

Church Farm Nursing Home Limited

Church Farm Nursing Home at Skylarks

Inspection report

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Ratings

Overall rating for this service

Good 

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 

Overall summary

We carried out an unannounced inspection of the service on 26 March 2015. Church Farm Nursing Home at Skylarks provides accommodation for persons who require nursing or personal care and the treatment of disease, disorder or injury for up to 50 people. On the day of our inspection 47 people were using the service and there was a registered manager in place.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 30 May and 2 June 2014, we asked the provider to take action to make improvements

Summary of findings

to the way they reviewed the quality of the service people received and to ensure that all notifiable incidents had been reported to the CQC. During this inspection we saw some improvements had been made but there were some notifiable incidents that had not been reported to the CQC.

This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4)

At the last inspection, we asked the provider to take action to make improvements to the way they assessed staff performance and how they recorded the training that staff had completed. During this inspection we saw this action has been completed.

The risk to people experiencing abuse at the home was reduced because the staff had received training on safeguarding of adults, could identify the different types of abuse and knew who to report concerns to. People's freedom was respected by the staff and there were plans in place to evacuate people from the home in an emergency. There were enough staff to meet people's needs. Concerns were raised by a relative and some external professionals about the number of staff working at weekends. Following the recruitment of new staff the registered manager assured us there were enough staff to meet people's needs at all times. People's medicines were stored, managed and handled safely; although protocols were not in place for all people when 'as needed' medicines were administered.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived

of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately.

People spoke positively about the food they received. When people were at risk of dehydration or malnutrition their food intake was monitored and people were referred to external professionals if required. People had regular access to the GP and other health care professionals.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff listened to people and responded to people's discomfort or distress in a timely manner. People were supported to access an independent advocate if they wanted to. There were no restrictions on friends and relatives visiting their family members.

People's care was planned and provided in the way they wanted it to be. People and their relatives were able to contribute to decisions about the care provided and their feedback was acted upon. People were supported to partake in the activities and hobbies that interested them. People and their relatives felt able to raise any concerns or complaints with the staff and the registered manager and they were confident that they would be dealt with appropriately.

There was a positive, friendly atmosphere at the home. Staff told us they enjoyed working at the home and people spoke positively about living there. The aims of the service and the risks people could face at the home were understood by the staff.

People, their relatives and the staff spoke highly of the registered manager and the provider.

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 safe.

Staff could identify the different types of abuse and how to report concerns.

People were supported by an appropriate number of staff to meet their needs.

Medicines were handled, stored and administered safely, although protocols for administering people's 'as needed' medicines were not in place for all people.

Good



Is the service effective?

The service was effective.

People were supported by staff who were trained to understand their needs and to support people living with dementia.

Staff felt supported and received appropriate induction and training for their role.

People spoke highly of the food provided.

Good



Is the service caring?

The service was caring.

People received care from staff in a dignified, respectful and caring way.

People's privacy was maintained.

Information on how to access local advocacy services was available for people.

Good



Is the service responsive?

The service was responsive.

People were supported to enjoy the hobbies and interests that were important to them and staff encouraged people to join in with activities to avoid people becoming socially isolated.

People were confident that if they raised a complaint it would be dealt with appropriately.

People received regular reviews of their care and were able to contribute to decisions made.

Good



Is the service well-led?

The service was not always well-led.

The registered manager had not ensured that the CQC had been informed of all notifiable incidents.

Requires Improvement



Summary of findings

Staff understood the values of the home and how they should incorporate these values into their role.

People were asked to provide feedback on the quality of the service and the management acted on this feedback.

Church Farm Nursing Home at Skylarks

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 26 March 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist nursing advisor who assessed people's nursing needs 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 service.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is

required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and other healthcare professionals and asked them for their views.

Some of the people who used the service had difficulty communicating as they were living with dementia or other mental health conditions. We had limited conversations with five people who used the service, six relatives, two nurses, two members of the care staff, two care coordinators, a domestic assistant, the cook, a member of staff responsible for training, the registered manager and the provider.

