

Camberley Care Limited

Camberley Manor

Inspection report

130 Deepcut Bridge Road
Deepcut
Camberley
Surrey
GU16 6SJ

Tel: 01276820125

Website: www.camberleymanor.co.uk

Date of inspection visit:
19 October 2016

Date of publication:
16 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 19 October 2016 and was unannounced. This was the first inspection of the service since it had registered with the Care Quality Commission (CQC). Camberley Manor provides accommodation, nursing and personal for up to 60 people. The home is set over three floors. The second floor provides care and support for people who are living with dementia. At the time of the inspection there were 45 people living at Camberley Manor.

There was no registered manager in post. 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 and associated Regulations about how the service is run. A manager had been appointed in May 2016 and was in the process of registering with the CQC. They supported us with the inspection on the day and demonstrated a good knowledge of the running of the service.

People had access to a range of healthcare professionals. However, we found that people did not always receive healthcare support in a timely manner which had led to delays in people receiving the treatment they required. People were supported to maintain a healthy diet although people told us the food provided was not always to their liking. We have made a recommendation regarding this.

Prior to starting work at the service recruitment checks were completed to help ensure only suitable staff were employed. We found a number of gaps in staff members' previous work histories and have made a recommendation regarding this.

There were sufficient staff available and staff were attentive to people's needs. Staff were able to demonstrate their responsibilities to keeping people safe and were able to describe reporting procedures should they have concerns. Risk assessments were completed appropriately and control measures implemented to reduce the risk of harm. Accidents and incidents were reported and reviewed to ensure that any trends were identified and changes were made to people's care in order to keep them safe. Medicines procedures were in place and people received their medicines in line with relevant guidelines.

Safety checks on the environment and equipment used were completed regularly. The provider had developed a business continuity plan which meant that people's care would not be interrupted should an emergency occur.

The provider had implemented systems to ensure that staff were working in accordance with the Mental Capacity Act 2005. Staff were knowledgeable about protecting people's rights and spent time with people ensuring they gained consent prior to delivering care.

Peoples support needs were assessed before they moved into Camberley Manor. Care plans were person centred and contained detailed guidance for staff on how to meet people's needs. Staff were

knowledgeable about the support people required and their preferences. People were involved in developing their care plans and regular reviews were completed.

People were treated with kindness and respect by staff who knew them well. Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated. Links had been developed with the local community.

Systems were in place to manage complaints and concerns. People and their relatives had the opportunity give feedback on the service they received and the provider took steps to ensure improvements were made. The provider conducted a range of quality assurance audits to enable them to monitor the quality of the service. Action was taken to address any areas identified as requiring improvement.

People and staff told us they believed the home was well-led. Staff told us they felt supported by the manager and senior staff and were able to discuss any concerns openly. Records showed that staff received regular supervisions to support them in their role. Staff received training and induction prior to starting work and records showed that staff training was regularly monitored and updated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Recruitment procedures were in place although we identified a number of gaps in records.

There were sufficient staff on duty to meet people's needs.

Staff had received safeguarding training and were aware of their responsibilities to report any concerns.

Risks to people's health and wellbeing were identified and guidance was given to staff on how to reduce risks.

Systems were in place to ensure that people received their medicines safely.

Is the service effective?

Requires Improvement 

The service was not always effective.

People's healthcare needs were not always addressed in a timely manner.

People had access to a range of healthcare professionals.

Staff received the training they required to support people effectively.

People's nutritional needs were met although the majority of the people we spoke to told us the food was not to their liking.

People's legal rights were protected as staff acted in accordance with the MCA.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect by the staff who cared for them.

Staff knew people well and spoke fondly of the people.

People's privacy was respected.

Visitors to the service were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and contained detailed information about people's needs, preferences and routines.

A wide range of activities were available which took into account people's individual hobbies and interests.

Complaints were logged, investigated and responded to in line with the providers policy.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor and review the quality of the service provided.

Staff told us they felt supported and valued by the management.

People, relatives and staff were given the opportunity to feed back on the quality of the service.

