Kapil Care Homes Limited

Balmoral House

Inspection report

Old Brumby Street
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Scunthorpe
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Tel: 01724854836

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23 January 2018

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 19 and 23 January 2018 and was unannounced. At the time of our inspection, 56 people were using the service. Balmoral House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Balmoral House is registered to provide accommodation and care for up to 60 older people, some of whom may be living with dementia. Balmoral house is a purpose built residential home and provides care over two floors accessed by a lift. There are five large communal spaces including lounge areas and dining rooms, and a secure garden area. All bedrooms are single rooms with en-suites.

We found people's care records were not always contemporaneous and did not always reflect their full and current needs. Two people had no care plans and risk assessments and three people's care records were not always fully completed, or completed in a timely manner.

The provider did not have effective quality assurance systems in place and the provider's own policies and procedures were not always followed. Care plans were not reviewed according to the provider's policy and these shortfalls were not identified through audit.

You can see what action we told the provider to take at the back of the full version of the report.

A condition of the provider's registration was for the service to be managed by a registered manager. There was a manager who was responsible for the day-to-day running of the service and we saw they had applied to become registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with 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 manager and staff had a good understanding of mental capacity legislation and their responsibilities under this. The manager had submitted notifications to CQC and safeguarding authorities as required. 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 was safe, clean and tidy. People told us they felt safe and there were systems in place to safeguard people from abuse and avoidable harm. Staff accommodated people's individual needs to enable them to feel safe in their surroundings. There were personal emergency evacuation plans (PEEPs) which informed staff and other professionals in how to meet people's needs in emergency situations. Staff were trained in infection control and used personal protective equipment (PPE) as necessary. The environment was suitable for people who may be living with dementia. The premises were purpose-built and safely maintained. Any maintenance requests were recorded and carried out in a timely manner.

People's health and nutritional needs were met. Food looked healthy and nutritious. People saw healthcare professionals as required. Medicines were managed well and people received them as prescribed.

There were appropriate activities for people to participate in if they wanted and attendance at community events was encouraged.

There were sufficient staff to meet people's individual needs and staffing levels were reviewed weekly. Staff were recruited safely. Records showed staff had completed a thorough induction, which was linked to the Care Certificate and they received supervision and appraisal as required. Staff skill and knowledge was good. They had completed a range of training and many were completing further qualifications.

People told us staff were caring, respected their privacy and dignity, and promoted independence. People were offered choices and treated as individuals. Staff had thought about alternative means of communication for some people and used picture cards as required. We observed polite, kind and caring interactions between staff and people.

People were supported to continue their relationships with family and friends, and we found relatives received good communication from staff. We found staff were compassionate to people and their relatives individual needs. People could remain in the service for end of life care and we found people were supported to have a comfortable, dignified and pain-free death.

Meetings and surveys enabled people, their relatives and staff to give feedback and to express their views and opinions of the service. Advocacy services were used when required to ensure people's views and opinions were voiced.

Staff were aware of the need for confidentiality and the safe storage of records.

The provider had a clear statement of purpose defining its vision and values and the culture of the organisation was open and honest. The manager told us the provider was supportive and approachable. The manager was adequately supported by senior colleagues and could share best practice and discuss any lessons learnt with managers from the provider's other services. The knowledge and skills of the manager were good and we saw they were completing further qualifications to enhance these. The manager was proactive in working with other agencies and professionals.

Quality-monitoring systems did identify some shortfalls in the service and these were actioned in a timely manner. For example, accidents, incidents, compliments and complaints were analysed to enable learning and to establish any patterns or trends.

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 lived in a safe and clean environment. They told us they felt safe and there were systems in place to safeguard people from the risk of abuse and harm.

Medicines were managed safely and people received them as prescribed.

Staff were recruited safely and staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective.

People's healthcare needs were met and they were referred to healthcare professionals as necessary.

People were supported to eat and drink as required. Dietary requirements were catered for and the food looked healthy and nutritious.

Staff received induction, training, supervision and appraisal as required.

People were supported to make their own choices and decisions and when they lacked capacity, the provider acted within mental capacity legislation.

Is the service caring?

Good

The service was caring.