We looked at all or parts of the care and other relevant records of twelve people who used the service, as well as a range of records relating to the running of the service including quality audits carried out by the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All of the people we spoke with and their relatives told us they or their family members were safe at the home. People told us they felt safe within the building and the surrounding areas of the home.

The risk of people experiencing abuse was reduced as they were supported by staff who could identify the different types of abuse people may encounter. Staff knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local authority or the police. Staff told us and records showed that staff had undertaken training in safeguarding of adults. One staff member told us they felt confident in reporting concerns to the registered manager and another said they were confident any concerns would be acted on.

People had been provided with information that informed them who they could talk to, both internally and externally, if they believed they or another person had been the victim of abuse. The registered manager told us they planned to introduce new ways in providing this information for people that ensured that the information was available in a format that all people would be able to understand.

People were able to move freely around the home, although areas which could pose a risk to the safety of people were restricted and could only be accessed via a key code entry system. One person we spoke with told us they moved around different parts of the home and liked to meet other people in different dining rooms. Other people told us they were free to go for walks outside and they regularly took advantage of this.

We found risk assessments had been conducted for people that assessed the risks to people's safety. Assessments had been conducted for people in a variety of areas such as; people at risk of falls, people who needed the use of bed rails to keep them safe whilst in bed, people who were at risk of malnutrition and of developing pressure ulcers. The assessments contained clear instructions for staff to follow in order to keep people safe.

One member of staff told us they balanced risk with maintaining people's independence and reducing restrictions on a person they supported. They told us one person they supported was at risk of falls as they tended to tire quickly and their legs gave way, but the person did not understand they may fall and wanted to carry on walking.

They said they tried to find a balance and staff would go with the person and have a wheel chair to hand in case it was needed, ensuring the person's freedom was not unnecessarily restricted.

Plans were in place to help staff evacuate people safely in the event of an emergency. Each person had a personal emergency evacuation plan in place which was stored near the front of their care plans to enable quick and easy access. There was also a file for staff to access which contained all of the plans in one place for easy reference in an emergency. These processes ensured staff were able to evacuate people safely.

The registered manager had processes in place that ensured the timely investigation of accidents, incidents or other concerns raised by staff or people who used the service. When risks to people's safety had been identified, staff were made aware of the risks and recommendations were made by the registered manager. We did note on a small number of the records the registered manager hadn't recorded whether they had checked to see whether their recommendations had been completed by the staff. We raised this with the registered manager and they advised us they did check that all recommendations were fully carried out and would ensure that all records accurately reflected this in the future.

Before staff were employed the provider carried out the required recruitment checks, which included making a request for a criminal records checks for each member of staff. These checks are used to assist employers in making safer recruitment decisions.

During the inspection we saw there were enough staff to meet people's needs. People's needs were met in a timely manner and call bells were responded to quickly. One relative told us they had raised concerns about the level of staffing at weekends and some external healthcare professionals who we spoke with before the inspection had raised similar concerns with us. We discussed this with the registered manager. They showed us their rota which showed that the number of staff they had assessed as being required to meet people's needs were in place. They told us they had previously had some issues with staffing numbers at weekends but this had been addressed and people's safety was not placed at risk.

Since the inspection the registered manager has informed us that 17 new members of staff had started work and

Is the service safe?

recruitment was still on-going. They told us they regularly reviewed the staffing levels and if the needs of people at the home increased then further staff would be used to ensure people's needs were met.

People received their medicines at the time they needed them. We spoke with two people and their relatives and asked about their or their family member's medicines. They all said that they were confident that the medicines received were correct and were dispensed at the right times during the day.