Camberley Manor

Detailed findings

Background to this inspection

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

This inspection took place on 19 October 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor experienced in the care of older people 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.

Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also reviewed the Provider Information Return (PIR) submitted by the registered manager. The PIR 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.

As part of our inspection we spoke with twelve people, four relatives, six staff and the manager. We also reviewed a variety of documents which included the care plans for eight people, five staff files, medicines records and a range of other documentation relevant to the management of the home.

Is the service safe?

Our findings

People and their relatives told us they felt safe. Comments included, "It's definitely safe, I can't remember having any issues", "I feel my husband is nice and safe here. I never worry when I am not here visiting" and "It's very safe here. Can't complain about anything, they look after us quite well. I never feel afraid."

Recruitment checks were completed to ensure that staff employed were of good character although some gaps in the process were identified. All staff members had completed an application form and undergone a face to face interview. Nurses employed all had registration with the Nursing Midwifery Council (NMC) which were up to date. Staff recruitment files contained proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate. DBS checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. References were obtained from previous employers although one staff member's file did not contain a reference from their last employer within the care sector. Two staff files contained gaps in employment history which had not been investigated.

We recommend that recruitment systems are reviewed to ensure that robust checks are always completed prior to staff starting work at the service.

There were sufficient staff deployed to meet people's needs. People told us they felt there were enough staff. One person told us, "You never have to wait long for a member of staff to come to you if you call them." Another person told us, "Staff are always around." The manager told us they used a dependency tool to assess the number of staff required to support people safely. Where additional staffing was required we observed that this was provided. One person had experienced times of high anxiety and several falls. Staffing levels had been adjusted and the person was receiving one to one support from staff. This had led to a reduction in the person's anxiety and the person had not suffered any further falls. Staff told us they had enough time to support people without rushing them. One staff member told us, "There are enough of us around so we can be with people. When things were a bit much we spoke to the manager and they've put another staff member on in the morning." During the inspection we observed people received care promptly. Staff were present in communal areas at all times to respond to people when required.

People were supported by staff who understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. Staff members confirmed they had completed safeguarding training and were able to describe the different categories of potential abuse and signs to look for which may alert them to concerns. Staff were clear on their responsibility to report any concerns and were aware of the whistle-blowing procedure. Records showed that where concerns had been identified these were appropriately reported and investigated in line with local authority safeguarding guidance.

Individual risk assessments were completed and plans were in place to minimise the risks to people's well-being. Risk assessments within people's care files were detailed and covered areas such as skin integrity, mobility, falls, nutrition and maintaining a safe environment. Regular reviews were completed to ensure that the information and guidance was up to date. Where systems were in place to ensure control measures were met we observed these were followed. One person's care file showed they were at high risk of skin

breakdown and developing pressure areas. Their risk assessment detailed that they should be repositioned regularly, have pressure relieving equipment in place and be supported to drink well. Records and observations evidenced that these control measures were being followed by staff and the person's skin remained intact.

Accidents and incidents were recorded and monitored to minimise the risks to people's safety. Staff completed detailed records of all accidents and incidents which were then forwarded to the senior team to review. A central log was maintained to identify any trends and ensure that action was taken to minimise the risks of reoccurrence. One person's file showed they had experienced a number of falls. The person had been referred to the falls team for assessment and the GP had reviewed the person's medicines. Staffing levels required to support the person had been increased and the person's bed had been placed on the lowest level to minimise the impact to the person should they fall. Since the measures had been implemented the person had not experienced further falls.

People's medicines were managed, stored and administered safely. People told us that staff supported them well with their medicines. One person told us, "I always get my medicines on time, staff are very good with this." Another person said, "If I need pain medicine all I have to do is ask." Medicines administration records (MAR) were in place and completed accurately. MAR charts contained a recent photograph of the person and any known allergies. We observed staff completing medicines rounds and saw that staff signed MAR charts following each administration. Where people were prescribed PRN (as required) medicines, guidance was available to staff detailing how and when the medicines should be administered. Medicines were stored securely and temperatures of storage areas were monitored to ensure that medicines were kept at the correct temperature. Stock checks of medicines were completed regularly and processes for ordering medicines were in place.

