Belle-Vue Health Care Limited

Bellevue Healthcare Limited

Inspection report

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Ratings

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

Overall summary

We inspected Belle Vue Nursing Home on 8 and 9 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Belle Vue Nursing Home is registered to accommodate 102 people and to provide them with personal and nursing care. The home offers two distinct services one for older people with nursing needs and the other for people with physical disabilities. The home is a two storey, modern, purpose built facility that has a range of facilities including an internal courtyard and garden.

The home did not have a registered manager in place, although the manager had been in post for a year and they were in the process of applying to be registered with the Care Quality Commission. 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.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm. All staff we spoke with had undertaken training in safeguarding and were able to

Summary of findings

describe how they would recognise any signs of abuse or issues which would give them concern. They could say clearly what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle blow if they saw something they were concerned about.

We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. Those people who were able to were encouraged and supported to go out independently. There appeared to be a good balance between protection and freedom. People could move freely in wheelchairs around the home and take trips outside the home.

Nearly all people we spoke with told us that there were enough staff on duty to meet people's needs. At the time of the inspection all staff observed and spoken to appeared relaxed, and took appropriate time in their duties, people were not observed to be rushed by staff. Staff interaction with people was spontaneous and cheerful, particularly from care assistants and domestic and catering staff . Staff told us that there were enough staff on duty and duty rotas we viewed confirmed staffing levels were consistent and adequate.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia and long term conditions.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were detailed and enabled people to have independence whilst ensuring they were supported to be safe.

The manager was very "hands on" and we heard lots of positive comments from staff, people using the service and visitors about the manager's approachability and willingness to address any issues or concerns.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them.

The provider had developed a range of systems to monitor and improve the quality of the service provided and accidents and incidents were monitored by the manager to ensure any trends were identified and lessons learnt.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

Staff knew how to recognise and report abuse.

There were enough trained and experienced staff to meet the needs of the people at the service. Recruitment checks made sure staff members were safe to work with vulnerable adults.

There were robust systems in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff knew the needs of the people well and were able to provide effective and compassionate care and support. Staff were trained to meet the needs of people using the service and received supervision and training on a regular basis.

The manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Is the service caring?

Good

This service was caring.

People and their relatives told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

People's care plans were reviewed with them on a regular basis and systems were in place to quickly identify if someone's needs had changed.

Summary of findings

The service provided a choice of activities and locations and people's choices were respected.

People, staff and relatives were all aware of how to raise a concern or complaint and these were handled appropriately.

Is the service well-led?

Requires Improvement 

The service was well led although the manager must apply to register with the Care Quality Commission as soon as possible.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the manager to ensure any trends were identified and lessons learnt.

People, staff and relatives all said they could raise any issue with the manager or any staff member. The manager maintained a regular presence within the service.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone.

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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.

The inspection team consisted of three inspectors, a specialist advisor who was a nurse and two experts 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. The experts by experience who formed a part of the team specialised in the care of older people and care for younger adults with disabilities.

The provider was not asked to complete 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.

Before the inspection we reviewed all the information we held about theservice. The information included reports from local authority contract monitoring visits. We asked the manager to supply a range of information, which we reviewed after the visit.

On the first day of our visit to the service we focussed on speaking with people who lived at the home and their visitors, speaking with staff and observing the care provided to people. We also undertook pathway tracking for people to check their care records matched with the care needs that they said they had or staff told us about. Two inspectors returned to the service the following day to look in more detail at medicines and to examine records relating to the running of the service.

During the inspection we spoke with 21 people who used the service and five relatives. We also spoke with the manager, two nurses, six care assistants, the cook and assistant cook, two domestic staff members and an activity co-ordinator.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience in several dining areas and how staff engaged with people throughout the inspection visit. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at nine people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us; “Staff treat me with respect, there are usually enough staff on duty at any time to look after me properly.I can go out whenever I want; I sign myself in and out at the front desk and always tell the staff that I am going out.” And; “When I first moved in here I was quite wary and a little frightened of my surroundings but I now feel very safe living here.”

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions were needed to be taken to report any suspicions that may occur. They could say clearly what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle blow if they saw something they were concerned about. Staff told us the manager would respond appropriately to any concerns. One relative told us; “I can go to staff if I have any problems and I have total peace of mind.” One staff member told us; ‘I deal with challenging behaviour by talking and helping people to calm down and no restraint has ever been necessary.’

Where there had been safeguarding alerts made and investigations by the service, we saw that the manager had used these experiences to learn from these events and to share this learning via staff meetings.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed e-learning safeguarding training this year and dates were identified for when the refresher training needed completing in 2015.