People's medicines were stored safely. Room and refrigerator temperature checks were recorded daily which showed these were kept within the required temperature range. Controlled drugs were stored separately in a locked cupboard and stock checks recorded daily. A process was in place for the timely supply of repeat prescriptions. We looked at the medicine administration records (MAR) for 15 people who used the service. We saw each person's MAR had a photograph at the front to aid identification of the person when medicines were administered to help ensure

these were administered to the correct person. When people had their medicines administered covertly, where the person was unaware of their administration, there were records of the decision making process and involvement of the person's GP in the decision. Medicines were administered by nurses who had undertaken training in medicines administration and assessments of their competency assessments were undertaken.

Some of the people living at the home received prescribed medicines on an 'as needed' basis (known as PRN) PRN medicines are administered not as part of a regular daily dose or at specific times. In the records that we looked at we saw not all people had protocols in place to ensure the reasons for the administration of these medicines was recorded, which could lead to an inconsistency of use between staff. We raised this with the registered manager who told us they would review this immediately and ensure that these protocols were in place for all people. They told us they were confident that people received all of their medicines in a safe way.

Is the service effective?

Our findings

During our previous inspection on 30 May and 2 June 2014 we identified a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulations 2010) - Supporting Workers. Records were not available to show the training that staff had received and staff had not received appropriate supervision or appraisal of their work. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements. During this inspection we saw improvements had been made. A process was now in place that ensured that staff received regular supervision of their work and also an appraisal of their work over the previous year was reviewed with them. The registered manager told us where concerns were raised about a staff member's performance the appropriate support was put in place to help them improve. Additionally, if staff were performing well and above the required level they would then be considered for promotion to a care coordinators position. Staff told us they felt supported by the registered manager.

We also saw improvements had been made in the recording of the training that staff had completed. When we identified gaps in people's training we were shown details of the courses staff were booked to attend. We saw courses booked for the safeguarding of adults, Mental Capacity Act 2005 and moving and handling. These improvements meant people could be assured that the staff who supported them had completed the necessary training and had their performance regularly assessed to ensure they received effective care.

People who used the service told us they were happy with the quality of the staff. A relative we spoke with said, "The staff interact with people all of the time

People's assessed needs and preferences were met by staff who were supported to carry out their role effectively. Staff completed an induction and received training on how to provide effective support for people living with dementia prior to commencing their role. The registered manager told us, "Before staff commence their role they will complete the 'Dementia Care Matters' course. If we are satisfied that they understand our approach to providing the right type of support for people then they will continue their training. It is key the staff understand what is expected of them. We want staff to be people's friend, be warm, inspiring, respectful, flexible and supportive."

We reviewed the records of six people to check whether the provider had ensured that where required an assessment of a person's capacity was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. In each of the care plans we looked at, mental capacity assessments had been completed when people lacked the capacity to make some decisions about their care and treatment themselves. They covered decisions such as use of continence products, personal care, medicine administration and one to one supervision. The involvement of others such as people's relatives was also recorded along with the appropriate best interest documentation.

Where able, we saw people had signed their care records to show they agreed to their content. We saw people had signed to agree to the use of their photograph being used in their care record, their medicines being managed by the home and the use of bed rails.

The registered manager could explain the processes they followed when applying for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect people within the home. They told us they had DoLS in place for one person whose safety they had assessed would be at risk if they accessed the community alone. This had been authorised by the approving authority. We reviewed the documentation and saw that the terms of the agreement were being adhered to.

People's wishes to not have lifesaving treatment were recorded on their care plans. The documentation was recorded at the front of people's care plans to enable the emergency services to have quick access to the appropriate documentation. However we saw on one file the documentation was a photocopy of the original document, which could prevent the emergency services from adhering to the person's wishes. The registered manager advised this they would rectify this by ensuring the original copy was included on the person's care plan.

People spoke positively about the food provided for them. One person told us, "The breakfast and tea are good." A relative we spoke with told us they were pleased with the amount of food their family member consumed. We observed the lunch time meal in each of the dining rooms in the home. People were shown two choices of meal to enable them to identify their preference. The meal was

Is the service effective?

then served to them straight away. People who could eat their meal independently were given encouragement to do so and were not rushed. People who were unable to feed themselves received support from staff who sat and interacted with them and assisted each person at their own pace. People appeared to enjoy their meal and there were plenty of staff available in each of the dining rooms.

