Cloverform Limited

# The Belfry Residential Home

## Inspection report

The Belfry
Dowsetts Lane, Ramsden Heath
Billericay
Essex
CM11 1HX

Tel: 01268710116

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

# Summary of findings

## Overall summary

The Belfry is a residential care home for up to 12 older people with care needs. The service is a converted home and bedrooms are available for people on both the ground and first floor.

At the last inspection, the service was rated good, however we have found that the service requires improvement in some areas. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were not supported to have maximum choice and control of their lives and the systems in the service did not support this practice.

People's consent had not been obtained to film them using covert surveillance in the lounge and communal areas. There were no signs telling people that they were being covertly filmed. Consent to provide care was verbally obtained but formal consent forms had not been signed as part of the assessment process.

We could not be assured that the security of people would always be maintained. On arrival, the front door was unlocked and we could freely access parts of the home undetected.

Activities arranged for people were limited and focused on activities that took place in the home. Some people told us they would like to do more activities based on their likes and interests and to have more trips out of the home in order to meet their social needs.

People's medicines were not always managed safely and there were was not always enough staff on shift. Increasing staffing levels would help ensure that people were supported to follow their interests and take part in activities that are meaningful to them.

Information was not used to continuously improve the service. People, staff and visitors had not been asked about their experiences of using the service, so any changes made had had not been directed by the people who were living there.

Food met people's nutritional needs, but people told us the menu choices and the quality of the meals could be improved.

Staff knew how to recognise and report any suspicions of abuse, and people told us they felt safe and cared for. The registered manager had a robust recruitment process, and supported staff to develop their skills and knowledge. Staff told us they enjoyed their work and told us they worked well as a team.

Accidents and incidents were appropriately recorded and investigated, and risk assessments were in place for people who used the service.

Relatives and visiting health professionals told us there was a positive atmosphere and staff were approachable and knowledgeable.

Staff worked well with health care professionals, to ensure people maximised their health and wellbeing and had access to medical services when this was needed and people and their relatives told us they were aware of how to make a complaint and felt that they were listened to by the registered manager.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Security was not always effectively managed in order to keep people safe.

People were not always protected against the risks associated with the unsafe use and management of medicines.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in how to recognise signs of abuse.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The registered manager made sure that staff had been trained and received regular supervision. An appraisal of their work had not always been carried out.

The food was nutritious, but people told us they did not always enjoy the meals served to them.

People's consent to receive care had not been obtained as part of the assessment process.

People and their families had not given their consent to being covertly filmed in some areas of the home and appropriate signs were not on display.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 but had not always made applications to deprive people of their liberty.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

Most staff treated people with dignity and respect but some staff did not always talk to people in a polite and respectful manner.

People gave us positive feedback about their experience of living at the service and told us staff were kind.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People's needs were assessed before they moved and care plans were in place.

Activities were available, but people told us they would like to do more which included having more trips out of the home to help meet their social needs.

The registered manager had a complaints policy and procedure in place and people knew how to make a complaint.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

A range of audits were carried out to monitor the quality of the service, but people, staff and visitors were not asked about their experiences of using service, so any changes made had had not been directed by the people who were living there.

The quality assurance system was not robust enough to identify shortfalls. Further improvement was required to make sure that the quality of the service continued to improve.

Staff told us the registered manager was approachable and they felt supported in their role.

# The Belfry Residential 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 checked 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 the 10 of January 2017 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. They did return a PIR and we took this into account when we made the judgements in this report. We looked at previous inspection records, intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Whilst some people who used the service were able to talk to us, others could not. During our inspection we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of service. We observed care and support in the communal areas, the morning and midday meal, and we looked around the service.

We looked at the care plans of six people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing this information helped us to understand how the provider responded and acted on issues related to the care and welfare of people.

As part of the inspection we spoke with the registered manager, three people who use the service, one

relative, three members of staff, and two visiting GP's. Healthcare professionals were approached for comments about the service and any feedback received has been included in the report.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I do feel safe here, because the staff are so kind." Another person said, "I feel safe, the staff here are very good." Despite people telling us that they felt safe we found that this area needed to improve.

Adequate protection was not given to people or their property and the appropriate level of security was not in place. For example, on the day of the inspection we were able to walk into the entrance hall and around the home freely, as the door was unlocked and not alarmed. We had free access to the medicine room, people's records, and their rooms. We did not enter people's rooms but went to find some staff. We asked the registered manager to complete an investigation into our findings, and they assured that this was an isolated incident.