Emergency resuscitation equipment was easily accessible at the nurses station, and a portable suction unit was available in the treatment room. Although the emergency alarm was not fully integrated between the Younger and Older adult units, in the event of an emergency hand held radio units were located at the nurse’s station. This enabled staff between units to call for help.. Two care assistants were asked regarding emergency situations, such as finding someone collapsed, and responded appropriately. They told us they would “Shout for help, keep their airway clear and ring 999.” Staff also told us they were also trained in emergency evacuation, and evacuation mats were identified at various locations around the service.

There were sufficient staff on duty. People who chose to stay in their rooms said that call bells were always answered promptly. Although staff were busy, care did not appear rushed and we spoke with two nurses who both said that if they felt they needed more staff they would speak to the manager and they would be listened to. Shift rota records confirmed that consistent staffing levels were maintained across all areas of the service. There was some use of agency staff but we saw from previous rotas that these were the same people where possible so there was consistency. The manager told us new permanent staff were in the process of being recruited. Almost everyone we spoke to felt there were enough staff on duty at all times. One person said they felt there needed to be more staff at night-time and we asked the manager to discuss this person’s concerns with them directly which they agreed to do. Everyone we spoke with agreed that they were well looked after and that their needs were met. One person mentioned to us that one particular carer had difficulty in using their moving and handling sling. We raised this with the manager who stated they would address this with the staff member through training straight away.

Individual risk assessment plans were included in care plans for people where appropriate and these were reviewed regularly and with the person where they were able.

Care plans also included risk assessments to assess if someone could be at risk of developing pressure sores. The Braden scale was used in the care plans reviewed to identify those at risk of potential pressure ulcers. People who were identified to be at risk had appropriate plans of care in place such as plans requiring that they were supportedon airflow mattresses and positional changes were made every one to two hours. Charts used to document change of position were clearly and accurately maintained and reflected the care that we observed being given.

All areas we observed were very clean and had a pleasant odour. There were gels, paper towels and gloves in the bathrooms which meant that staff had protective equipment to help prevent any infection spreading.The home had an Infection Control Champion in post who was responsible for sharing knowledge and information about infection control procedures. We saw that a range of

Is the service safe?

cleaning audits were carried out and these were checked by one of the reception staff who worked with the housekeeping team to ensure all areas of the service were kept clean.

Nurses and care assistants were observed to wash their hands before and after aspects of personal care.

There was not appropriate signage in place across the service. Whilst it was positive that there was free access around the service for people, it was a large building and it was difficult to work out which area of the service you were in. Also for people with memory difficulties, there was not always signs on doors to indicate what they were for example bathrooms or toilets. We discussed this with the manager who said they would look into making the environment more user friendly.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. There were multiple portable and in situ hoisting equipment around the service and there was a system to ensure this equipment was checked and maintained regularly. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). There were two maintenance staff employed by the service who carried out a range of checks on a weekly basis. This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

The five staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. One nurse told us; "We are very well supported by the manager and each other, there is always help if you need it." We spoke with people about their medicines and they said that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way. For example, we saw that there was an "Alert" note in place for staff to be aware of any potential risks such as two people with the same surname. The helped to ensure that people were not at risk of receiving the wrong medicines.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Whilst no-one currently self medicated, there were facilities in place such as lockable cabinets in people's rooms along with policies to facilitate this if needed. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Good

Is the service effective?

Our findings

We spoke with people who used the service who told us they had confidence in the staff's abilities to provide good quality care. One person said; "My friend visits every day and she stays for her dinner, she is made very welcome by everybody. The staff are very caring; all of them are very kind. I am treated with the utmost respect. I like to have a shower each day and this does not cause any problems. My family can visit me whenever they want; I am going to stay here until I die." Another person told us; "My family are always told if there is anything different with my care, I can talk to anyone if I am worried about anything. Everyone seems to have plenty of time for me. I like to stay in my room for my meals and they are nice and hot when I get them. Nothing is a trouble." One staff member told us; "I feel I have made a difference to a resident with limited communication with terminal illness and have seen her laugh and her personality blossom."

Mandatory training had been undertaken which included manual handling, fire, safe-guarding and infection control. Staff were appropriately trained to give PEG (Percutaneous Endoscopic Gastrostomy) feeds. Staff explained that the manager also provided opportunities to go over some areas including long terms conditions such as Huntingdons disease. One staff member said, "It was really interesting, some of the stuff I was doing, I could understand much more what their needs are and what we need to do." Other care assistants told us that they had undertaken training in National Vocational Qualifications (NVQ) Level 2 and 3, Manual Handling, Pressure Care, PEG feeding (Percutaneous Endoscopic Gastrostomy) and Huntingtons Disease and other neurological updates.

Staff told us that they had supervision sessions, where they spent 1:1 time discussing their personal and professional development with a senior staff member and that there was a good team atmosphere. The cook told us that the kitchen team was a strong team who supported each other and worked well together. Clinical supervision details for staff were kept in a ring binder marked private and confidential and kept in a locked drawer. Registered nurses received supervision from the manager on a three monthly basis, and provided care assistants with supervision on a six monthly basis or more frequently depending on particular need. Staff also told us they had group supervision sessions where they discussed issues relating to people using the service and any training or support needs.