People were supported by staff who were polite, caring and kind.

People's privacy and dignity were respected, and independence was promoted.

Staff showed compassion to people and also to meeting their relative's needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were not always contemporaneous and did not always reflect their full and current needs.

Complaints and concerns were listened to and addressed.

People were supported to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have effective quality assurance systems in place. The provider's own policies and procedures were not always followed.

There was no registered manager in post.

People told us the service was well-managed and there was an open, honest culture in the home.

Visiting professionals told us the manager worked well with other services.

Balmoral House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 23 January 2018 and was unannounced.

Two adult social care inspectors and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had expertise of older people living with dementia.

Prior to the inspection, we contacted the local authority commissioners and safeguarding team to gain their views about the service. We looked at notifications that the provider had submitted to the Care Quality commission (CQC). Notifications are forms, which the provider has to submit to us by law. They tell us how the provider manages incidents and accidents for people in their care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to help with planning the inspection.

During the inspection, we talked with eleven people who used the service and nine relatives, the provider, the manager, four members of staff and four visiting professionals.

We looked at seven people's care records and four medication administration records (MARs). We also 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. We observed how staff interacted with people in the communal areas of the service and we completed a tour of the building.

We reviewed how the service used the Mental Capacity Act 2005, to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held to make important

decisions on their behalf.

We saw documentation and records relating to the day-to-day running and management of the service. These included accident and incident records, staff rotas, servicing of equipment, audits and action plans. We looked at three staff files including their supervision, training and recruitment records.

After the inspection, we asked the provider to send us further information including one person's care records and the provider's statement of purpose. We also received information detailing the actions, policies and procedures the provider and manager had put in place since our inspection. This information was received by the requested time, which helped us to make a judgement about the service.

Good

Is the service safe?

Our findings

People told us they felt safe and one person who used the service said, "I'm happy enough here." A healthcare professional said, "I think Balmoral House is a safe and caring environment for residents to be in."

We found people who used the service were protected from abuse and avoidable harm by staff who had received training in safeguarding vulnerable adults and children. Staff were knowledgeable about the different types of abuse that may occur and understood their responsibilities to report any concerns they became aware of. Staff told us they could raise issues or concerns with management at any time and they were certain they would be taken seriously. They said, "I would not hesitate in whistle-blowing if ever I saw anything that should not be happening", "I'd tell [Name of manager] straight away and I'd stop the carer straight away" and "If I ever saw or heard anything untoward, I'd report it."

We found staff accommodated people's individual needs to enable them to feel safe in their surroundings. One person told us they had a gate across their bedroom door. They said, "They [staff] have done that so I can be in my room, yet I'm not alone. I can see everything, but the others [people who used the service] can't wander in." Another person told us they have their own room key at all times, so they felt safe. We saw people had risk assessments in place to keep them safe. These gave staff guidance on how to reduce risks to people, for example, one person was independently mobile with equipment, and staff were directed to always ensure this was in working order.

We found accidents and incidents were analysed for patterns and trends and were reported as required to the Care Quality Commission (CQC). We saw staff recorded 'near-misses.' The manager told us this meant preventative measures could be put in place so the incident did not occur again.

We found medicines were managed well and people received them as prescribed. We observed medicines being administered to people in a safe manner. One person told us, "I get them [medicines] on time." A healthcare professional said, "I have had no issues with patients not having medication." A member of staff told us they felt confident in administering medicines. They said, "We get a yearly refresher and are observed yearly in-house." This meant the manager was assured staff were competent in administering people's medicines.

People told us the service was clean and tidy. One person commented, "My room is always kept clean." A relative said, "Many of mum's visitors' comment on the cleanliness of the rooms" and a healthcare professional stated, "It's a clean and tidy service; it's not dirty." However, we noticed some areas required additional cleaning or maintenance. For example, we saw one chair had some foam exposed, which meant it could not be cleaned effectively. We brought this to the attention of the manager who asked staff to produce an action plan. Later, we saw some actions had been completed. After the inspection, we received assurances these had all been addressed.