The registered manager did not make sure that people's personal safety was always protected. For example, whilst we were inspecting areas of the home we found that the room used for storing cleaning products which may have been hazardous to people's health was not locked and could be easily accessed.

People's privacy was not always maintained. For example, people and their families did not know that they were being covertly filmed in the corridors, and communal areas. We asked one person if they knew they were being filmed they said, "Oh no dear, I didn't know that." We also asked a visiting family member if they knew cameras were in use and they told us that they didn't.

Consent from people and their families had not been obtained and a consultation into the use of surveillance had not been carried out. People, staff, and visitors had not been informed that cameras were in use and there were no signs telling people that they were under surveillance whilst on the premises.

The registered manager did not carry out an assessment to decide if filming people without their permission would impact on their privacy and did not consider that storing this type of information would be a breach of the data protection act. When we spoke with the registered manager about this they told us they were planning to introduce an additional surveillance system which will include audio recording. We recommended that the registered manager took some advice from the Information Commissioners Office around the use of covert cameras and surveillance. We also specified that when the new surveillance system was installed that the commission is formally notified.

This was a breach of Regulation 15 (1)(b)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Premises and equipment.

We looked at the way medicines were managed and found this required improvement. For example, the keys to the medicine cabinets were kept in a cupboard which was not locked and cabinets were stored in a room which could not be locked. As we were able to walk straight into the home that morning we could have easily accessed people's medicines. During the inspection we found that some medicine had been left out in the communal area and asked the registered manager to put this away and undertake an

investigation about how this event had occurred. Senior staff had received training in how to administer medicine to people, but the registered manager had not observed their practice so could not assure themselves that they were still competent to do so. Guidance was not in place to for staff to understand when they should give people medicine on an 'as and when' basis (PRN).

We could not be assured that people would always be given the medicine at the correct time. During the inspection people who required medicine to be taken at the recommended time of 8:00 was given their medicine late, because the senior staff member had not turned up to their shift on time. We spoke with the registered manager about all of the areas of concern and they assured they would investigate our findings and make plans to improve each area.

This was a breach of Regulation 12 (2) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

People were given the support and time they needed when taking their medicine and were offered a drink of water, the staff member checked to make sure that the medicine had been taken. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, to make sure they were getting the correct medicine. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. The MARs showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Monthly medicines audits were carried out to check medicines were being administered safely and appropriately. Staff showed us how unwanted or out of date medicines were disposed of and records confirmed this.

We checked a sample of the windows and found that window restrictors were in place and wardrobes were fixed to the walls to stop them from falling on people. However, despite the registered manager telling us they had been secured, some wardrobes could be moved. We recommended that following our inspection the registered manager undertook a full review all the furniture in the home that may pose a risk to people and make sure they were fixed down securely.

There was not always enough staff on shift to meet people's needs. On the day of the inspection people were responded to quickly but when we arrived that morning there were only two members of staff working, neither of them was in a senior role. This meant that if one person required two people to assist them and another person needed urgent care or attention then there would not be enough staff to provide care to people in a safe way. Following our inspection the registered manager informed us that staffing number would be increased.

People told us that staff responded to their requests quickly. One person said, "There's always someone about." And another said, "Yes, I think so dear, they come very quickly if I need them." During our inspection, we observed people being responded to quickly. Even though people told us staff responded to their requests quickly more staff was needed to support people to follow their interests and take part in activities which were meaningful to them.

We asked staff if there was enough staff on shift to enable them to carry out their role effectively, and without exception they all told us there were. One staff member said, "There is always enough staff on shift." Another staff member told us, "We all work really hard here, but we are a good team everyone gets on well. We all muck in together to get the job done."

People were kept safe from the risk of harm and potential abuse from staff who had received appropriate

training. Staff knew how to recognise and report any suspicions of abuse. Typical comments from staff were; "I would go to my manager and report it straight away or go to CQC." Staff knew how to whistle blow and told us without exception that they would have no hesitation in contacting the CQC if they had concerns that people were not being cared for in a safe way.

We found risk assessments were in place as identified through the assessment and care planning process. Risk assessments included information for staff on how to reduce identified risks. For example, individual risk assessments included information to staff about how minimise the risks to people whilst they were being hoisted.

