerns. Staff felt the registered manager and other senior staff supported them and listened to them.

The registered manager and the deputy manager encouraged open and transparent communication in the service. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. Professionals working with the service added, "I found staff to be well motivated and some really skilled in understanding what they needed to do in order to develop and maintain relationships with those who live there" and "Yes, the leadership is clearly demonstrated by senior staff who know exactly what they are doing and are in turn kind and respectful to their junior staff." The deputy manager valued how staff worked well together as a team. They said, "I think the care is very good. They are a very good team and work hard. They pull together in a critical moment and help out. They will go above and beyond of what's needed."

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	<p>Regulation 14 Registration Regulations 2009 Notifications – notices of absence</p> <p>Regulation 14 (1)(b), (2), (4)(b), (5) The registered person did not give notice to the Commission of the proposed absence of the registered manager in good time. The Commission was not notified that the registered manager has been absent for more than 28 days and the registered person did not forthwith give notice to the Commission specifying the matters set out in paragraph (2)(a) to (e). The registered person notified the Commission of the return to duty of the registered manager later than 7 working days.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Regulation 18 (1), (4)(b) The registered person did not notify the Commission without delay of events in relation to depriving of a service user of their liberty once the outcomes of the applications were known.</p>