

Hilgay Ltd

Hilgay Care Home

Inspection report

Hilgay
Keymer Road
Burgess Hill
West Sussex
RH15 0AL

Tel: 01444244756
Website: www.hilgaycare.co.uk

Date of inspection visit:
23 April 2018

Date of publication:
23 August 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 April 2018 and was unannounced. Hilgay Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can provide accommodation and personal care for 35 people in one detached building that is adapted for the current use. The home provides support for people living with a range of complex needs, including people living with dementia. There were 25 people living at the home at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider of Hilgay Care Home was also the registered manager and they were present throughout the inspection.

At the last inspection on 26 September 2017 we found a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because there were not sufficient numbers of suitable staff employed. We also identified other areas of practice that needed to improve. We issued a warning notice requiring the provider to become compliant with the legal requirements by 31 January 2018. The provider sent us an action plan on 21 February 2018 to tell us what they had done to meet the legal requirements in relation to staffing. At this inspection, on 23 April 2018, we found that the improvements set out in the warning notice had been made and the previous breach had been addressed. However, we identified further areas of practice that required improvement.

Policies and procedures were in place to guide staff, however some policies were not being followed. The registered manager used a number of management tools to monitor standards and quality and to provide oversight. However, these systems were not always effective in identifying shortfalls in practice. Governance is an area of practice that requires improvement.

Staff understood how to recognise abuse and how to report concerns. However, processes to safeguard people from harm and abuse were not consistently followed in line with local safeguarding arrangements. This is an area of practice that needs to improve to ensure that people are consistently protected.

People told us they felt safe living at Hilgay, one person said, "There are always staff around to help us." Risks to people were assessed and managed and there were plans in place to guide staff in how to support people safely. People were receiving their medicines from staff who were trained to administer medicines safely. Incidents and accidents were recorded and monitored so that lessons were learned when things went wrong. There were systems in place to ensure that people were protected by the prevention and control of infection.

Staff were receiving training and support relevant to their roles. Communication between staff was effective. One staff member said, "We have very good team work here." People's consent to care and treatment was sought and staff understood the principles of the Mental Capacity Act 2005.

People's needs were assessed, monitored and managed. People were supported to have enough to eat and drink and staff supported them to access health care services when they needed to. One person told us, "They look after me very well."

People and their relatives told us that they were happy with the care provided. One relative said, "The staff are so caring, kind, friendly and attentive. It's a home from home." People were encouraged to express their views and to be involved in planning their care. Relatives also described being involved and being kept informed of any changes. People's privacy and dignity was supported. Staff encouraged people to be as independent as possible.

At the last inspection on 26 September 2017 we found that people's social needs were not always being met because there was a lack of social stimulation. At this inspection improvements had continued to be made and people reported greater satisfaction with the range of activities available.

Care records were personalised and included details of people's diverse needs. One person told us, "Everyone is helped in different ways." Another person said, "The know me well and know my likes and dislikes." Care records included plans for end of life care.

People and relatives felt able to raise any complaints and records showed that action was taken to address people's concerns. Systems were in place to monitor quality and seek feedback from people and their relatives. Audits were used to monitor quality and action plans were developed to drive improvements.

Staff had made links with organisations from the local community which benefitted people living at Hilgay. Staff worked in partnership with other agencies and sought appropriate advice from health and social care professionals. The registered manager had a clear vision for the home which was communicated and understood by the staff, people and their relatives.

We identified one breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Safeguarding alerts were not always made in line with safe practice.

There were enough people on duty to keep people safe. People received their medicines safely.

Risks to people were assessed and managed and lessons were learned when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed and their consent to care and treatment had been considered.

Staff received the training and support they needed to care for people's needs. Staff communication was effective.

People were supported to have enough to eat and drink. Staff supported people to access health care services.

Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and with compassion.

People's privacy was protected and they were treated with respect.

Staff knew people well and encouraged them to express their views and to be involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were receiving personalised care and their needs were

regularly reviewed. Staff knew people well and understood their needs.

People and relatives knew how to make complaints. Concerns and complaints were recorded and acted upon.

People were supported to make plans for their care at the end of their life.

Is the service well-led?

The service was not consistently well-led.

Management systems were not always effective in identifying risks that needed to be reported to other agencies to ensure openness and transparency.