People lived in a safe and clean environment. A dedicated staff member was responsible for monitoring the safety of the environment and records showed that regular checks were completed. Equipment was regularly serviced and maintained and any faults were reported and actioned promptly. Fire risk assessments were in place and each person had a personal emergency evacuation plan to guide staff on the support they would require in the event of an emergency. A contingency plan was available and staff were aware of the action to take should they need to evacuate the building. The meant that people would continue to receive care safely if the building could not be used.

Is the service effective?

Our findings

People's health care needs were not always addressed in a timely manner and guidance on specific healthcare needs were not always provided for staff. One person's records showed that they had complained of pain in their leg for eight days before being referred to their GP and treatment being prescribed. Staff had noted signs of infection but had not acted promptly in seeking medical intervention. Another person had also shown signs of infection and had waited four days for the GP to visit. One person's assessment documentation and medical notes indicated they had an infection which required careful management. Staff we spoke to were not aware of this and management plans were not in place. The manager acknowledged that systems should have been more effective in identifying the above concerns. Following the inspection we were provided with details of how these issues were being managed.

Failing to ensure that people's healthcare needs were met in a timely manner was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

With the exception of the above, people had access to a range of health care professionals including GP, optician, dentist, speech and language therapy and physiotherapy. People told us they were able to see healthcare professionals as and when they needed to. One person told us, "The doctor comes every week but they will ring if we require him to visit." People's records showed advice from professionals was followed. Where people had been advised to keep their legs elevated we observed staff supported people to do this and people suffering from infections were prompted to drink plenty of fluids.

The majority of the people we spoke to told us the quality of food provided was not satisfactory. Comments included, "I had high expectations of the food when I came to this lovely place. All I can say is I miss the hospital food. It's really not very good."; "The food somehow manages to lose all flavour between the kitchen and dining room." and, "We are always telling the staff and manager about how bad the food is here." The manager told us that they were aware that people were concerned about the quality of the food available. They had held several meetings with the kitchen staff and were looking at ways that the quality could be improved. During the inspection we observed that the food provided looked and smelt appetising although people commented that this was unusual.

We recommend that the provider continues to monitor the quality of food provided and takes timely action to ensure that it meets people's individual preferences.

People were offered a choice of meal and drinks. One person told us, "We choose what we would like in advance but can always change our minds." We observed people living with dementia were not offered a visual choice of food although when two people refused their meal they were shown the alternative option which they accepted. Where people required support to eat this was provided in a dignified manner. Staff sat beside people, supporting them at an appropriate pace and chatting easily.

Staff had a good understanding of people's nutritional needs and people who required specialist diets were catered for. One person told us, "I am on a low potassium diet and they always find me something to eat

that I like." Catering staff were provided with a list of people's dietary requirements which was regularly reviewed. Where people required soft or pureed food this was provided and presented well. People were weighed on a regular basis and where significant changes were identified action was taken to ensure people received health checks and fortified diets. There were drinks and snacks available to people throughout the day and we observed staff regularly encouraging people to drink. Where people were assessed as being at risk of malnutrition or dehydration staff monitored their food and fluid intake throughout the day.

People spoke positively about staff and told us they believed they had the skills they required. One person told us, "Staff know what they are doing." Another person told us, "Staff must have had training, because they know what to do when they help people here."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Records showed that staff had completed mandatory training including first aid, moving and handling, basic life support and infection control. The manager maintained a training log which identified when staff were due to update their training. In addition staff completed a short course in supporting people living with dementia. A number of staff had also attended more in-depth dementia training and were sharing their knowledge with other staff. One staff member told us, "All the training is good but the dementia training was very practical and showed you how it felt. It's made me change my practice even in little ways like making sure the TV and music aren't on at the same time." Clinical staff were supported to keep their knowledge up to date and told us they felt supported in their development. One nurse told us, "The clinical lead helps in our development and training. They are always there to advise us."

