Reason Care Limited

The Troc Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 and 6 July 2016 and was unannounced. The Troc Care Home provides accommodation and personal care for up to 32 people with or without dementia. On the day of our inspection 29 people were using the service with a mixture of physical health and dementia related care needs.

The service had a registered manager. 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.

Risks to people's health and safety were not always properly assessed and steps to mitigate risks had not always been taken. People and staff were left exposed to avoidable risks because measures were not always taken to ensure the building was safe. There were sufficient numbers of suitable staff, however they had not always been deployed effectively at busier times of day.

People felt safe living at the home and staff were aware of how to protect people from the risk of abuse. People received their medicines as prescribed.

Staff received training that was relevant to their role and felt well supported. However, staff did not always receive regular one to one supervision of their work. People did not always receive timely support to eat their meals but were provided with sufficient quantities of food and drink.

People received support from healthcare professionals, such as their GP, when needed. However, referrals to more specialist services had not always been made. People were asked for their consent and the Mental Capacity Act (2005) (MCA) was utilised in order to protect people who were not able to make their own decisions about the care they received.

There were positive relationships between staff and people who lived at the home. Staff responded in a caring way to alleviate distress. People were able to be involved in the planning and reviewing of their care and also made day to day decisions about what they wanted to do. People were treated with dignity and respect by staff and their right to privacy was upheld.

People were not always provided with person-centred care and their care plans were not always up to date. There was a range of activities available which people appeared to enjoy. Some people commented that they would like to go out of the home more. People knew how to complain and told us they felt comfortable approaching the registered manager.

The quality monitoring systems used did not always result in improvements to the service people received. Staff did not always maintain accurate records about the care they had provided.

There was an open and relaxed culture in the home and the registered manager led by example. People were asked for their opinion about the service they received and their suggestions were acted upon.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's health and safety were not assessed properly and steps to reduce risks had not always been taken. People were exposed to avoidable risks associated with the maintenance of the building.

There were sufficient staff to meet people's needs, however staff were pressured at busier times of day.

There were systems in place to protect people from abuse.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received training that was relevant to their role and felt well supported. However, staff did not receive regular one to one supervision of their work.

People enjoyed the food and were provided with enough to eat and drink. However, some people were not assisted to eat their meals in a timely way.

Staff had not always ensured people had access to healthcare professionals.

Where people lacked the capacity to provide consent their rights were protected.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who had developed positive relationships with them.

The decisions people made about their care were respected by staff.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always provided with responsive care and their care plans were not kept up to date when their needs had changed.

There was a range of activities available which people enjoyed.

People felt able to complain and knew how to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a quality monitoring system in place however this was not effective in identifying and resolving issues. Staff did not always maintain accurate records about the care they had provided.

There was an open and transparent culture in the home, people and staff felt able to speak up.

The registered manager led by example.

The Troc Care Home

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.

We visited the service on 5 and 6 July 2016, this was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with seven people who used the service, four relatives, three members of care staff, an activities coordinator, the cook, the registered manager and a representative of the provider. We looked at the care plans of three people and any associated daily records such as the repositioning charts. We looked at three staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

People told us they were supported by staff to manage any risks to their health and safety. One person said, "They're all gentle." The relatives we spoke with provided more mixed feedback about how risks to people's health and safety were managed. One relative said, "[My relative] has not had any incidents at all when they've been moving [my relative] around." However, another relative told us, "[My relative] has had a few falls but we didn't find out until last week."

Risks to people's health and safety were not always properly assessed or well managed. People's care plans contained assessments of different risks such as the risk of malnutrition and of developing a pressure ulcer. The assessments we viewed were either out of date or had not been correctly completed. Staff had not taken into account all factors that may affect the level of risk. For example, a malnutrition risk assessment in one person's file had not been completed for a period of three months. All previous entries had been either completed incorrectly or were incomplete, which meant the correct level of risk was not identified. Because of this, appropriate actions had not been taken to mitigate the risk, such as making a referral to a dietician for advice and support. Staff had identified that the person should be weighed weekly in order to closely monitor any changes in their weight. However, this had not been done and the person had not been weighed for a month prior to our inspection, despite the person having recently lost weight.

This person was also at risk of developing a pressure ulcer and had recently had a pressure ulcer which had since healed. However, their risk assessment had not been completed for over three months. The fact they had recently had a pressure ulcer meant that the risk of them developing another was increased, however this was not reflected in their care records. The person's care plan did not contain clear guidance about how frequently the person should be supported to change their position. Staff told us they did so every two hours, however the repositioning records for this person showed that this support had not always been provided. For example, during the week prior to our inspection there was a period of 36 hours where no record had been made to show if the person had changed their position.