People, relatives and staff were included in developments at the home. Feedback, audits and analysis were used to drive improvements.

There were effective links with the local community that benefitted people living at the home.

Requires Improvement 

Hilgay Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 April 2018 and was unannounced. The inspection team consisted of two inspectors 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.

On this occasion we did not ask the provider to submit a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service. This included any complaints we had received and any notifications. Notifications are changes, events or incidents that the service must inform us about.

We contacted the local authority for their feedback before the inspection and received feedback from one social care professional before the inspection.

During our inspection we spoke with 10 people, six relatives and one visitor. We spoke with five members of staff, and the registered manager. We observed staff interactions with people. We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 26 September 2017 and was awarded the rating of Requires Improvement.

Is the service safe?

Our findings

At the last inspection on 26 September 2017 we found a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because there were not sufficient numbers of suitable staff employed. We issued a warning notice requiring the provider to become compliant with the legal requirements by 31 January 2018. After the inspection the provider sent us an action plan describing what they had done to ensure compliance with the legal requirements. At this inspection on 23 April 2018 we found that the provider had followed their action plan, there were enough staff to care for people safely and this breach of regulations had been addressed. However, other areas of practice needed to improve.

Staff had received training in safeguarding and told us that they understood their responsibilities for safeguarding people from abuse. They demonstrated that they understood the signs that might indicate abuse and knew how to report any concerns. However, records showed that the registered manager had not always ensured that potential safeguarding concerns had been alerted to the local authority in line with local safeguarding procedures. For example, an incident report recorded an incident of alleged psychological abuse. The registered manager had taken action to ensure the person's safety and had dealt with the matter as a staff performance issue. However, they had failed to recognise that an alert should have been made to the local authority in line with local safeguarding procedures. We discussed this with the registered manager who took immediate action to raise the matter appropriately. Ensuring that all potential safeguarding matters are reported to the local authority in line with safeguarding procedures is an area of practice that needs to improve to ensure that people are consistently protected and that there is transparency and proper scrutiny of the service.

People told us that they felt safe at Hilgay. One person said, "There are always staff around to help us." Another person said, "You get help anytime you want." We observed that people were not having to wait longer than they should expect for their care needs to be met. Staff made sure that people had a call bell within their reach. People told us that staff answered their call bells promptly. One person said, "When I ring for help someone comes pretty quickly." Another person told us, "Someone comes straight away when I ring the bell." The registered manager showed us electronic reports that were used to monitor how quickly call bells were answered by staff. We observed that call bells were being answered promptly during the inspection.

Staff told us there were enough staff to care for people safely. One staff member said, "It has got better, we work well as a team and people are well looked after." Another staff member said, "Some days we could do with more but I think that's always the way, the staff do really well and the manager works a lot of hours." A third staff member told us that staffing levels were monitored saying, "The number of staff on shift depends on people's needs." Records showed that agency staff were used regularly to maintain staffing levels. The registered manager told us that they continued to recruit to vacant posts and records confirmed that new staff had been recruited since the previous inspection. Recruitment procedures were robust and the required checks and references had been obtained before staff began working with people. The registered manager told us that they had used less agency staff as a result of recent recruitment. The provider had followed their action plan and the above evidence demonstrates that the previous breach of regulations

had been addressed.

Risks to people had been assessed and plans were in place to guide staff in how to support people safely. For example, one person had risks associated with their mobility. The risk assessment and care plan identified appropriate equipment that supported the person to move around safely. We observed that staff were following the guidance in the care plan when supporting this person. Another person had been identified as having risks associated with skin integrity. Risk assessments and a care plan had been completed. Records showed that these were regularly reviewed to identify any changes and adjustments were made to the care plan accordingly.

People were receiving their medicines safely. The registered manager told us that only staff who had completed medicines training were able to administer medicines to people. Some night staff had not yet completed their training but arrangements were in place to ensure that people received their medicines safely. One person told us, "They always ask if I need my pain killer, there's never a problem with getting my medicine." Records were completed consistently. Some people had been prescribed medicines to be given PRN (as required). There were clear protocols in place to guide staff in when and how to administer these medicines. There were safe systems in place for the management, storage and disposal of medicines.