New staff members completed a structured induction programme which included shadowing more experienced staff members to learn about people's needs. Staff told us this time had been valuable in helping them learn about how the service and gave them time to get to know people. One staff member told us, "The induction was useful, you learn what to do and I shadowed other (staff) until I felt confident. Everyone here is very supportive."

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 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.

Records evidenced that staff worked in accordance with the principles of the MCA which meant people's legal rights were protected. Capacity assessments had been completed by staff and where appropriate best interest decisions had been made in conjunction with relevant professionals and family members. DoLS applications had been submitted to the local authority where people were restrictions such as key padded entry systems and constant staff supervision was required.

Staff had received training with regard to MCA and DoLS and each staff member carried a small prompt card with them at all times to remind them of the principles. Staff were able to describe the main principles of the MCA and demonstrate how they supported people to make decisions on a day to day basis. One staff member told us, "We show people choices all the time and talk about what we're doing. When I'm helping

people get dressed I hold up a selection of clothes so they can choose." One person had developed a pressure area but had refused to be repositioned on a regular basis. Staff understood the person's right to make this decision and had ensured they were aware of the risks involved. They were supporting the person to maintain their weight and fluid intake and were working alongside the tissue viability nurse to prevent further deterioration and ensure the person's comfort.

The premises was decorated and furnished to a high standard which took into account people's needs. The service had been awarded a healthcare design award for the best new care home for the elderly. All areas were bright and clean and assistive technology had been incorporated into the design of the building to help keep people safe. Sensors were fitted to all bedrooms on the top floor which was designed to support people living with dementia. This meant that should a person assessed as being at high risk of falls move from their chair or bed, staff would be alerted immediately to offer assistance. Memory boxes were available outside people's bedroom doors which contained items important to them. This assisted people in recognising their room and gave staff members prompts to encourage conversation.

Is the service caring?

Our findings

People and relatives told us that staff were caring and kind towards them. Comments included, "Staff have been excellent, so caring. Nothing is too much for them."; "The staff are very caring here." and, "Staff are excellent. They will do anything you ask."

Staff supported people with warmth and kindness. One staff member told us, "I try to always give the care I would want my own family to receive." We observed staff spend time chatting with people and talking through plans for the day. Staff knelt or sat beside people when talking to maintain eye contact and frequently used appropriate physical reassurance such as stroking someone's hand or rubbing their back. This approach was consistent throughout the staff team. We observed members of the housekeeping team stopping to chat with people and ask how they were. One person spent long periods of their day chatting with administration and reception staff who responded positively to the person.

Staff responded to people's needs in a caring manner. One person in the communal area stood up and appeared anxious as they were unsure what they wanted to do. Staff supported them gently to sit down and brought them a cup of tea. They then sat and looked through the newspaper with the person until they appeared calm and relaxed. Another person was reluctant to get dressed, staff did not put any pressure on the person to do so but asked them regularly if they wanted any help.

Staff encouraged people to maintain their independence and choice. One staff member told us, "It's so important that people can do as much as they can. It would be cruel to take that away from them." One person who had recently moved into the service was finding the transition difficult. They had told staff they missed not serving their husband at mealtimes. Staff therefore set up a separate dining area each week and supported the person to serve their family member's meal from the hot plate when they were visiting. We observed that people were supported to eat independently where possible and adapted crockery was available to support people with this. Another person was able to wash themselves but found this difficult as they were unable to stand for long periods. An adapted chair had been ordered to enable the person to sit down and wash independently.

Staff treated people with respect and dignity. People told us they were able to choose the gender of staff who supported them with personal care. One person told us, "I chose to have a female; I could choose to have who I want to look after me." One relative told us, "My mother has chosen not to have male staff attending to her and this has been respected by the manager and staff." We observed that staff members knocked on people's doors and waited for a response before entering. Staff spoke to people discreetly when asking if they wanted support with their personal care and sought people's consent. One staff member told us, "People's personal needs are attended to in the privacy of their bedroom with the door closed. I would cover any exposed areas, I don't want to make people feel uncomfortable."

Staff supported people to celebrate significant events in their lives. One person was due to celebrate a special birthday and had been supported by staff to plan a party of their choice. The person had asked that the Mayor be invited along with representatives from the fire brigade. The service had made these

arrangements and the person told us they had met with the manager and other staff to ensure the arrangements were to their liking.

