Care UK Community Partnerships Limited

Sidegate Lane Residential Care Home

Inspection report

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Suffolk
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This visit was unannounced, which meant the provider and staff did not know we were coming. At the last inspection in 13 May 2013 the provider met all the requirements we looked at.

Sidegate Lane Residential Home is a care service for up to 30 older people who may be elderly, have a physical disability or be living with dementia. It does not provide nursing care. At the time of our inspection there were 28 people who used the service.

Summary of findings

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law as does the provider. We received positive feedback from people who used the service, relatives, staff and health and social care professionals. They told us that the manager of the service was well established in their role, was approachable and provided clear and consistent leadership.

People who used the service that we spoke with told us they felt safe, were treated with kindness, compassion and respect by the staff and were happy with the care they received.

Staff knew how to recognise and respond to abuse correctly. People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

We found the service was meeting the requirements of the DoLS. The registered manager had a full and up to date knowledge of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. This meant that people who could not make decisions for themselves were protected.

There were sufficient numbers of suitably skilled staff to meet people's care needs. In line with the provider's policy and procedures newly employed staff received an induction and training. Records showed that staff received ongoing training, regular supervision, an annual appraisal and opportunities for professional development.

We looked at people's care records. The records seen showed that care and treatment was planned and delivered consistently to ensure people's safety and welfare. Information in the records was regularly updated and provided clear guidance to staff on how to meet people's individual needs, promote their independence and maintain their health and well-being. People attended appointments with other healthcare professionals such as opticians, physiotherapists, dentists and chiropodists. This showed that people were supported to maintain their health and well-being.

The majority of people were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals including both hot and cold options. We found that in the main people were encouraged to be as independent as possible, where additional support was needed this was provided in a caring, respectful manner.

However not everyone had a positive mealtime experience. The lunch time meal arrangements were disorganised; not everyone who required assistance received their meal at the time it was presented, at the temperature it should have been served and without interruption.

Throughout the inspection we observed staff interacting with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff were skilled at responding to people's non-verbal requests promptly and had a good understanding of people's individual care and support needs.

We found there was a lack of organised meaningful activity to meet people's emotional and psychological needs. It was not clear what arrangements were in place to support people to pursue their hobbies and interests and engage in planned group activities. This meant that people were at risk of social isolation.

Systems were in place which assessed and monitored the quality of the service, including obtaining the views of people who used the service, their relatives; staff employed at the service and visiting health and social care professionals. Feedback received was acted on and used to drive improvement in the service. Records showed that systems for recording and managing

Summary of findings

complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

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?

Good

The service was safe. People who used the service told us they felt safe and secure. Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately. People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were sufficient numbers of staff to meet people's care needs. Where there were risks associated with people's care needs we saw that these were assessed and planned for. This ensured that people were cared for as safely as possible.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had up to date training, supervision and opportunities for professional development. People, or relatives on their behalf, had been involved in determining their care needs. People were encouraged to be as independent as possible when eating their meals. In the main where people required support this was provided in a caring, respectful manner. However the lunch time meal arrangements were disorganised; not everyone who required assistance received their meal at the time it was presented, at the temperature it should have been served and without interruption.

Is the service caring?

Good

The service was caring. People were treated with respect and their dignity was promoted. People were happy and positive about their care and the way staff treated them. People were involved in making decisions about their care and daily living arrangements and their families were appropriately involved in their care. Staff were highly motivated and passionate about the care they provided. Staff understood people's individual needs and care choices and acted in their best interests. Throughout our inspection we saw that staff were kind, attentive and thoughtful in their interactions with people.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's health and care needs were assessed, planned for and monitored. Staff worked closely with health and social care professionals to provide people with care that met their needs and promoted their rights. However people were not consistently supported to pursue their hobbies and interests and or participate in group activities. Therefore people were at risk of social isolation through the lack of meaningful stimulation and engagement. Systems were in place so that people were able to raise any concerns or issues about the service. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Summary of findings

Is the service well-led?

Good

The service was well led. The service had an effective and established management team in place. People told us the management team were approachable and a visible presence in the service. Systems were in place to seek the views and experiences of people who used the service. Feedback was used to make improvements to the service provided. This showed that people's opinions were valued and acted on. Audits and checks were in place to monitor the quality and safety of the service. Any shortfalls were addressed. This ensured that people lived in a service that was safe, monitored and well managed.

Sidegate Lane Residential Care Home

Detailed findings

Background to this inspection

This inspection was undertaken by an inspector, a specialist advisor who had knowledge and experience in dementia care, 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.