Incidents and accidents were recorded. The registered manager had oversight of these and told us that analysis was undertaken to identify any trends or patterns. For example, one person had been found to have been falling regularly when alone in their room. An electronic sensor mat had been introduced to alert staff when the person was moving around so they could provide appropriate support. This showed how lessons were learned when things went wrong.

The home had staff dedicated to maintaining the cleanliness of the environment. People told us that they were happy with the environment. One person told us, "Everywhere is kept beautifully clean." Staff were using appropriate personal protective equipment in line with infection control procedures. The registered manager told us that the kitchen was in need of refurbishment and plans were in place to complete this within six months. Maintenance records showed that actions had been taken to make repairs and maintain the hygiene of the kitchen until the refurbishment had been completed.

Is the service effective?

Our findings

At the last inspection on 26 September 2017 there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure staff had suitable skills, and that the skills mix of staff deployed met the needs of the people they supported. We issued a warning notice requiring the provider to become compliant with the legal requirements by 31 January 2018. After the inspection the provider sent us an action plan describing what they had done to ensure compliance with the legal requirements. At this inspection on 23 April 2018 we found that the provider had followed their action plan, staff had received training in medicines and suitable staff were deployed to meet the needs of people. The provider had met the requirements of the Warning Notice.

Staff told us they were receiving the training and support they needed to care for people. Records confirmed that staff had received training that was relevant to the needs of the people they were caring for including, manual movement, dementia awareness and pressure care and administration of medicines. Plans were in place to meet staff member's ongoing training needs. One staff member said, "When we get new staff we pair them up to work with more experienced staff." We observed how staff were helping one person who had difficulty with mobilising. They were confident in their approach and supported the person effectively in the way described within their care plan.

Staff told us that they worked well as a team and that communication was good. One staff member said, "We have very good team work here." Another staff member said, "We have to all help each other, it can be very busy and we support each other." Systems were in place to enable effective communication between staff. Handover meetings happened regularly to pass on information to staff coming on duty. Staff explained that this helped them to be aware of any changes in people's needs.

People's needs had been assessed and care plans were holistic. Assessments and care plans covered people's physical and mental health needs as well as their social needs and preferences. Appropriate risk assessment tools were used in line with good practice guidance, for example, a Malnutrition Universal Screening Tool (MUST) was used to assess risks of malnutrition. Technology was being used to support people with managing risks. For example, a person was at high risk of falls and needed support when moving around. The provider had introduced an infra-red sensor system to alert staff when the person tried to move without support.

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 or authorisations to deprive a person of their liberty were being met.

Staff demonstrated an understanding of the basic principles of the MCA. Records showed that where people lacked capacity appropriate assessments had been made. Decisions that had been made in people's best interests were documented in line with MCA. Applications for DoLS had been made appropriately by the registered manager. We observed staff checking with people to gain their consent before providing care or support. One staff member said, "We can never force people to do something if they don't want to."

People were being supported to have enough to eat and drink. Meals were attractively presented and staff explained what the food was. Staff were assisting people who needed help with eating and we noted that the atmosphere was relaxed and unrushed. One person told us, "The food is quite good, we get a choice of two different main courses and two sweets. We can choose something different if we want to." People told us that the variety of food was good and that they enjoyed having a roast dinner on Sunday. Risks associated with nutrition and hydration were assessed and care plans included clear guidance for staff in how to support people. For example, one person had been assessed as being at risk of malnutrition. Their care plan included specific guidance on how to support them including by providing reassurance and encouragement to use their cutlery. We saw staff were supporting this person and heard them discreetly reminding and encouraging them to eat. Some people had difficulty with swallowing and appropriate referrals had been made to Speech and Language therapist (SALT). We noted that SALT recommendations were included within people's care plans. Where appropriate staff were checking people's weight regularly, for example to monitor risks of malnutrition. People were encouraged to drink throughout the day and we heard staff offering a choice of hot and cold drinks. Some people were at risk of dehydration and we noted that this was discussed during the staff handover meeting when staff were reminded to encourage the person to have plenty of fluids.

People were supported to access the health care services they needed. Some people were living with dementia. We noted that referrals had been made to Mental Health professionals for advice on how best to support people for example, with high levels of anxiety. People told us they felt their health care needs were well supported. One person said, "They look after me very well." A relative told us about their relation saying, "She was very ill when she first came here and now she is a new person." Another relative told us that staff were proactive in supporting people with their health needs saying, "Whatever they need they get." Records included details of visits from health care professionals such as district nurses and the GP. People were also able to access ongoing health care support such as foot care and dentistry.