People were exposed to avoidable risks because steps had not been taken to ensure the building was safely maintained. We saw that hot water temperatures in many sinks and showers were above the recommended maximum, some excessively so. This had been the case for many months and no action had been taken to rectify the issue. For example, the water temperature from one sink was recorded in June 2016 as 58.3 degrees Celsius. Other water outlets did not have any hot water or were not functioning at all. The registered manager told us that a maintenance person carried out any works required, but that they only came to the home twice a week. We looked at the log book for maintenance tasks and saw there were often delays of several weeks for more minor works to be completed.

Risks to people's health and safety were not appropriately assessed and steps had not been taken to mitigate risks. There were not adequate systems in place to ensure that risks associated with the building were reduced. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke provided mixed feedback about whether there were enough staff to respond to them in a timely manner. One person said, "There is usually someone around." However, another person commented, "Sometimes no, it just depends what they're doing. Bedtime is particularly busy." The relatives we spoke with also gave mixed feedback about the staffing levels, with one relative saying, "I've always been able to find someone." However, another relative told us, "There's not enough of them to do what they need."

We observed that staff were sometimes able to provide support to people in a timely manner and responded quickly to requests that people made. For example, when people asked to use the toilet they were supported to do so quickly. When bedroom call bells were activated, staff responded within a reasonable amount of time. However, during the lunch period there were delays in serving meals to some people as well as providing support to those people who were cared for in their bed. The registered manager told us they would consider asking domestic and administrative staff to provide assistance during meal times.

The staff we spoke with felt there were generally enough staff keep people safe, although they told us this became more difficult during busier times of day and at the weekend. One staff member said, "It is fine as long as there is no sickness." Another member of staff told us, "It is busy in the mornings and again later in the day. It can be difficult at weekends as well because there are no management staff around to help." The registered manager carried out an assessment of people's needs and based staffing levels on this. The rota showed that the set staffing level had mostly been adhered to, although there had been occasions when the staffing level was lower due to sickness. The registered manager told us that they would consider putting an extra member of staff on the rota to support during the morning or evening periods.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with told us they felt safe living at The Troc Care Home. One person said, "It's perfect – very safe." Another person told us, "It's safe enough here." The relatives we spoke with felt their loved ones were protected from harm. One relative said, "[My relative] is safe and cared for." Another relative commented, "[My relative] is quite safe." The atmosphere in the home was calm and relaxed and we did not see any situations where people were affected by the behaviours of others.

Staff told us they were confident in managing any situations where people may become distressed or affected by the behaviours of other people. People's care plans contained basic information about how to support them should they become distressed, such as by offering a cup of tea. Information about safeguarding was displayed in the home in a prominent position. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. Staff also were aware of how to contact the local authority to share the information themselves and told us they would report concerns to the registered manager in the first instance.

People told us they were happy with the way in which their medicines were managed. One person said, "I'm happy with them doing it all for me." Another person told us, "They stay with me while I take them." The relatives we spoke with were also satisfied with how medicines were managed. One relative said, "It's all been managed fine."

We observed a senior member of staff administering people's medicines and saw that they followed safe

practice when doing so. Medicines storage was well organised and items were stored at an appropriate temperature. There were robust procedures in place to ensure that people's medicines were ordered in a timely manner. Staff had not always recorded when they had given people their medicines or a reason why somebody had not taken their medicine. This issue was addressed by the registered manager during our inspection. Staff received training and a check of their competency prior to administering medicines and on an on-going basis.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with felt that permanent staff were well trained and competent in their duties. One person said, "They are capable – all of them." The relatives we spoke with also felt the permanent staff were competent, with one relative saying, "They certainly seem nice and capable." However, some people and relatives commented on the use of agency care staff and felt they were not able to provide effective care.

Staff had received the training required to meet people's needs in an effective way. Training records showed that staff had completed training covering topics such as safeguarding, infection control and dementia care. The staff we spoke with felt that the training equipped them to carry out their role well, one member of staff said, "The training is excellent." The registered manager also delivered some training and told us they checked staff understanding during group supervision and staff meetings.

People were supported by staff who were not always effectively supervised with regards to their performance and any support they may need. The staff we spoke with gave mixed feedback about the frequency of supervision meetings. Records showed that some staff had only received one supervision meeting in the past year. The registered manager told us they utilised group supervision meetings but acknowledged that more one to one meetings were also required. New staff were provided with an induction period which included spending time getting to know people living at the home, policies, procedures and shadowing more experienced staff.