Prior to our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us to explain how they are meeting the needs of people that use the service and any plans for improvements to the service. We spoke with six health and social care professionals about their opinion of the care provided. Feedback received was complimentary about the service, the management and the staff team.

At our last inspection 13 August 2013 we looked at a range of standards. There were no areas of concern identified at the last inspection.

We reviewed other information that we hold about the service such as notifications, which are the events happening in the service that the provider is required to tell us about, and information from other agencies. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with 20 people who used the service, four relatives, seven members of staff and the registered manager at the service. We also spoke with a visiting healthcare professional who was positive in their comments about the care provided to people.

Not everyone who used the service was able to communicate verbally with us. We used observations, speaking with staff, reviewing care records and other information to help us assess how their care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

As part of this inspection we reviewed five people's care records. This included their care plans and risk assessments. We looked at the induction and training records for four members of staff. We reviewed other records such as complaints and compliments information,maintenance checks, quality monitoring and audit information and health and safety records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and secure. One person said, "I feel safe and happy here". Another person told us, "I feel nice and safe here." One relative we spoke with said, "I visit regularly and think the home is safe. People are well looked after. It is a good place."

People were safe because systems were in place which protected them from the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them.

The Care Quality Commission is monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care and treatment. The DoLS are a code of practice to supplement the main MCA code of practice.

The service had up to date policies and guidance available to guide practice. Staff training records showed us that staff had undertaken training in MCA and DoLS. All the members of staff we spoke with confirmed that they had undertaken training and demonstrated an awareness of the issues around people's capacity. For example staff we spoke with understood that they needed to respect people's decisions if they had the capacity to make those decisions.

We had a discussion with the manager about the Mental Capacity Act 2005, (MCA,) and Deprivation of Liberty Safeguards, (DoLS.) The manager told us they were aware of the Supreme Court ruling, which could mean that people who were not previously subject to a DoLS may now be required to have one. They advised us that due to the guidance changes they were liaising with the Local Authority and in the process of making DoLS referrals where required for people and once approved the Care Quality Commission would be notified as required. We saw from people's care records that people's capacity to make day to day or decisions had been assessed where appropriate. This showed us that the service knew about protecting people's rights and freedoms and made appropriate referrals to keep people safe.

People told us and their care records showed that care and treatment was planned and delivered consistently to ensure people's safety and welfare. Records were updated to inform and guide staff about changes to people's care. This meant people were protected from the risk of receiving unsuitable or unsafe care.

Risks to individuals were managed. For example, one person at risk of falls told us how the service had made arrangements for them to have specialist equipment in their bedroom (pressure mat with a sensor) and how this had made them confident to remain mobile. They said, "I get dizzy sometimes especially at night. The manager got me a mat, (pressure mat,) that is by my bed. I use it at night if I want to get up. I put my feet on it and (this triggers an alarm that alerts staff) the staff come straight away. If I was to fall out of bed the staff would know immediately and come and help me. I am not scared now and worried as I was at home that if I fell I would be lying there till someone found me. It is funny but since the mat arrived I haven't fallen once." This showed that people were protected and their freedom supported and respected.

Individual risks assessments were in place and regularly reviewed in the five care plans we looked at. Assessments covered identified risks such as nutrition and moving and handling. Staff we spoke with confirmed that the care plans reflected people's current situation and were regularly updated. This meant that risks around people's needs were recognised and assessed to ensure that people were cared for as safely as possible.

The provider is planning to close the service in 2015. The majority of people using the service will be moving to a new purpose built premises in the nearby area. Some people have decided to transfer to alternative care homes in the local area. The proposed move and transition has impacted on staffing levels with up to 15 existing staff choosing to take redundancy in the last 12 months.

The manager advised us that they had actively recruited to fill the vacancies. They explained how the need for

Good

Is the service safe?

recruitment had been caused by the transition. They advised is that they rarely used agency staff as the existing staff and management team were able to cover shifts and this ensured consistency and good practice.

The manager explained how people's dependency levels had been assessed and staffing hours were allocated to meet the needs of people who used the service. They told us that the staffing levels had recently changed as people's dependency levels had increased. Records seen and our discussions with people who used the service, their relatives and members of staff confirmed this. One relative told us, "It is transitional. There are always sufficient regular staff, previously there was a lot more but now there are lots more new younger staff and they are good, with a good attitude and open to suggestions." Another relative said, "I have been really happy with the home but a lot of the older staff have now left and there are lots of new staff; they seem friendly."