During the inspection the lift was being refurbished and this meant that people were not able to access all areas of the home as they would usually. Staff had put measures in place to ensure that people were not at risk of social isolation whilst the work was being completed. Some people were usually able to move around the home independently, others needed support from staff. One person said, "It's easy to get around this place." Another person told us they enjoyed going outside but could only access the garden with a staff member. They said, "I don't have confidence to go out on my own but I like to get out there." The registered manager said that there were plans to develop the garden and make it more accessible for people with mobility difficulties.

Is the service caring?

Our findings

People and their relatives told us that they were happy with the caring approach of the staff. One person told us, "The carers are very nice and work very hard." Another person said, "The staff are lovely," and a relative said, "The staff are brilliant."

Staff told us that they knew the people they cared for well. They could describe people's individual needs and preferences and were able to tell us about specific things that were important to people. For example, one staff member explained the importance of maintaining a specific routine for someone. They said, "They prefer to stick to their routine and it upsets them if things change too much."

A relative told us that staff were caring and compassionate. They explained, "The staff are so caring, kind, friendly and attentive. It's a home from home." We observed positive interactions throughout the inspection. For example, a staff member noticed that a person appeared to be upset and immediately stopped what they were doing to offer reassurance. We noted that staff used gentle touch, bent down to speak to people at their level and spoke in reassuring tones. One relative told us, "The staff really care which is the most important thing."

Staff understood the importance of supporting people to be as independent as possible. One staff member said, "I always think it's better to encourage people so they keep doing what they can do. I say use it or lose it." We observed staff using encouragement, for example when supporting a person to walk using their frame. The staff member assisted the person with clear verbal instructions, encouragement and praise. The person looked pleased and said that the staff gave them confidence.

People were supported to express their views and to be involved in making decisions about their care. Care plans included the choices that people had made. For example, one care plan noted the time that the person preferred to get up in the morning. A staff member was aware of this and told us, "They are always awake early and they like to get up and dressed as soon as they wake up." A relative told us that they attended "lot of meetings" and felt that they were included in decisions. They told us "We always know what is going on." Another relative told us that they felt well informed about any changes in their relation's care, they described the staff as "Brilliant and phenomenal," and said "Staff are honest about how my relative is."

Some people who were living with dementia lacked capacity to make some decisions about their care and support. Staff told us that, where appropriate, they would involve family members or advocates to support people. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People told us that staff treated them with respect and protected their privacy. People's personal information was stored securely. We observed that signs were placed on bedroom doors to indicate when people were receiving help with personal care. Staff were seen to knock on doors and they waited for a response before entering people's rooms.

People were supported to maintain their dignity. People were being supported to maintain their appearance, wearing clothes of their choice and some women were wearing make-up. One relative told us how important it was for their relation to "look nice" because they had "always been particular about their appearance." We observed staff supporting people in a discreet and compassionate way. One person who was living with dementia and sensory loss became distressed and vocal when in the lounge area with other people. A staff member was quick to reassure them and used a gentle approach, bending close so the person could touch them and knew they were not on their own. The staff member engaged the person in a positive discussion and they quickly became calm again which meant that they could continue to be involved in the communal activities that were taking place. This approach ensured that the person was not excluded and that their dignity was protected.

Is the service responsive?

Our findings

At the last inspection on 26 September 2017 we found that planned improvements to meet people's social needs had not been fully implemented and the provision of meaningful occupation for people remained an area of practice that needed to improve. At this inspection we found that the provider had continued to make improvements and people were positive about the changes.

The activities co-ordinator told us that they were providing several short activity sessions throughout the day which provided greater choice. They explained that they also provided individualised activities for people according to their interests and that this was work in progress. They spent time with people in their rooms if that was what they preferred. People said they had enough to do and enjoyed having more choice. One person told us, "The activities have got a lot better." Another person said, "There is more choice now, it has improved." A relative told us their relation, "Looks happier now then when they lived with us, they were bored but now they have people around."