People were able to be involved in making decisions about their care and provided consent where possible. Alternatively, relatives were involved in decision making where the person was not able to be involved themselves. We saw examples of documentation having been signed by people or relatives to confirm their consent to the care provided. We observed that staff asked people for consent prior to giving any support.

Where people lacked the capacity to make a decision the registered manager followed the principles of the Mental Capacity Act (2005) (MCA). The 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. We saw that assessments of people's capacity to make certain decisions had been carried out and decisions made in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. The registered manager had made relevant applications to the local authority and had recently received the outcomes of these. The conditions of a DoLS authorisation for one person had not been complied with, however the registered manager took immediate action to rectify this. There was a good awareness amongst staff about how the MCA and DoLS impacted upon the care they provided to people.

People told us they were given enough to eat and drink and that they enjoyed the food. One person said, "The food is very generous. They say yes straight away if I want anything between meals." Another person said, "They're very good with the food." The relatives we spoke with also commented positively about the quality and quantity of food and drink provided. One relative said, "[My relative] eats plenty and it looks nice. They always offer us tea and biscuits when we come." Another relative added, "The food is very good and we can stay for a meal if we want."

We observed that people enjoyed their meals and staff provided support to those people who required assistance to eat their meals which was done in a patient manner. However, there were delays in people in their bedrooms being provided with support to eat their meals. In addition, where people appeared not to want to eat their meals staff did not always offer support or encouragement. Where people requested different food to that which was on the menu this was generally provided for them. However, one person had asked for porridge to eat during the late morning period and this was only provided after our intervention.

Staff ensured that people had plenty to drink at meal times and throughout the day. There was a range of different drinks available and people also had access to drinks in their bedroom. Kitchen staff were informed about any specialised diets people may have, such as soft food and low sugar alternatives and these were catered for. The kitchen staff monitored how popular each dish was and made amendments to the menu as necessary. They also catered for special occasions, such as making birthday cakes for people.

People told us that they had access to the relevant healthcare professionals when required. One person said, "The optician has been to see me. The foot lady is a nice person." The relatives we spoke with told us that their loved one was supported to access healthcare services as required. One relative told us, "The chiropodist comes at times." One relative also commended the registered manager for arranging the provision of a new hearing aid for their loved one.

Staff ensured that people could see their GP should they have any concerns about their health. Records confirmed that various GPs and district nurses were regular visitors to the home and staff followed any guidance provided to them. However, people were not always referred to more specialist services when required. For example, staff had not correctly completed a malnutrition risk assessment for one person. Had this been completed correctly it would have identified that a referral to a dietician was required in order to look at alternative ways to boost the person's nutritional intake. Staff had a good awareness of when it may be necessary to contact the emergency services and did so during the course of our inspection.

Good

Is the service caring?

Our findings

People were complimentary about staff and told us they were caring and compassionate. One person said, "Most of them give me a hug. If I get upset, they're there for me." Another person told us, "All very nice girls." The relatives we spoke with felt that staff were kind and caring. One relative commented, "They seem very good with [my relative] – I've seen an improvement since [my relative] has been here." Another relative told us, "[My relative] loves them. They (staff) go out of their way for [my relative]."

We observed that staff were caring and had developed positive relationships with people. Staff spoke with people in a kind and considerate manner and showed genuine concern when somebody became distressed. Staff also shared a joke with people when it was appropriate to do so and took the time to listen to what people wanted to tell them. Staff told us that they enjoyed working at The Troc Care Home, one staff member told us, "I love it here. The residents are great and we do everything we can for them."

The staff we spoke with had a good awareness of people's likes and dislikes and how this may impact on the way they provided care. This was confirmed by one person who told us, "I think they really do know me." Staff were aware of people's diverse needs and tried to cater for these, such as by ensuring people's religious needs were met. The kitchen staff were aware of how people's cultural background and religion may impact on the way in which they prepared food. There was information available in people's care plans about their likes, dislikes and family history which staff were aware of.

People were able to be involving in making decisions about the care they required, although many people chose to leave this to their family. One person said, "My family do it (the care planning) for me." The relatives we spoke with confirmed their involvement in care planning and told us communication was good. One relative said, "They keep us well informed – we've done all the assessments together." Another relative that we spoke with confirmed that another member of their family was involved in the care planning and decision making process.