The atmosphere was relaxed and visitors were made to feel welcome. Family rooms and quiet areas were available for people to meet with their visitors. One relative told us, "We travel a long way and the staff are always accommodating. They're superb, always have a chat and make you feel at ease." There were no restrictions on the times people could receive visitors and relatives told us they were kept informed of any concerns. One relative told us, "They will ring if there is anything. I'm always here so if it's something small they will tell me when I'm here."

Is the service responsive?

Our findings

People and their relatives told us they had been involved in their care plans and their input was listened to and acted upon. One person told us, "I have been involved in my care planning, they know me well." One relative told us they had been involved in the family member's care plan and reviewed their records during visits. We saw that this took place during the inspection.

Prior to moving into the service people's needs were assessed to ensure staff were able to support them effectively. Records showed that people were involved in the assessment process with the support of their relatives where appropriate. Care plans reflected the information gained during the assessment process and were completed in a person centred manner. People's preferences, likes and dislikes were clear throughout and details of friends and family members who were important to people were documented. Care plans covered all aspects of people's daily lives and gave staff detailed information regarding individual needs. All care plans were reviewed on a monthly basis to ensure they were up to date and reflected people's current situation. On a monthly basis each person was nominated as resident of the day. They were visited by key staff to review their care, talk about activities, food choices and give feedback on the service they received. One staff member told us, "We make sure people receive the right care through reading their care plans and listening to them."

People were supported by staff who knew them well and were able to respond to their needs. Care plans contained details about people's life histories, interests and observations showed that staff were aware of these. One person's care file detailed the things they were proud of in their life as being their family and their voluntary work. We observed that staff chatted to the person about their family members and their past history. The person responded positively, smiling at staff and making eye contact. Another person was supported to listen to music in a quiet area. Staff were aware of the person's favourite music and spent time singing along with them.

There was a wide range of activities for people to participate in which took into account people's likes and preferences. One person told us, "They are such lovely ladies (activity staff), they keep us going. I don't know where they get all their ideas from." Activities included music and movement, bingo, puzzles, reminiscence and film screenings. One person had been a keen cook and regularly took part in baking sessions. We observed staff talking about what they were going to make during the next session and the person said they were very much looking forward to it. Where people spent the majority of their time in their rooms, staff spent time with them and involved them in activities. The activity manager told us they continually stressed the importance to staff of talking to people. They told us, "I encourage staff to spend even just 10 minutes talking to people and observe the change in the person when this happens. We also do a lot of hand massage. People enjoy the touch and it makes them feel special."

Activities were provided by a dedicated activity team who worked throughout the week. The activity manager spoke passionately about their role and the impact it had on people's well-being. They told us, "Staff are starting to see how activities help people and are doing more." The activity team spent time with people encouraging them to attend activities in a manner which reflected people's individual needs. We

observed one activity worker spend time explaining the next activity to someone in a gentle and encouraging way. They then went to another person and with enthusiasm said, "I'm about to run a dance session. Do you want to come and laugh at me?" Both people attended the activity and were encouraged to participate throughout. Activity staff had completed training in delivering a music and exercise programme aimed at increasing people's mobility and social interaction. A large group of people attended the session and the activity staff demonstrated their skills in involving everyone in a manner they were comfortable with. At the end of the activity people were asked if they had any music requests for the next session. This instigated an impromptu sing-along from one person which staff encouraged everyone to join in.

People and their relatives were provided with information on how to make a complaint and staff told us they would support people to speak to senior staff members if they expressed concerns. One staff member told us, "If someone isn't happy about something we would tell the nurse or the manager so they could address it with them." The manager maintained a log of complaints which showed that any concerns expressed had been recorded, investigated and responded to. The log contained written records of meetings with relatives and confirmation that people were happy with the agreed outcome. The manager monitored complaints to identify trends and took action to address these areas. They were aware of the concerns people had regarding the quality of the food and were working with kitchen staff to address this. People told us they were aware the manager was addressing their concerns and were confident they would be updated on the progress made in the next residents meeting.