We found that staff had completed an in depth induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff had been trained in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had ensured, that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty, as were staff. We did raise with the manager that not every care file we viewed had an up to date assessment of capacity of each person and the manager said they would action this straight away.

People told us; "The food here is very good, there is plenty of variety, it is always hot when I get it. I am never hungry. They used to have bowls of fruit out in the dining room so that we could help ourselves but I don't know what happened to that. I buy my own now." And; "The food is really good; I can have two cooked meals a day if I want them. If it's something that I don't like for dinner the chef will always do something different for me."

People we spoke with said the food was good. The lunch period was relaxed and calm. People came into the dining room over the period of half an hour and the serving of lunch was calm and relaxed. We observed staff taking food into people's rooms on a tray after people had been served in the dining room. Food was covered and there was a drink with each meal. Many people were able to eat food themselves in the dining room. People were supported to eat and drink and staff sat with one person at a time helping them to eat. There was a choice of food at lunch time and the menu for the day including the tea time menu was written up in the dining room.

Good

Is the service effective?

Example of choices that people were given included one person who did not want mince and potatoes asked for a baked potato with cheese, they were asked, “Would you like salad with your potato?” They replied, “I don’t eat salad, I never eat salad.” The baked potato arrived with cheese and they said, ”I don’t like cheese.” This was taken back by staff who returned with a plain baked potato. The cook appeared to know people’s likes and dislikes; “I’ll put you some garden peas, I know you don’t like sweet corn.” Food portions were varied in size. Some portions were generous, however one person had their lunch on a side/ tea plate. We asked about this and we were told that they find a large portion off putting and won’t eat it and so staff provided a smaller plate which they then enjoyed.

Staff offered juice and topped this up throughout the meal so people were encouraged to drink. Staff appeared to be knowledgeable about everyone’s dietary needs. Some people had pureed food, others mashed, and we were told that there were people who were PEG fed (**Percutaneous endoscopic gastrostomy where a person is fed by a tube directly into their stomach)**. One person was wheeled into their room to have their PEG feed. Other people were on fortified diets to ensure they received foods of high calorific value and we observed one person was given “Thick and Easy” thickener to ease their swallowing. Adapted cutlery was available and used by two people and plate guards were also used by three others.

People were chatting to each other in the dining room and the home manager also came and chatted to people sitting on one table. We also observed that one person had a friend who came for lunch and tea each day by taxi and was welcomed by the service. One person said; “We always have our meals in the dining room, we are never rushed, we have plenty of time to chat. The food is good and we have plenty of choice.”

The chef was knowledgeable about the dietary requirement and the preferences of people in the service. They explained that fresh ingredients were used for all meals and cakes were baked from scratch. We saw cheese scones and tea bread for the afternoon which had been baked. They told us that they listened to what people preferred to eat and on occasions would cook different types of food for the younger adults including pizza and curries which they seemed to prefer.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their healthcare professionals such as consultants and specialist nurses and when concerns arose staff made contact with relevant people. We spoke with one nurse who told us that additional input and advice from external health professionals .e.g. respiratory nurse advisor, palliative care team, dietetics, speech and language therapists were readily accessible to the service, with individual records indicating advice or treatment given. As well as access to mainstream NHS Physiotherapy services, the home had a contracted private physiotherapist five hours per week for additional support. Access to specialist mental health services was also available and used for advice on a regular basis.

We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Good

Is the service caring?

Our findings

All the people we spoke with said they were happy with the care and support provided at the service.

Throughout the visit we observed staff providing care and support in a sensitive way. They communicated well with people, explained things clearly to them and asked what they would like. There was friendly and appropriate 'banter' with people which showed that they knew them well and understood their needs. People were supported with sensitivity during lunch and supported to be as independent as possible.

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form positive relationships.

One person told us; "I am treated with the utmost respect." Staff respected privacy by knocking on people's doors before entering rooms. It was observed during direct care that staff made every effort to maintain dignity even in difficult circumstances.

The service also promoted people to be as independent as possible. Staff gave us examples about how they encouraged people to maintain and increase their independence and people told us they were able to go out freely and visitors were always welcomed to the service.

We observed one person being transferred by bed for an appointment and they were adamant they did not want to use a blanket despite the severe cold weather outside. Nurses checked the person's capacity to make a decision and treated them with respect and courtesy throughout the situation. People told us about other examples of being given choices such as; "I can go out whenever I want; I sign myself in and out at the front desk and always tell the staff that I am going out."