We observed that call bells were answered promptly and staff were a visible presence in the service. Three people being cared for in their beds looked comfortable and well cared for. Their care records for monitoring food, drink and turning were up to date. This meant that sufficient staffing was being provided to meet people's complex needs and care for them safely. During the inspection we spoke with a visiting healthcare professional. They told us there was always a member of staff to greet them and that staff responded in a timely manner to the call bells and requests for assistance by people who used the service.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us staff met their needs and that they were happy with the care provided. One person said, "Am very happy here, the staff are great and know me well." Another person told us, "I can't complain as it is a lovely place to be. It does me well."

Overall feedback from the relatives we spoke with was complementary about the service. They told us they had no concerns and were satisfied with the care provided. One relative we spoke with told us about inconsistencies in the standard of care amongst the staff. They said, "It depends who is on duty. It is worrying that things are slipping and what will happen when they move over, (people transfer to the new care home,) and the experienced knowledgeable staff have left. The new ones do care but it is different; is the understanding of dementia there?"

We followed this up with the manager who confirmed that dementia care training had been prioritised for all new staff and was currently in progress. They told us a mentoring scheme was in place so that new staff could spend time with experienced colleagues to develop their understanding of how to meet people's needs. Staff we spoke with all confirmed these arrangements were in place. The manager advised us that all the care plans were currently being updated in preparation for the move to ensure that staff at the new care home were provided with the information to meet people's needs.

Throughout our inspection we saw that staff had the skills to meet people's individual needs. Staff communicated and interacted well with people who used the service. Our observations showed that the training provided to staff ensured that they were able to deliver care and support to people who used the service to an appropriate standard. For example, staff were seen to support people safely and effectively when they needed assistance with moving or transferring.

All of the staff we spoke with confirmed they were provided with the training they needed to meet people's needs and felt supported by the manager. The staff training plan showed that the majority of staff had received core training with refresher updates planned.

The members of staff we spoke with all confirmed that regular team meetings were held which gave staff the opportunity to talk through any issues and learn about best practice. This was confirmed in the team meeting minutes we looked at. Records showed that formal supervision and appraisals were in place to support the on-going learning and development of the staff. Staff told us, and records showed that staff were encouraged and supported to gain nationally recognised vocational qualifications, which developed their skills and understanding in supporting people and enabled them to consider their own career progression.

Before our inspection we contacted five health and social care professionals who were involved with the service to find out what they thought of the care provided. They told us that they had no concerns about the service and that people received personalised care that met their needs.

All the people we spoke with were complimentary about the food. They told us they had plenty to eat and there was choice and a variety of options at meal times. One person said, "The food is really good. I like meal times; I come down to see my friends." Another person told us, "Good portions, freshly cooked. What more do you want? If you don't want what is on the menu you can ask for something else. The staff are very obliging."

The lunch time meals provided were sufficient in quantity and were well presented. We saw that people could independently access refreshments of fruit juice and water. In the main where people who used the service required support and assistance to eat their meal or to have a drink, staff were observed to provide this with sensitivity and respect.

We found improvements were needed to ensure the dining experience for people who used the service was positive and flexible to meet their individual nutritional needs. Although the manager had advised us that meal times were staggered to enable people who required assistance to have sufficient time to enjoy their meal with staff support. Our observations of the lunch time meal showed that this did not happen. We found the meal time arrangements were disorganised and people received their meal at the same time. This meant there was not enough staff available to support people who needed assistance without interruption or having to wait considerable time for support from a member of staff. For example one person who was being assisted by a member of staff had their meal interrupted when the member of staff was called away to support another person who required personal

Requires Improvement

Is the service effective?

care. The staff member was away for ten minutes. During this time the person's food remained untouched. This meant that not everyone was able to enjoy their food at the time it was presented and at the temperature it was served.

Records showed each person had eating and drinking plans showing their likes and dislikes. In the main people were supported to eat and drink sufficiently and to maintain a balanced diet. For example care plans seen contained detailed information for staff on how to meet people's dietary needs and provide the level of support required.

For people with complex needs in their eating and drinking we found a risk assessment was carried out. This assessment identified the specific risks associated with an individual's eating and drinking and the measures in place to manage this. For example using thickened or fortified drinks as advised by the dietician to assist people who had difficulty swallowing. This meant that people received the specialist advice and appropriate care to meet their needs.

The care records that we looked at confirmed that people, or relatives on their behalf, had been involved in determining people's care needs. We saw that people signed their care plans to confirm they were in agreement with the plan for their care and support. Where people were unable to sign for themselves we saw that the person's relatives or representative had signed on their behalf. During our inspection a relative told us that they had been involved in discussing and reviewing their relative's' care and support with the manager and had signed to agree the changes. Records seen confirmed this.

Good

Is the service caring?