Is the service well-led?

Our findings

People told us they knew the manager and said they saw them regularly around the service. They told us the atmosphere at the service was relaxed and friendly and a, "Nice place to be." Staff told us they enjoyed their work and felt valued by the management and the organisation.

Staff were confident that there was effective leadership and management oversight within the service. One staff member told us, "The manager is very good and very approachable and so are the nurses. We can make suggestions and they will listen to us." The staff member said they had approached the manager as they did not feel people on one floor had access to enough activities. The manager had addressed this and ensured that activities in the area were increased. Regular staff meetings were held to discuss service developments and any concerns. Staff told us they felt able to contribute in the meetings and minutes produced confirmed this.

People's experience of care was monitored through resident meetings and feedback surveys. People told us they had opportunities to contribute to the development of the service. One person said, "We have regular meetings and can air our views and make suggestions about things." Satisfaction surveys were distributed to people and their relatives on a six-monthly basis. The last survey showed a high level of satisfaction with the service. Comments included, 'Staff taking the time to help Mum facetime (relatives) in Canada has really helped' and 'Pleasant surroundings and facilities with lovely friendly staff'. Monthly 'Experience Audits' were completed with five to ten people or their relatives each month and routinely showed a satisfaction score of over 90%. The manager told us they also monitored feedback left on a care home review website. Comments included, "All things bright and beautiful" are the words that come to mind when one enters Camberley Manor Care Home' and 'As soon as you walk through their door you feel part of this 'Camberley Manor ' family, staff are extremely caring, helpful and proactive'.

Positive links had been established within the local community. Due to its location a number of people living at the service had connections with the armed forces. Links had been made with the nearby Deepcut Military Museum who had provided regular guided tours to people. The Royal Logistics Military band and Military Wives Choir had provided entertainment for people and the service had been involved in planning fundraising events for the army veterans association. The service held a weekly event called 'Teapot Tuesday' where people from the local community were invited to join people for tea, cake and entertainment. The event was advertised outside the service and regular advertising flyers were distributed. The manager provided the following feedback on the event, "There are local people in the community who attend on a regular basis for Teapot Tuesday as they enjoy the company of the residents and of course the entertainment as well. It is a real social gathering for tea, coffee and cake; it also can get very competitive with the games and quizzes that are provided."

The vision and values of the service were clear. The service PIR stated, 'Camberley Manor operates values of Truth, Love and Compassion (TLC) as their core values. We recruit team members and screen them to have a natural ability to provide the service reflecting those values. On induction the team sign their commitment to those values'. Staff confirmed that the values of the service were discussed with them during interview

and induction. One staff member told us, "All the staff here are fantastic and genuinely care for people. It's a team and that's why it works, we all want the same thing for people."

The provider had implemented effective systems to monitor and improve the quality of the service. Although they were aware of people's dissatisfaction with the food from their own monitoring of quality this was the only area where action had not been taken in a timely way. The manager completed regular audits which covered areas including care plans, health and safety and medicines. The manager told us, "We're a new service and constantly looking for the best way to do things." They gave the example that care plan audits had recently changed to ensure that the quality of the information was examined in addition to checking that all elements of the plan were included. The manager also submitted information regarding accidents and incidents, complaints, weights monitoring and staff training onto a central document which could be viewed by senior managers in the organisation to ensure that information was monitored and reviewed. Audits were also completed on a monthly basis by the regional operations manager to monitor quality and compliance.

The manager maintained a service action plan which highlighted all areas which had been identified in audits and feedback surveys. Actions were addressed by the manager and staff team to ensure that improvements were on-going. An audit had identified that staff required additional training to increase their knowledge of the MCA. Records showed that training had been booked, prompt cards had been distributed and staff were able to demonstrate this learning. Staff had identified that the lighting outside of the building was a concern. This issue had been addressed and additional security lighting fitted.

Records were stored securely and staff had easy access to the information they required. People's care records were organised and staff ensured that daily updates on each person's well-being were recorded. Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure that people's healthcare needs were met in a timely manner.