During our tour of the environment, we saw doors to the utility room, hairdressing salon and kitchen were all

unlocked. These rooms stored chemicals such as cleaning and hairdressing products and meant they were accessible to people which could pose a risk of harm if ingested. We brought this to the attention of staff, who locked the doors immediately. The manager told us they would inform staff in a meeting about the importance of ensuring these specific rooms remained inaccessible to people when not in use.

We saw infection control was taken seriously. Staff were trained in infection control and procedures were in place to stop the spread of infections. All visitors were encouraged to use hand gel on arrival and staff were competency checked in good hand hygiene on a yearly basis. We saw staff used personal protective equipment (PPE) as necessary.

We found there were sufficient staff to meet people's individual needs. People and staff told us staffing levels were good. Staff said, "Even when staff go sick at short notice, we always manage to look after people and meet their needs" and "It's not all about numbers, it's whether we work well together." A visiting professional said, "Staff morale always seems to be good."

We found staff were recruited safely. Relevant checks were undertaken to ensure staff were suitable to work with adults at risk and written references were in place prior to staff commencing work. We saw an enhanced Disclosure and Barring Service (DBS) check was obtained before staff were able to work unsupervised. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in the care industry. The manager told us that references were always validated so the provider was assured staff were suitable for working with vulnerable adults and we saw safeguards were in place to support newly employed staff. These included having the senior worker sign their supervision sheet each shift.

We saw there were business continuity plans, which gave clear guidance to staff on how to keep people safe in emergencies such as utility failures or fire. Personal emergency evacuation plans (PEEPs) gave relevant details to inform staff in how to meet people's individual needs in emergencies.

The premises were safely maintained. We found maintenance checks were completed as required, including electrical and fire safety equipment, mobility aids and water temperatures. We saw maintenance requests were recorded and actioned in a timely manner, and regular fire drills were carried out. The manager informed us all staff participate in these on a bi-annual basis and during our inspection we observed staff response to an unscheduled fire alarm. We saw an evacuation box contained equipment and information staff would require to care for people in the event of an emergency.

Good

Is the service effective?

Our findings

People told us staff were effective at meeting their individual needs. A relative said, "They [staff] will do anything you ask." One member of staff told us, "It's a nice feeling to help people and it's rewarding to improve their quality of life."

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff and the manager were knowledgeable about mental capacity legislation and were aware of their responsibilities under this. Staff told us, "DoLS keep people safe as it means they can't leave the building. If they don't have capacity, we look out for them" and "If people do not consent, we do not go ahead." We saw a course had been scheduled for staff who had not yet received formal training in mental capacity legislation. We looked at DoLS applications and saw 25 had been submitted as required, and five had been authorised. We saw mental capacity assessments and best interest meetings had taken place as necessary. Staff said, "We have a meeting to do things in their [person who used the service] best interests, usually a family member, social worker and solicitor are there."

We found staff had been effective in improving communication for some people; they enabled communication by using picture cards as required. They said this meant people who were hard of hearing could express their needs in a private manner, such as when they needed to go to the toilet.

We saw people had been referred to healthcare professionals, however sometimes records were not fully up-to-date and staff had not considered previous information in care records when making judgements. We brought this to the attention of the manager who said, "I was not aware of this. I will certainly put things in place." A healthcare professional said, "The staff have always been proactive in requesting our support if they are ever concerned about somebody." After the inspection, we received assurances from the manager that people's health would be monitored and the provider's policies and procedures would be followed.

We found the food was healthy and nutritious. People who used the service commented, "Most of the food is very good. Today I had steak pie and that was super" and "I really enjoyed my Christmas lunch." One relative said, "[Name of chef] had created a beautiful Sunday dinner, rich in goodness." We saw dietary requirements were catered for and choices were given. We heard people informing staff what they would like for their

meals that day, and saw staff taking notes to ensure they received their requests. Relatives told us that in hot weather, staff ensured there were always iced drinks available. A healthcare professional said, "I have no concerns over the food that is provided. It appears to be freshly cooked on a daily basis and there are fresh cakes baked daily. Diabetics are offered alternatives, and again their needs are met." During the inspection, we spoke with a cook who told us, "The quality of the food is good" and "We receive a 'likes and dislikes' form on someone's admission so we know people's needs, but I go and talk to them after a few days to make sure it's right." We saw the service had received a food hygiene rating score (FHRS) of five. This is the highest score possible. The FHRS shows people the standard of food hygiene in a service.