Our findings

All the people we spoke with were positive about the care provided and complimentary about the staff. One person said, "The staff are lovely, they never pry and nothing is too much trouble and they are all very helpful and polite." Another person said, "It is fine living here and staff are always kind; they are smashing and we have a good laugh and the food is excellent." A third person told us, "It is a very nice homely place, nice and clean and excellent friendly staff. If you feel confused in the morning they make you feel better." A relative told us, "The staff are so compassionate and they understand the resident's needs and have an understanding of dementia."

During our inspection we saw that staff interactions with people were positive and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated genuine affection, warmth, compassion and kindness for the people they supported. This was confirmed in our discussions with people who used the service. One person told us how the staff gained their consent before assisting them with their personal care. They said the staff, "Help me change, they hold things up like a towel to cover me. They say I am going to do (particular task) so that it does not come as a shock and they do it with respect." This showed that staff treated people with respect and maintained their dignity.

Members of staff we spoke with were knowledgeable about the people they cared for. They told us about people's individual needs, preferences and wishes and spoke about people's past histories. This meant people received care that met their personal needs by staff that knew and understood them well.

People that we spoke with all told us the staff encouraged them to maintain their independence and knew their preferences for how they liked things done. One person said, "I used to have people who dressed me but they (staff) have given me confidence to dress myself and my balance is getting better and I have the freedom of the home."

All the people that we spoke with confirmed that the staff respected their privacy and dignity. One person told us, "I am happy here and everyone is very friendly; the staff are very nice and they knock on the door always and they treat me as a normal person." Another person said, "I leave my door open and staff never walk in they always knock even if the door is open and wait until I call them in." They continued, "In the afternoon's I tell the staff I am taking a snooze and I lock the door and the staff have a pirate key (additional key) so that they can come in and check I am alright."

The majority of people who used the service confirmed they were involved in making decisions about their care. They told us they were aware of their care plans and had participated in their reviews. Care records seen showed that people were involved in making decisions where they were able and their decisions were respected.

Records seen showed that meetings were held for people who used the service and those acting on their behalf at regular intervals. This enabled people to express their views about the quality of the service provided and to share ideas and suggestions. This was confirmed in our discussions with people who used the service who said their comments and feedback was listened and acted on.

Requires Improvement

Is the service responsive?

Our findings

People who used the service that we spoke with told us that their care needs were met in a timely manner and staff responded accordingly. One person said, "If I need help they help." Another person told us, "If I need anything I press my call button and the staff come straight away. No messing. They are very prompt." A third person explained how they could get help if they needed with their personal care. They explained, "I shower, shave and change my clothes myself but if I need help all I have to do is call the staff." This showed that staff were available to respond and provide support to people when they needed assistance.

During our inspection we saw that staff were attentive to people, checking on people in the communal areas and bedrooms. Call bells were answered quickly and requests for help given promptly.

People and their relatives confirmed they had been involved in the development of their care plans and had given their opinion on how their care and support was provided. One person told us, "The manager asked me if everything was ok with my care. I said I couldn't fault them and was quite happy." The care plans we looked at provided information to staff about how people would like to receive their care, treatment and support. This meant staff were provided with appropriate information to provide personalised care for people.

The staff we spoke with confirmed that the care plans provided them with sufficient information on how to meet people's individual needs. One member of staff said, "The care plans in light of the transition to the new home are being completely overhauled by the manager. All staff have been asked to provide information and details that tell you everything you need to know about each resident, how to care for them, what they like and don't like. A lot of this stuff is in carers heads. You learn how the residents like things done in a particular way and just do it. But now we need to make sure all the staff including the new ones know. So we get it right for people." We looked at one of the care plans that had been updated and found that the person's individual needs had been assessed, recorded and reviewed. Information about meeting their social, care and health needs was detailed and included their personal preferences. This showed that plans were in place to ensure that information about how to provide personalised care for people transferred over with them to the new service.

People told us they were supported to see other health professionals to maintain their health and well-being. One person said, "I see my doctor if I get sick. When I have been really ill, I have been to hospital. If I start to feel poorly the staff will act and get someone in. They seem to know when I am not right before I do." Staff recorded in people's care plans when they had appointments with other health professionals, such as the chiropodist, the district nurse, physiotherapist and their doctor. This meant people received treatment when they needed it.

People could spend time how they wished. During the inspection we saw that some people chose to sit in their own rooms, others were in the communal areas and some spent time sitting in the garden. An impromptu coffee morning took place in the morning of one of the units but was not planned so that everyone who used the service was aware and could attend if they wished.