Safety checks were in place to reduce the risk of harm to people living at the service. Hot water temperature checks had been carried and portable appliance testing (PAT), gas servicing and electrical installation records were all up to date. Since our last inspection the Environmental Health Agency had visited the service and had raised concerns around the quality of the kitchen facilities. A new kitchen had been installed to address these concerns. The registered manager completed a fire risk assessment, and had carried out safety checks. Personal emergency evacuation plans (PEEP) were in place for people which meant that the registered manager looked at ways people could be evacuated safely in the event of a fire.

The décor in some areas of the home was tired and some of the doors had chipped paintwork, but people, without exception, told us they liked living at the service. One person said, "I really like it here, it's nice and small, not too busy. I was in another home and I got lost in it. It's so homely here." The registered manager showed us plans specifying that they were going to redecorate.

Equipment used to move people had been serviced routinely, but not everyone had their own sling. It is important for people to have their own sling which is the correct size for them to help reduce the risk of infection. The registered manager assured us that following our inspection they would make sure everyone had their own sling.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident file. Each report detailed information about the person who had the accident, where and when it occurred, and what caused it. The registered manager analysed accidents and incidents that had happened, but did not look at ways that could be reduced or avoided. We recommended that the registered manager contacted the local authority to seek advice about the ways they may be able to reduce falls in the home.

Systems and processes were in place for the safe recruitment of suitable staff. Information inspected on the recruitment files for four members of staff showed they had completed an application form, provided a full employment history and eligibility to work in the United Kingdom was checked. The registered manager had also undertaken a Disclosure and Baring Service Check (DBS) on all staff before they had started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal records and whether they are barred from working with people who use health and social care services.

Requires Improvement

# Is the service effective?

## Our findings

People told us they received effective care and support from staff. One person said, "There is always someone around to help you." Another person said, "Yes they always come quickly if you need them." Despite people telling us they received support when they needed it, we inspected other aspects of the service and found that this area needed to improve.

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 and found that this area needed to improve. 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 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.) The registered manager was not meeting their responsibilities with regard to DoLS because they had not always made applications to the local authority when they were restricting some people from getting out of bed at night. Other people had a best interest decision-making document that had been carried out by the registered manager and not the correct authority. Applications to deprive these people of their liberty should have been made to the local authority. We recommended that the registered manager undertake a full review of everyone's needs at the service and apply for authorisation to the correct authority.

This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

We inspected the menu options and found food met people's nutritional needs. Meal times were relaxed and people were not rushed. People told us they had enough to drink. One person said, "The staff are kind and we get regular cups of tea." Despite the food being nutritious we found the mealtime experience for people needed to improve.

The registered manager did not employ a chef or cook, but relied on staff to cook people's meals. Staff had been trained in food hygiene but there were no systems in place to make sure that meals being provided to people were served according to their tastes, and preferences. People told us the taste of the food served to them could be better. One person said, "The food could be better, it all depends on who's on." Another person said, "The food, it's not great, but then there's nothing like cooking your own food because you can do it how you want. That's what I miss the most about not being in my own home." Another person told us the food was, "Basic, nothing out of the ordinary." After lunch we heard another person was saying how horrible the lunch had been. There was a dining area but this was not used and people were not offered the choice about where they wanted to eat. People ate meals in their chair in the communal area.

Before lunch staff asked people what they wanted and gave people the choice between chicken and liver. One person was confused and did not know what they wanted. The staff member did not show the person a plate showing the meal options or a pictorial menu so this person could choose what they wanted to eat. Another person struggled to eat with a knife and did not eat much of their meal. We reviewed the information in this person's care plan and no consideration had been given to providing them with adapted cutlery that may make it easier for them to eat. We recommended the registered manager improves the mealtime experience for people.

People who could not communicate their needs easily were at risk of dehydration because staff did not monitor their fluid intake. This meant it was difficult for staff to know if the person was having the right amount of fluids to sustain a healthy life. For example, one person could not communicate and was permanently in bed. We asked staff if they knew when that person needed to drink, and they could not easily provide us with an answer.

Drinks and snacks were offered routinely at various points during the day, but this may not have been when people wanted them. Snack baskets, fruit, or jugs of fluids were not available to people in the communal areas so that people could help themselves when they wanted a snack without having to ask a staff member first.

We observed members of staff supporting someone to eat their breakfast who could not feed themselves. We noted that the person had been elevated to minimise the risk of them choking. Systems were in place to ensure people who had been identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition. Information was used to update risk assessments and make referrals to relevant health care professionals.