We found staff skill and knowledge was good. Records showed staff had completed a thorough induction, which was linked to the Care Certificate. The Care Certificate is a set of national minimum standards that health and social care workers should work to. Staff told us they were supernumerary when completing induction and they shadowed other care workers. They said this allowed them to learn about people's needs prior to working alone.

Staff had completed a range of training relevant to caring for people. Courses included health and safety, safeguarding adults and children, equality and diversity, basic life support, hydration and nutrition and mental health. On the day of our inspection, the training assessor was also in attendance and told us that 11 staff were currently completing further qualifications. A healthcare professional commented, "Staff know what they are doing."

We saw staff received supervision and appraisal as required. These discussed relevant areas and identified any training needs. Staff told us they felt supported and that supervision met their needs. One member of staff said, "I talk about anything I need to."

We saw people had pre-admission assessments in place prior to residing at the service. This meant staff had information about people's needs and could provide for them from the day of their admission.

We found the environment was suitable for people who may be living with dementia. The service was purpose-built to meet the needs of older people and the provider had adapted it to suit people's individual needs. Rooms were personalised and people could have their photograph on their bedroom door. This meant people who were living with dementia would be more likely to recognise their bedroom. We saw some people had chosen their own carpet, curtains and bedding. Bedrooms all had thermostatic controls to enable people to individually control their room temperature. People could have a personal telephone and satellite television in their bedrooms and Wi-Fi was available.

Good

Is the service caring?

Our findings

People told us staff were caring. They said, "Everyone is lovely here", "Staff are very caring and they do a great job" and "The carers are mostly very good, some better than others." Relatives said, "All the family is happy with the way our mum is cared for", "They're [staff] brilliant here; couldn't ask for anything better. All staff are brilliant" and "Staff do their best for her." We saw one relative had written a card stating, "I will always be grateful to your staff for the way [Name of relative] was looked after." A visiting professional said, "Staff are great."

We observed people's privacy and dignity were respected, for example, when being transferred from wheelchair to armchair. Staff told us, "I always make sure I knock on people's doors" and "I show people dignity and respect as they deserve this."

We saw people could be as independent as they wanted. Staff told us they promoted choice and one member of staff said, "I hold clothing up so people can choose what they want to wear. One person pulls faces for me so I know if they don't like it."

We found people were supported to continue their relationships with family and friends. People told us their family were free to visit at any time and were always made welcome. One person said, "My family are always made welcome." Relatives said, "I'm always made welcome", "I am always kindly greeted and received by all the carers" and "It's very welcoming. It feels like home, well it is really mum's home now isn't it?" We saw there was a coffee area where visitors could make themselves a drink and one relative told us they could eat with their relative too. They said, "I was offered a plate [of food] to accompany my grandmother; everyone is lovely here."

We found communication between people, their relatives and staff was good, and people were involved in their care. Relatives told us staff ensured they were kept up-to-date with information on their relative's condition and said they were contacted appropriately at all times.

We observed polite, kind and caring interactions between staff and people. We saw staff listened carefully to people's requests and responded to these as appropriate. For example, we heard one person request their feet to be soaked in warm water, and we saw this was actioned. People told us that events and holidays were always celebrated appropriately and we saw some relatives had Christmas lunch in the service with their family. A relative said, "The staff are good here; they prepared a room for us for a family get together for mum's birthday and they supplied a cake too." Healthcare professionals said, "Staff are helpful and sort things out" and "Nothing ever appears to be too much trouble."

We found staff were compassionate to people and their relative's individual needs. One relative told us, "We couldn't be happier with the care she has received. All the carers do their jobs with a smile." Healthcare professionals told us, "[Name of senior manager] has always offered to collect drugs for palliative patients so family can spend more time with their relatives. I feel this is a very kind and caring thing to do" and "Staff couldn't do enough for a poorly client, they know the clients very well."

Staff told us they treated everyone equally and staff were also valued for their individual contributions. One member of staff said, "Diversity is respected, we have a good team." The manager told us, "We recognise equality and diversity for staff and residents, and we try to accommodate any requests. We have arranged a room for prayers. We allow staff breaks when they require them."