We reviewed the care records of nine people and found that each person had a detailed assessment, which highlighted their needs. The assessment led to a range of care plans being developed, which we found from our discussions with staff and individuals met their needs. People told us they had been involved in making decisions about their care and support and developing their care plans. One person said; "I have a care plan, I don't really read it but the staff know what's in it."

The care records were considered to be clear, holistic, of a good standard and person centred and in line with good nursing practice. Individual care needs were identified from a range of assessments which were incorporated into detailed personalised care plans. There was evidence that all care plans were reviewed on a regular basis.

In the care plans there was an individual 'Personal Routine' for both day and night time for all people using the service, located at the front of the plan. This was very detailed and personalised, including preferences for where to sit, what to wear whilst out of bed, when to go to bed, watch television, food preferences etc. This was very useful to new or agency staff, and evidenced the person's involvement as much as possible in planning their care.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood.

The environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

Good

Is the service responsive?

Our findings

A relative said; “I go to care reviews and can visit any time.” And “I can go to staff with any problems.’ And although they would have preferred their relative to be in a smaller home they thought that their relative received better physical care in Bellevue. One person told us; “I get on with all carers… You can do your own thing and feel safe, …staff come quickly.”

We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. All staff, people using the service and relatives that we spoke with said they could speak with the manager about any concerns or issues that they had and felt confident they would be listened to and something would be done. The manager showed us how they recorded any type of complaint even “niggles” raised by people and what actions they had taken. This meant that people felt listened to and able to raise concerns with the management.

One person told us; “It is nice to have somewhere to smoke, especially in winter; it would be very cold if I had to go outside. I have never needed to make a complaint but if I had any concerns I would go and speak to X(the manager). There are staff that come and do activities but I don’t do them. I spend as much time as I can out.”

Several people on the young persons unit attended local activity centres organised by TASC (Teesside Ability Support Centre), which provided training to improve skills, literacy, and develop independence.

The young people’s unit had a resource room, which we were informed was soon to be upgraded by the installation of computers. This room appeared underused at the present time and when implemented this would be a considerable asset in further developing skills developed at TASC and promoting independence. We saw that people were engaged in a variety of activities and both younger and older adults were given the opportunity to join in activities together which was positive.

The home had two activity coordinators who had responsibility for organising a range of both group and individual activities. Planned activities were shared between the two units and were open to all people using the service. On the afternoon of the inspection a singer and keyboard player entertained people in the older adults lounge with a Christmas music theme. One of the activity coordinators told us; “There are regular activities such as bingo every Thursday, darts and dominoes and arts and crafts. I am looking for an Elvis impersonator because a lot of the residents like Elvis. Also we arranged a trip to the local pantomime over two nights for residents who could not make it the first night.” They also said; “Residents are involved in monthly meetings about the kind of activities they wished to take part in.” And we saw people had an activity diary in their room telling them what activities would be taking place and when.

Requires Improvement

Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke highly of the service, the staff and the manager. They told us that they thought the home was well run and completely met their needs. One person said; "My family are always told if there is anything different with my care."

All the staff members we spoke with described that they felt part of a team. One member of staff said, "We all work together as a team." Another said; "It's a good place to work."

The manager had been in post for 12 months and had not yet registered with the Care Quality Commission. We discussed this with them as a matter of urgency and following the visit, they confirmed to us they had begun the application process.

The manager explained that they constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. For example, the service had learnt from safeguarding events and shared this learning with staff through meetings so there was an openness and honesty about what they could do better.

Staff told us that the manager was very supportive and accessible.. Staff told us they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the manager to be an extremely visible leader who created a supportive and non-judgemental environment in which people felt able to raise even the smallest issue or worry. The manager undertook a 'hands on approach' and this was valued by care staff in particular, as they felt they learnt from him due to his broad range of experience. One carer said of the manager, "He appreciates you, if he's doing the floor, he'll come and say thanks for your work today. It's good team work."

We discussed the wide ranging tasks that the manager undertook without any deputy support. They told us they found it difficult to manage all the day to day running of the service alongside longer term planning and clinical input that was required for nursing staff. The manager worked very long hours, was often on call and we were told even visited the service on their days off to check things were all running well.

We saw systems in place to monitor and review the quality of service being delivered. We saw that audits had been completed. These included regular health and safety audits, reviewing care plans, complaints and health and safety. We saw where deficits had been identified that actions plans were in place, which detailed target date for the actions to be completed and the responsible staff member.

There were regular meetings for people living at the service and we saw records that showed they discussed complaints, the fire procedure, menus, games and entertainment recently. There were also regular care staff and nursing staff meetings. We saw that these meetings included feedback from safeguarding alerts and other learning points that were shared with staff in an open and honest manner about how they could improve the service.

Feedback had been sought from people using the service in 2014 and we saw comments and actions arising from these views and people were also encouraged to leave any feedback or comments on the service in a book in the main reception area.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

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