We talked with the chef and discussed the menu. They told us food was sourced locally, cooked from fresh wherever possible and the menu was changed seasonally. The chef had a list of people's favourite foods, allergies and special dietary requirements; which included how food should be prepared to ensure people were not placed at risk of choking.

We looked at the food and fluid charts for people within the home. These charts were used to record how much food and drink a person had consumed and they enabled the registered manager to identify people who may be at risk of malnutrition or dehydration. In almost all of the documentation we looked at we saw the total amount

people had eaten and drank on a daily basis was recorded, although for a small number this was not always completed. We raised this with the registered manager who advised they would review the documents and ensure totals on all documents.

People were weighed monthly. If they were at risk of gaining or losing excess weight then they were weighed more frequently. We identified one person who had lost five kilograms in weight before coming to the home. The records showed that since admission they had gained two kilograms in weight. This showed effective processes were in place that ensured people maintained a healthy weight.

People told us they were provided with information about their day to day health needs and could access external healthcare professionals such as their GP when they needed to. Referrals to relevant health services such as dieticians were made in a timely manner and ensured that if people's health needs changed they received effective care and support.

Is the service caring?

Our findings

People told us the staff treated them with respect and they were supported by staff who cared. One relative said, “I take my hat off to them [staff], my family member has improved no end; they smile more, they seem happier, the care comes from the heart.” An external healthcare professional who we contacted prior to attending the inspection told us they thought the nursing and caring staff were of a high quality and provided care and support for people in a caring way.

We observed staff interact in a kind and caring way with people throughout the inspection. We saw staff support people with advanced dementia patiently and respectfully. The atmosphere in the home was calm and quiet and people appeared at ease with staff. Staff spent time talking to people, and attended to their needs promptly. We saw a staff member comfort a person by holding their hand when they became upset.

People were supported by staff who showed a genuine interest in them. The staff were aware of people’s life histories. We looked at some people’s bedrooms; personal memorabilia were used to personalise the room and to encourage reminiscence. We also saw a memory box was installed outside each bedroom that contained items personal or relevant to the individual person. This would assist people in identifying their bedrooms as well as encouraging relatives to provide items that were personal to their family member. The items also provided staff with additional information about each person enabling them to use this to form meaningful relationships with them.

People felt involved when decisions about their care and support were made. Each of the relatives we spoke with felt fully engaged and consulted when decisions were made or if changes to care plans were implemented. One relative we spoke with told us they had been invited to attend a meeting to discuss their family member’s care plan and to contribute to the changes made to their care.

The registered manager told us that each resident had their own key worker and named nurse to help with the planning of their care. They ensured that people’s wishes were met and if needed they would act as an advocate for them, unless an independent advocate was required. One relative we spoke with told us they were pleased their family member had a key worker whom they could call at any

time. They told us the key worker clearly knew their family member’s needs. We spoke with another relative and asked them about their family member’s keyworker. They told us they were not aware if one was in place, but they did have very good contact with the staff at the home and could raise any issues about their family member’s care.

The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information was available in the home for people to access this support if they wished to do so independently of the staff.

People were treated with dignity and respect by staff who were observant to people’s every day needs. The staff we spoke with explained the steps they took to protect people’s privacy and dignity such as closing doors and curtains when providing personal care. They also explained how they ensured when they assisted people with using the toilet they did so tactfully and discreetly.

If people required privacy there was enough space available to them throughout the home. We observed staff knock on people’s doors and wait to be asked to come in before entering. One person did raise a concern that occasionally some members of staff working at night did not always wait for permission to enter their bedroom at night and felt this had an impact on their right to privacy. We raised this with the registered manager and they told us they would remind staff of the need to ensure they did not unintentionally encroach on people’s privacy.