We found staff were aware of the need for confidentiality and the safe storage of records. We saw all paper records were stored securely in offices, which were protected by secure doors and computers were protected by passwords. This meant only authorised staff could access them.

We saw advocacy services were used when required to ensure people's views and opinions were voiced.

Requires Improvement

Is the service responsive?

Our findings

We found care records did not meet the needs of some people who used the service. We saw one person had no care plans and two people's care plans had not been updated to reflect their current needs. For example, we saw one person had had three falls and these were not documented on their care plans or risk assessments. This meant staff were unable to provide the correct support for these people.

One of the provider's policies was not to create care plans for people who received respite care for less than four weeks. This meant staff would not be fully aware of people's needs.

The provider had set out ways to ensure people received safe care and treatment in policies and procedures, and because these were not followed, people were potentially at risk. Care plans had not been reviewed monthly as per the provider's policy. This meant they might be out-of-date and not reflective of people's current needs. This made it difficult to ascertain if people's current individual needs were being met.

Not meeting people's needs and reflecting their personal preferences, and not keeping records of all care and treatment plans is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

On our second day of inspection, a member of staff told us, "We have been looking at and reviewing care plans all weekend, working on them to get them where they should be." This showed the provider had responded to our findings and was working to improve the service. Despite finding staff did not always document people's changing individual needs in care records, we found staff responded to these and contacted healthcare workers as required. We saw the staff shift handover records detailed people's changing needs and professionals who needed to be contacted the following day. Staff told us, "We are doing the care, we may not write it down, but if it's not written down, it's not done" and "We always get a handover when we come on duty." Healthcare professionals said, "They ring us appropriately and act on my advice" and "[Name of manager] is proactive in asking for advice about equipment or anything that can be put in place for patients." After the inspection, we received assurances that all care records had been reviewed, were up-to-date and accurately reflected people's individual needs. We also received documentation, policies and processes to reduce the risk of this occurring again.

We received inconsistent information regarding the reviews of care plans. Some people told us they were unaware of their care plan, and some relatives were unsure whether daily care records were care plans or if they were separate documents. However, one relative told us, "Last week we had a meeting to review the care plan." We saw from people's care records, relatives were involved in reviews and were consulted as appropriate regarding people's wishes and needs. A healthcare professional said, "The information provided by the staff was always accurate and up to date."

We saw people were given choices and individuality was promoted. Four people chose to eat their meals

together in a separate dining room, away from other people who used the service. Staff accommodated this and told us the people enjoyed their dining experience. A healthcare professional said, "Residents appear to be treated as individuals and all seem to have good relationships with the carers."

We found there were numerous appropriate activities for people to participate in which included armchair exercise, knitting and baking. We saw an activities worker was being recruited to enable provision to expand. We saw there was a bookcase where people could independently access books. Provisions for people's religious needs were made and services were held monthly in the home. People could also attend activities such as a coffee morning at the provider's other services, or community events. There was a hairdressing salon in the service where people could receive treatments and a secure outside area with furniture that people could access independently.

People could remain in the service for end of life care and we found they were supported to have a comfortable, dignified and pain-free death. One relative told us that staff kept them up-to-date with their relative's deteriorating health and said they felt included in the care. We saw another relative had written to the service and they said, "I felt that the care throughout her stay, but especially in the last week of her life, was superb." A healthcare professional told us staff had become more confident in providing end of life care and said the service given now was good. They said, "Some small issues arose at first around symptom control, but training was quickly put in place by [Name of provider] and as the carers became more confident in end of life care, the service they provided was very good to patients."

We saw the provider received few complaints. We observed the complaints procedure was displayed in the service and there was also a suggestions box. The manager told us people received a copy of the complaints process at their initial assessment and it was also included in the staff handbook. A relative told us, "I complained once about mum's dinner being cold; they did something about it at once." We saw one person who used the service had written a request form for mince cobbler to be added to the menu; we observed this request had been actioned.

Requires Improvement

Is the service well-led?