We observed that staff respected the day to day decisions people made, such as what they wanted to eat and if they wanted to take part in activities. Staff offered people support if required, such as if they needed any assistance to carry out their personal care. Staff also encouraged people to carry out tasks independently when they were able to. For example, one person was able to walk independently with the aid of a walking frame but could sometimes struggle to stand up. Staff helped the person to stand safely and ensured they had their equipment to hand so they could walk around the home.

The care plans we looked at confirmed that people had been asked about their care and support needs upon arrival at the home. Other important decisions were recorded, such as the person or family's wishes regarding end of life care. The registered manager told us that it was important to involve people in decision making, even if they were not always able to verbally communicate the choices they wished to make. We saw that staff were able to pick up on non-verbal signs, for example that somebody may wish to visit the toilet.

People told us they were treated with dignity and respect by the staff at The Troc Care Home. One person said, "It's all very well done." We were told by another person, "They speak nicely to us." People also confirmed that their privacy was respected by staff. One person said, "Oh, they certainly knock (on the door) for me." The relatives we spoke with said they felt staff treated people with dignity and respect. One relative said, "They're so respectful." Another relative commented, "They're definitely polite. They always knock too." While a third relative added, "They're definitely respectful and they respond to [my relative] well."

We observed staff treating people in a respectful manner and were mindful of protecting people's dignity. For example, when staff needed to talk with people about their personal care, these conversations were held discreetly. People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. The registered manager told us that they asked visitors not to come to the home at lunch time if possible, however nobody was prevented from visiting their loved one at this time.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us they felt that staff provided the care and support they needed. One person said, "It's alright here. They sort of know me." Another person told us, "It's very good care and very nice people." The relatives we spoke with also felt their loved one received responsive and person-centred care. One relative said, "I think it's better here than I've seen elsewhere."

Despite this positive feedback, we saw that staff did not always provide care that was responsive to people's needs. During the first morning of our inspection, one person was provided with toast. They told us they did not want toast and would prefer porridge, however attempted to eat the toast. This person's care records indicated that they had a condition which reduced their ability to chew and swallow food, however there was no guidance for staff about what foods this person could eat. We saw that they struggled to chew and swallow the toast, however staff only noticed this when they started coughing. The person was provided with porridge upon our intervention. The lack of guidance in the person's care plan meant that the person had not received person-centred care and support.

Another person needed support to change their position when they were in bed to reduce the risk of pressure damage to their skin. However, the records we saw reflected that this support was not always provided in a timely manner. The registered manager told us the person may sometimes refuse to be repositioned, however there were no records to indicate that this was the case. We saw that the person was repositioned on a regular basis when in communal areas of the home and they had appropriate pressure relieving equipment in place. In another person's care plan it was noted that they could sometimes attempt to leave the building. However, the only guidance in place for staff to manage this situation was, 'To be vigilant when opening the front door.' This did not consider that the person may attempt to leave the building using other exit doors.

We observed occasions where staff did provide responsive care. For example, one person was becoming tired and starting to slip off their chair. Staff saw this and responded quickly to help the person move into a more comfortable position. The staff we spoke with told us that they did not always have the time to read people's care plans. However, staff demonstrated a good knowledge of the care and support that people needed. The care plans we looked at had not always been reviewed and updated regularly which meant that some of the information was out of date or incorrect.

The people we spoke with provided mixed feedback about the provision of activities in the home. One person said, "It's usually the TV and wireless on. I like to watch when it's music or dancing on here." Another person commented, "There is all sorts that happens. Sometimes I get a little bored – I just want a walk now and then." We were also told, "There's not a lot nowadays. I've not seen a list of things. They asked me once if I want to come and join in. We used to go out every Sunday for a trip but not now." The relatives we spoke with also provided mixed feedback, one relative told us, "[My relative] has never said they are bored. They have been on outings in the past." Another relative added, "Nothing really happens when I've been here."

The home employed two activities coordinators who both worked part time hours. On the day of our

inspection they carried out one to one activities with some people as well as organising a game of bingo. In addition, children from a local nursery visited to sing songs and help celebrate a person's birthday. Later in the day, the local Salvation Army band visited to play music which was greatly enjoyed. People were taken on occasional trips to local places of interest such as a garden centre and on a river cruise. There were also good links with a local pub who made arrangements to ensure people got the most of their visit. The staff we spoke with told us that they enjoyed spending time with people where possible, but sometimes found this difficult due to other pressures on their time.