An induction was provided when staff had been recruited and they were encouraged to complete the care certificate. This meant that staff received a good introduction to the care role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that these workers have the same introductory skills, knowledge, and behaviours to provide care and support.

All of the staff we spoke with said they received good training which enabled them to be confident in their role. We looked at information and found staff had received the appropriate training. Staff told us they were well supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had received regular supervisions, but had not had an annual appraisal completed. We spoke with the registered manager about this and they assured us that they would review this area and make sure that staff had appraisals carried out.

Families were updated about the care their relative. One family member said, "They tell me exactly how [Name] is. They keep me really involved." Information showed that care plans had been reviewed but this process did not involve the person, because nobody knew about their care plan or what records were being kept about them.

We spoke with two visiting GPs who told us staff communicated with them well and carried out their instructions effectively. One GP said, "The home is comfortable and people seem happy. There are not many agitated people here. The staff are attentive to people and information is available to me when I need it. This home knows the people here well."

The involvement of health and social care professionals was recorded and we saw staff working with various agencies to make sure people accessed health service when their needs had changed. For example, GPs, district nurse teams, mental health team, social workers and the chiropodist and information reflected the advice and guidance provided by external health and social care professionals.

Requires Improvement

# Is the service caring?

## Our findings

People who used the service were complimentary and told us staff were caring. One person said, "The staff are very kind." Another person said, "I like it here very much, the people and staff are very nice." Another explained, "It's nice here, not too crowded, like some of the other homes." A family member told us, "Mum is very happy here." Despite people and their relatives telling us that staff were kind and caring we found that the service needed to improve.

Everyone we spoke with, without exception said that staff were kind and caring towards them and we observed most staff treating people with dignity and respect. However, not all of the staff spoke to people in a polite and respectful manner. When we first entered the home the carers did not know we were there and they were assisting a person to use the toilet. We could hear that they were not speaking in a very kind or respectful way to this person. They were brusque in their tone and asked several times why the person was being so awkward today.

Some staff had a lack of awareness in supporting and protecting a person's privacy and dignity. For example, we overheard the morning staff speaking disrespectfully to a person and asking them why they were being awkward. This same person was got up and sat in the communal area. They appeared to be sitting in a very uncomfortable way and were slumped to the side. They were clearly unwell. Whilst the registered manager did contact the GP to undertake an assessment, the staff did not consider if this person would have preferred to have stayed in bed. When the GP arrived to carry out consultations they had to remind staff to fetch a screen to maintain people's privacy.

Staff could explain how they respected people's privacy and dignity. One staff member said, "I would never leave someone naked. I would always cover them." However there was a distinctly different approach and atmosphere between the morning and afternoon shift. For example, in the morning we saw a member of staff helping someone to eat their breakfast but they did not speak with them whilst they were helping them to eat. In contrast, we saw staff in the afternoon being caring and empathetic toward people, and we saw some very positive and kind interactions between people and staff. In the morning staff stood over people to speak with them and appeared to be very busy, however in the afternoon we saw staff bending down to talk to people at eye level. We spoke with the registered manager about this and they assured they would complete a full investigation into our findings.

Staff could explain about people's personal histories and were positive about the care they delivered. Typical comments were, "The care here is good." And, "I would be happy for my relatives to live here."

We saw hand written minutes of a residents meeting that had been held but there wasn't evidence that the minutes had been circulated to people for them to read if they wanted to. At the time of our inspection no people required advocacy. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on the issues that are important to them.

Requires Improvement

# Is the service responsive?

## Our findings

People received care and support that met their needs but were not always supported to participate in activities which were important to them. One person explained, "We don't have a chance to get out, but it's nice to get out and get some air. Sometimes, we play games in the afternoon."

People were not always encouraged to pursue their hobbies and interests or to maintain their connection to the community. We asked people if the activities on offer were what they wanted to do and one person said, "Well not really, there is nothing to do here, and there is not a lot you can do about that." We spoke with the registered manager and they told us that entertainment evenings were arranged for people's birthdays, and games, bingo and exercise sessions were regular activities. Staff were responsible for helping people to follow their interests and take part in activities in between meeting people's personal care needs, cooking people's meals.