Our findings

We found the provider did not have effective systems and processes in place to identify shortfalls in people's care records. The manager and provider did not audit care records and therefore issues were not identified. We saw some people's care records were not written in a timely manner and were not fully completed. For example, food and fluid charts were not fully recorded and for one person at risk, there were no charts in place. The records were not accurate as they did not fully detail what food and drink people had been offered. For example, on the day of our inspection, we saw one person had water available at all times, but this was not written in their records. We also noticed some people's weights were not recorded at all, or as regularly as required in line with their care plan. We brought this to the attention of the manager who immediately directed staff to action this.

Not having effective governance systems and complete and contemporaneous records in respect of each service user was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

After the inspection, we received documentation from the provider detailing the quality assurance systems which had been put in place to identify and action any shortfalls in the care records. We also received assurances that care records were all fully up-to-date and contemporaneous notes would be completed in the future.

It was a condition of the provider's registration with Care Quality Commission (CQC) for there to be a registered manager in post. The manager had submitted their documents for registration with CQC and in discussions we found they were aware of the responsibilities this would entail. We saw the manager submitted notifications of incidents and accidents to CQC and safeguarding authorities as required.

People told us the service was well managed. One person who had accessed the service for respite care stated, "I wouldn't hesitate to return" and we saw one relative had written, "Mum's visitors often said it's the best home they had ever been to." A healthcare professional said, "If any issues have arisen within Balmoral, [Name of a manager] has dealt with problems quickly and appropriately."

People were given opportunities to express their views and opinions of the service. We saw residents and relatives meetings were held every two months and regular surveys enabled people to voice their views anonymously if they wanted. Staff told us they had monthly staff meetings but they could raise any concerns they had at any time. One member of staff said, "[Name of manager's] door is always open." We saw staff signed meeting minutes to show they had read and understood these.

We found the culture of the organisation was open and honest. A healthcare professional told us they had witnessed positive senior management engagement with people. They said, "They went beyond the call of duty and showed that they do have the resident's best interests at heart."

We found the knowledge and skills of the manager were good and we saw they were completing further qualifications to enhance these. The manager told us the provider was supportive and approachable, and also said they had support from other senior colleagues. They said, "They're very supportive and are there when I need them." We saw the manager attended monthly meetings with the registered managers from all the provider's services. This meant the managers received support from colleagues, could share best practice, and could discuss any lessons learnt.

We saw quality-monitoring systems did identify some shortfalls in the service and these were actioned in a timely manner. The manager and senior staff undertook regular audits on areas such as medication, infection control, fire equipment and the environment. We saw equipment had been ordered as a result of an external audit by a pharmacist. We saw the manager completed a monthly falls analysis and staff recorded accidents and incidents that were near-misses. This meant the service could improve practice by responding to any patterns or trends, and learning from near-misses. We saw staff had recently been advised to ensure equipment was fully charged and floors cleaned correctly after near-miss incidents. The provider completed audits of the service and we saw in these reports they spoke with people, their relatives and staff to gain opinions and views of the service. This meant the provider could address any shortfalls and could be assured of the services people received.

We saw the manager analysed any compliments and complaints they received and responded to each appropriately. This meant staff received praise and constructive feedback as necessary, and enabled them to address any shortfalls in their practice or the service.

The provider had a clear statement of purpose defining its vision and values. Staff had a clear understanding of these and we saw they were implemented in practice. We observed there was a notice board, which aimed to make people more aware of environmental issues and how they could contribute to saving energy and reducing their carbon footprint. We saw this was also discussed in staff meetings.

We saw staffing levels were reviewed weekly. The manager showed us the tool used to forecast occupancy and dependency. They said this meant appropriate staffing levels were provided. A healthcare professional told us, "They seem to keep the staff."

We found the manager was proactive in working with other agencies and professionals. Visiting professionals told us, "I'm always made welcome; we work well together as part of a team" and "The current manager has a really good relationship with us. When they took on the role they suggested a monthly meeting where we go through the patients and ensure everything is up to date and if any social issues have arisen, we can ensure that we work together to give the patient the best quality of life possible."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not always ensured that care plans reflected people's up to date needs and personal preferences, which meant important care could be overlooked.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective governance systems were operated consistently, and complete and contemporaneous records were not held for each service user.