There were no restrictions in place for people’s relatives and friends to visit the home. The registered manager told us some relatives had been given key cards which enabled them to gain access to the home without having to wait for staff to let them in. They told us they explained to relatives the need to ensure access was not granted to unauthorised people, but felt giving relatives this freedom of access contributed to the “homely” feel of the home. We observed people coming and going to the home throughout the inspection and this process worked well.

People were supported to be as independent as they could be around the home. We observed staff support people if they required assistance, but ensured they did not restrict people’s independence.

Is the service responsive?

Our findings

People were involved with the process of setting up their care plans and where appropriate relatives or other appropriate representatives were consulted. The care plan records we looked at showed people contributed to regular reviews and assessments of their care and support. The registered manager told us people and their relatives were invited to regular reviews of the care plans. The feedback received was then discussed during monthly management meetings and used to make improvements to people's care.

When people first come to the home their personal interests, preferences and hobbies were discussed with them or their relative and staff supported and encouraged people to follow these interests. One relative we spoke with told us their family member liked baking and they had discussed this with staff and had brought in an apron for them to use. They told us the staff had responded to this by supporting their family member to do some baking. We saw there was regular entertainment provided for people and on the afternoon of the inspection there was live music which people seemed to enjoy.

People told us they could do things that were important to them. Two people we spoke with told us they liked to go out for walks and they were supported to do this. Another person told us they had a collection of their favourite films on DVD that they watched either in their own room or the main lounge. Another person told us they were a member of the 'Over 60s Club' and staff took them out a couple of times a week. Others told us they liked to go out for 'coffee mornings' and taxis were arranged for them. The provider told us a person had expressed a wish to go to a football match and this had been arranged for them.

People who were unable to verbally communicate their wishes were also supported to do things that were important to them. A relative of a person we spoke with told us that their family member, who was living with dementia, loved to draw. They told us the staff ensured there was always an easel ready for them to use on the table if they wanted to. We observed the person using the easel during the inspection which they enjoyed.

People were encouraged by staff to join in with group activities to avoid becoming socially isolated. We observed staff suggest people take part in arts and crafts activities but staff respected people's views if they did not wish to join in and preferred to be alone.

A representative of the provider told us they carried out regular assessments of people's needs and responded to them quickly if changes to care plans needed to be made. For example in one care plan we looked at we saw a person had experienced a series of falls over a short period of time. The registered manager had responded to this by recommending immediate one to one support for the person. We observed the person during the inspection and saw the one to one support was being provided as instructed. This meant people's changing needs were responded to in a timely manner and ensured they received care and support that met their current level of need.

The provider made suitable adjustments to the building to assist people in ensuring they could remain as independent as possible. The provider told us the doors that separated some parts of the building were very heavy and people were unable to open them which restricted their ability to move freely around the home. The provider had responded to this by having some of the doors adjusted to make them easier to open. Throughout the inspection we saw people moving around the home with no problems in opening any of the doors.

People's care plans were written in a way that was person centred and enabled staff to support people in a way that responded to their needs and wishes. We saw 'This Is Me' documentation within the care plans. This had been completed to provide individual information about the person and their preferences. A staff member we spoke with told us, "Each person responds differently to situations and it was important to treat people as individuals and to tailor their care and support in a way which the person would be able to respond to positively." Another staff member said, "We try to understand what motivates or engages people and provide care to match that if possible"

Staff responded to people's changing needs and plans were put in place to ensure their needs were met. We saw one person who was at risk of developing pressure ulcers had a two hourly repositioning process in place. We looked at the person's records which showed the person was being

Is the service responsive?

repositioned in line with this. We discussed the management of this person's pressure ulcer care with the two nurses on duty. They were able to describe their approach to pressure relief and pressure ulcer care clearly.

People were encouraged to raise complaints. We saw the registered manager responded to complaints in a timely manner. The people we spoke with did not raise any concerns with us in relation to the complaints process. A

relative we spoke with spoke positively about the home, but when they had an issue they always felt comfortable raising it and felt that the registered manager responded to their concerns well. A complaints procedure was available for people within the home. We looked at the register of complaints received by the registered manager. We saw these had been responded to in a timely manner.