The people we spoke with told us they would feel comfortable making a complaint, however not everyone knew how to do so. One person said, "I've never had to moan at all." Another person told us, "I've no idea who I'd talk to if I had a complaint." The relatives we spoke with told us they were confident any complaints would be appropriately dealt with. A relative told us they had made a complaint and confirmed this was well handled, commenting, "The manager was mortified – the staff got reprimanded and we got apologies."

People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home. We looked at the records of complaints received in the 12 months prior to our inspection. We saw that these had been dealt with in a timely manner and communication was maintained with the complainant throughout the process. Appropriate responses were sent and an apology offered where the quality of the service had dropped below an acceptable standard. The registered manager also ensured that lessons were learned to improve the service for all people living at The Troc Care Home.

Requires Improvement

Is the service well-led?

Our findings

The systems in place for the provider and registered manager to monitor the quality of the service were not always effective in identifying issues and bringing about improvements. For example, the infection control and estates audits both asked the auditor to confirm that the water system was functioning correctly and being checked. However, this had not picked up the on-going issue with some water temperatures being excessively hot. This had left people and staff exposed to an avoidable risk. An audit of people's care plans was carried out on a regular basis. However, the audits had not identified the issues that we found when we checked people's care plans.

The registered manager told us that they sometimes struggled to carry out all of their duties, such as carrying out audits and providing supervision to staff. There was no deputy manager and we saw that senior care staff were busy carrying out other duties which meant they could not effectively support the registered manager. An inspection carried out by another agency had identified many areas for improvement similar to those identified in this report. The quality monitoring systems had not been effective in ensuring that all of those improvements were made.

Staff did not always keep accurate or up to date records about the care they had provided to people. For example, one of the care plans we looked at had not been reviewed for several months and did not always reflect the person's current needs. Other records maintained by staff did not always demonstrate the care and support provided to people. For example, medication administration records had not always been completed to show whether a person had taken their medicines or not. Records were stored securely and could be easily accessed.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were different systems available for people and relatives to provide their feedback about the quality of the service. Not everybody could recall having been asked for their opinion, one person said, "No, I've never been asked." However, another person told us they had attended a resident's meeting and told us, "They've done it at certain times and I've sat in." The relatives we spoke with were aware that they could provide feedback directly to the registered manager and also by attending a meeting or completing a survey. One relative said, "We've got one (a survey) to do at the moment, funnily."

Records confirmed that there were regular meetings for people and relatives to discuss their views about the home. Whilst these had not always been well attended, the minutes of the meetings were made available to everybody. We saw that people's views were sought about the laundry, care plan reviews and the activities they would like to do. Where issues and suggestions were raised these were taken into account. For example, actions were agreed at a recent meeting to reduce the likelihood of people's clothes going missing. This had been deemed to be a success. Recently distributed satisfaction surveys indicated that people relatives were happy with the quality of care provided at The Troc Care Home.

There was a positive and open culture in the home and people felt comfortable and confident to speak up should they wish to. One person said, "It seems happy enough." Another person commented, "It's alright. No-one bothers you." The relatives we spoke with also felt the culture of the home was relaxed and open. A relative told us, "The atmosphere is okay I suppose." Another relative added, "I think it's quite good."

The staff we spoke with felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. One staff member said, "I can go to the manager any time. I would go straight to them if I made a mistake." There were also regular staff meetings which involved all groups of staff. Records showed that meetings were used for the registered manager to deliver clear and consistent messages about their expectations of staff. It was also an opportunity for staff to discuss any issues they wished to raise.

There were good links with local community services and groups. Many people visited the home during our inspection as well as healthcare professionals. The registered manager told us that they hoped to make better use of services available in the nearby town, such as by taking people to visit the local library.

The service had a registered manager and they understood their responsibilities. The relatives we spoke with commented very positively on the leadership shown by the registered manager. One relative said, "I've always been able to talk to [the manager]. I've seen them manage the staff very well." Another relative commented, "[The manager] is very approachable." During our visit we observed that the registered manager made time to speak with people and visitors to the home. They also demonstrated good leadership skills and told us that they, "Wouldn't ask staff to do anything that I am not prepared to do myself."

The staff we spoke with commented positively on the leadership skills of the registered manager. One staff member said, "This place has turned a corner since [the manager] started." People benefitted from the clear decision making structures that were in place within the home. Staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The risks to the health and safety of service users were not properly assessed. Reasonable steps were not always taken to mitigate any such risks. Steps had not been taken to ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems used to monitor and improve the quality and safety of the service were not effective. Staff did not always maintain an accurate, complete and contemporaneous record in respect of each service user.