We did not see any organised activities taking place during our inspection or people being encouraged to pursue their individual interests or hobbies . The manager explained that the activities provided were the responsibility of all staff but agreed this led to an inconsistent approach. One relative told us, "There are not enough staff to take them for a walk, to spend time to talk. There are always alarm bells going off. They rely on the relatives to do the 'extras' which are sorely needed. What happens when I am not there? There is more time in the afternoons for activities. They [staff] are too busy in the mornings. They [staff] do try but they squeeze them in. There aren't enough of them, (activities). Another relative said, "The staff are patient and tolerant here, But they aren't able to give enough one to one conversation, entertainment and do life-story work." People we spoke with who used the service gave mixed feedback about the activities provided. Comments included, "It's quite good. They (staff) do their best. The sing a longs are fun but not enough of them." Another person said, "There is usually plenty to do. Some staff are better than others they make it more fun." However, one person said, "I'm bored to tears, Where is everyone? Its destructive not having enough to do." Our observations

Requires Improvement

Is the service responsive?

and discussions with people who used the service, their relatives and members of staff showed that there were not enough meaningful activities for people either as a group or to meet their individual needs.

Information was displayed in the service about the move to the new care home including details of the consultation process. This provided people with timescales and information about what was happening. People who used the service told us how the staff and manager had involved them in the proposed changes. One person said, “We were told we were moving and where. I think that they have handled it quite well and they are taking your views into consideration.” Another person told us how the manager had arranged for them to see the new premises and the work being carried out. They said, “The manager said I could go and take a look at what was going on. I feel better now I have seen it. We have spoken about it at meetings and they have listened to us.” They continued, “We have been told we are moving, bigger bedrooms, own privacy and freedom for whatever I want to do in the new home.” This showed that people were able to raise concerns or issues about the service and these were acted on.

The provider’s complaints policy and procedure was displayed. This informed people how to make a complaint and included the stages and timescales for the process. We saw that feedback including verbal comments and informal concerns were logged as well as written complaints. All feedback received had been recorded and included the actions taken in response. This included how the outcome was fed back to the person. This showed us that people's views and experiences were valued and taken into account. This was confirmed in our conversations with people who used the service and their relatives. People told us they were confident their complaints would be treated seriously and knew they would not be discriminated against for making a complaint. One person told us, “I go to manager if something is up.” Another person told us, “I haven’t had to make a complaint, if I am not happy or satisfied with something I tell one of the staff and they see to it.” A relative told us, “I have had a word when I have noticed something is not quite right and it was acted on. I am worried about the move to a new place and have spoken with the manager about this. They have been very accommodating and listened to me.”

Good

Is the service well-led?

Our findings

A registered manager was in post at the service and was supported by their senior staff. It was clear from our discussions with the management team and from our observations that there was an effective management structure and people were clear about their roles and responsibilities.

All the people we spoke with told us that they knew who the manager was and spoke with them daily. They said they felt able to talk to them about the service. Relatives we spoke with told us that the manager was a visible presence in the home and approachable. They told us they had confidence in the management of the home. One relative told us, “The manager leads by example and is very caring and willing to talk to you whenever. The staff work so hard and are brilliant.” .

Throughout the inspection we saw that people who used the service, their relatives and staff were comfortable and at ease with the manager and senior team. We saw that there was an open and supportive culture within a relaxed atmosphere. One member of staff told us that the, “Team work is good here and I can go to the supervisor or the manager.” Another member of staff said, “If we have any problems we can go to the manager who is always available.”

We saw that people had the opportunity to express their views about the service through regular residents and relatives meetings and through individual reviews of their care. We looked at the outcomes from the last annual satisfaction survey which provided people with an opportunity to comment on the way the service was run.

Feedback was positive. We saw that action plans to address issues raised were in place and had either completed or were in progress. This showed us that people's views and experiences were valued and acted on.

All of the staff members we spoke with told us that they were encouraged in their one to one supervision meetings to discuss the needs of the people they cared for and improvements that could be made to the service. They told us they felt supported by their manager and senior team and were aware of their roles and responsibilities. They said that they understood the management structure and knew how to raise concerns, and with whom, should they need to do so. We saw that regular team meetings were held which gave staff the opportunity to talk through any issues and learn about best practice. This showed that people were cared for by staff that were supported and empowered in their role.

Systems were in place to manage and report incidents. The members of staff we spoke with understood how to report accidents, incidents and any safeguarding concerns. Records of three incidents seen showed that staff followed the provider’s policy and written procedures. Outcomes were noted by the manager and included lessons learnt and actions taken to avoid further incidents. These showed measures were in place to provide a quality service.

Records seen showed that the manager and provider carried out a range of audits to assess the quality of the service and to drive continuous improvement. These audits included medication processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and used to make improvements to the service provided and reduce the risk to the people who lived there.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.