Is the service well-led?

Our findings

During our previous inspection on 30 May and 2 June 2014 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulations 2010) – Assessing and monitoring the quality of service provision. The registered manager had not always ensured that people were protected against the risks of unsafe or inappropriate care and they did not regularly assess and monitor the quality of the service provided. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements. During this inspection we saw improvements had been made.

The registered manager showed us the processes that were now in place to ensure they were able to carry out regular reviews and assessments of all aspects of the service provided for people. We saw there a number of audits now in place. The registered manager told us, “I do a daily audit which provides me with a quick snapshot of the service. I check staff numbers, handover files and whether there have been any accidents or incidents. I also do a weekly audit where I focus on a different risk to the service each week.” The registered manager told us the results of these audits were then discussed during monthly management meetings and plans were put in place to address any areas of concern. However the registered manager’s audits had not identified that protocols were not in place for all people who received ‘as needed’ medicines.

We reviewed the records of incidents that occurred within the home and checked to see whether the registered manager had submitted these notifiable incidents to the CQC. Incidents such as serious injuries and allegations of abuse must always be sent to the CQC to enable us to monitor the services provided and raise issues with the registered manager to ensure they were rectified in a timely manner. The registered manager had not always submitted these which meant we were unaware of some incidents that had occurred within the home. The registered manager acknowledged that they needed to ensure that all notifiable incidents were sent to the CQC and would put the processes in place to do this, ensuring they operated in a fully open and transparent manner.

This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4)

The registered manager showed us the processes that were now in place to ensure they were able to carry out regular reviews and assessments of all aspects of the service provided for people. We saw there a number of audits now in place. The registered manager told us, “I do a daily audit which provides me with a quick snapshot of the service. I check staff numbers, handover files and whether there have been any accidents or incidents. I also do a weekly audit where I focus on a different risk to the service each week.” The registered manager told us the results of these audits were then discussed during monthly management meetings and plans were put in place to address any areas of concern. However the registered manager’s audits had not identified that protocols were not in place for all people who received ‘as needed’ medicines.

People were encouraged to provide feedback about the service and to contribute to its development. One relative we spoke with told us, “They [staff] are extremely receptive to feedback and I am happy to raise any issues with the management.” The registered manager told us they held relative and residents’ meetings where plans for the service and the future goals were discussed with people. They also told us there were plans to set up a ‘relatives support group’ to provide information and support for relatives who have family members in the home. Relatives had also recently been asked if they wished to assist with the interviewing of new staff to ensure they were comfortable with the staff who were being recruited.

People spoke positively about the atmosphere and ethos of the home and staff had a clear understanding of what was required of them. We saw the ethos and aims of the service were displayed by the front door for people to see as they entered the building. We spoke with staff and asked them about the atmosphere and values of the home. One member of staff told us there was a “good team ethic,” within the home and it was “a good environment for people to work.” Another staff member told us, “It is a friendly, caring and loving environment.”

People were supported by staff who received regular feedback from the management team and the provider and felt their opinions were respected. One member of staff told us, “The owner is brilliant. They come in two or three times a week, sometimes more, and support residents and listens to what we [staff] have to say.” Staff told us they saw the registered manager every day and they were very

Is the service well-led?

approachable. One member of staff said, “They are really good. I have no complaints about the management.” Another said, “There is support from the care coordinators and nurses.”

The risk to health and welfare of people within the home was reduced because the registered manager and provider

were aware of the risks and challenges that the home faced and they had plans in place to address them. Regular management meetings were held to discuss the risks within the home and action plans were put in place to address them, and the risks were discussed with staff during regular reams meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
Treatment of disease, disorder or injury	The registered person did not always notify the Commission without delay incidents which occurred whilst the service was being provided in the carrying on of a regulated activity, or as a consequence of a regulated activity.