The activity of the day was colouring and we saw one person doing this in the afternoon and everyone else sat in the communal area. Music was on in the background, and was repeated throughout the day. We could see one person with dementia thoroughly enjoyed the music and sang along. However for those people who may not have enjoyed the music, they may have been bored due to a lack of stimulation. One person explained how they really enjoyed sewing and was hoping their family may be able to bring them some in, so that they could do it. They added, "My legs may not work but my eyes still do." One family member said, "There is not very much in the way of stimulation for people." We recommended that the registered manager improved the way they support people to follow their interests and consider how people can be helped to take part in stimulating activities that they want to do.

Whilst people told us they were happy with the care they received, we found that the systems in place did not encourage staff to provide people with personalised care. For example, in people's care plans there was a bathing routine chart which specified when people should have a wash or a bath. One member of staff told us that a toileting regime was in place in the morning, but that they would also assist people in between this is they asked. During our observation we did not observe any one asking to use the toilet or being helped to the toilet. However, people were clean and well dressed, with smear free glasses and hearing aids fitted. People told us they had their spiritual and cultural needs meet, as a church service was held in the home every two weeks.

Care plans were regularly reviewed and evaluated and people's needs were assessed before they moved in. Following an initial assessment, care plans were developed detailing the care needs and support, actions and responsibilities of staff. Each person's care record contained a social profile, where the information had been collected with the person and their family and gave details about the person's life history spiritual needs and previous lifestyle choices. Information contained details of people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. The review process did not always consider all the ways some people could be supported, for example, changing the cutlery to make it easier for someone to eat.

Relatives could visit people whenever they wanted to and people told us they were made to feel welcome by the staff. One person said, "My family can pop in anytime, whenever they want." A family member visiting the home told us the home was accessible to them and they could visit at any time of the day or night.

People we spoke with were aware of the complaints policy but had not made a complaint. We noted the registered manager had received a number of compliments about the service. One person told us, "I have never needed to make a complaint, I like living here." A family member explained they, "Never needed to make a complaint, but if I mention anything to the manager they sort it out really quickly." When complaints had been made action had been taken to address the area of concern. For example, recently someone had complained that the night staff got them up too early when they had not wanted to and the manager had suspended the member of night staff whilst they carried out an investigation.

Requires Improvement

# Is the service well-led?

## Our findings

At the time of our inspection we found that the registered manager was transparent and open and people told us they were approachable. However we found that there were some ways in which the service could be improved.

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.

The registered manager and staff did not involve people to obtain their feedback. People, their visitors, staff, or health professionals had not been asked their views of the experience of using the service so the governance system did not put the persons experience at the centre of any improvements they wished to make. This meant that the development plans that were in place contained only the registered manager's views of the improvements that needed to be made. Following our inspection the registered manager advised us that informal meetings were held with people to obtain their views and experiences, but would look at ways that they could improve this area.

This was a breach of Regulation 17 (2) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

We looked at records related to the running of the service and found the provider had completed a variety of audits and had put plans in place to make improvements to the service. For example, a plan was provided specifying that decorative work was planned in the home for 2017.

The Belfry is a family run company. The Director of the company also acts as the registered manager. The service did not have a well-defined management structure which provided clear lines of responsibility and accountability because leadership in the home was not always visible. For example, staff did not always have a senior available to them because when we arrived at the home the senior staff member was not available. The staff member explained that the senior would be in later, but was running late. They indicated that this was not an isolated occurrence.

The previous inspection report was not displayed, either at the entrance of the home or on the company website. We spoke with the registered manager about this who assured us they would address this. We noted when we had finished our inspection an inspection report had been placed near the entrance of the door.

The registered manager did not ensure that people's private information was only accessible to the necessary people, because people's confidential information was not kept securely. For example, people's information was kept in the front office in a cupboard which was not locked. We also found two instances during the inspection where people's confidential information had been left in the communal areas.

Without exception everyone was positive about the registered manager and thought they managed the service well. Staff described them as being open, supportive, and approachable. One staff member said, "Yes, the manager is really good. I can go to her about anything." The registered manager made sure that staff were supported and protected their wellbeing. For example, one member of staff was pregnant and a risk assessment had been carried out.

Staff told us they had regular meetings. Residents meetings also took place, but were not always consistently recorded. Following the inspection the registered manager provided us with the minutes of some meetings that had previously taken place. Handovers meetings took place at the end of every shift and were used to convey key information about what was going on for people that day.

Many of the staff had worked at the home for a number of years and staff told us morale was good and they enjoyed their work. One person said, "I am fairly new but I am so glad I work here. Everyone is really supportive and we all get on really well and work well together."

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<br><br>(2) (a) (b) (g) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>(1) (b) |