People told us that there was a range of activities available every day and that staff encouraged them to join in. We observed that people were engaged in a game of bingo during the inspection and noted that staff were supporting people to take part. We also observed a short exercise session and noted that different people were engaging in this activity. Some people told us they preferred to spend time alone, one person said, "I occupy myself a lot with reading." They then went on to tell us about some of the activities that they enjoyed, "We get a quiz three times a week and a craft sessions on two afternoons."

People's social needs were reflected within their care plans. One person was described as having a particular interest in news and current affairs. The activity co-ordinator said that they used information about people's particular interests when developing activities. They described this as ongoing work but gave an example of how they included questions about current news events within quiz activities to stimulate and interest people who they knew followed current affairs.

Staff were aware that some people were at risk of social isolation and this was reflected within people's care plans. Some care plans indicated that people enjoyed having a chat with staff to support their emotional well-being and we observed that this was happening. During the inspection the lift was being refurbished and this meant that some people were not able to come downstairs to the lounge and dining area. Staff had created temporary lounge areas upstairs and were supporting people to sit together. Staff were also seen to be spending time with people who had chosen to stay in their bedroom.

The registered manager told us that they were keen to use technology where ever possible to support people and encourage them to maintain their independence. They told us that a new call bell system had been introduced to support people to access the care they needed quickly. The system was linked to mobile phones carried by staff and enabled people to have a call bell attached to their wrist so that they could move around the home independently. One staff member told us that the new system was "a great improvement." The activities programme included regular use of electronic tablets. Staff supported people to use the tablets to keep in contact with people who were important to them. The registered manager

explained that WiFi was available in parts of the house and in some people's rooms if they wanted to use a computer or electronic tablet.

People's care plans reflected their physical, mental, emotional and social needs. Information included people's personal history and information about what was important to them. Staff told us that this helped them to provide care in a personalised way. For example, one person's care plan included details of their daily routine including the order that they preferred to do things. Another care plan included details of where someone preferred to sit and noted the importance of retaining familiar surroundings to support them to feel settled and secure. Staff were aware of this and we observed staff supporting the person to sit in their chosen seat and checking that they were comfortable there. A third care plan included information about how a person preferred to take their medicines by having the tablets placed in their hand and then having a big glass of water. This detail guided staff to provide care in a personalised way.

People's diverse needs were included within their care plans. For example, some people had particular religious or cultural needs. Details included specific requirements such as food or drink that was not appropriate for them. Staff we spoke with were aware of people's individual needs and preferences. People told us they care they received was personalised according to their needs. One person said, "Everyone is helped in different ways." Another person said, "The know me well and know my likes and dislikes."

Some people had communication difficulties due to sensory loss. Communication care plans included details of equipment that they needed such as reading glasses or hearing aids. We noted that people were supported with appointments to ensure their equipment remained suitable to meet their needs. Staff told us that information was provided in suitable formats for people. We saw examples of a monthly newsletter which was provided in a large print format for someone with sensory loss. Communication care plans guided staff in how to support people. For example, one care plan for a person with visual impairment prompted staff to call out when they came into the room and to go over to the person immediately to ensure they recognised the staff member.

People and their relatives told us that staff noticed changes in people's needs. For example, one person had been identified as being at high risk of malnutrition and staff were regularly monitoring their weight. Records showed that staff had noticed a deterioration in the person's oral health and had supported them to access a dentist. An oral health care plan was in place and this had been updated to include clear guidance for staff in how best to support the person to maintain their oral health so they were able to eat their food. Care plans were regularly reviewed and people and relatives told us that they were included in this process. One relative said, "They try very hard, I think they listen to what we say."

People knew how to complain and said they would feel comfortable to do so. One relative told us, "We are confident in knowing who to go to if we have a concern." A copy of the provider's complaints policy was on display in the hallway of the home together with complaints forms for people to complete. Records showed that complaints were recorded with the actions taken to address people's concerns. The registered manager undertook regular audits of the complaints log to ensure that appropriate actions were taken. They described how they used this information to drive improvements, for example, when people complained that they did not have enough light to read in some areas of the lounge action was taken to improve this.

People were supported to plan for end of life care. Records included people's preferences and choices about where they would prefer to die and any particular needs or choices that were relevant to their cultural or spiritual needs. Records showed that where appropriate relatives had been involved in developing plans. Advice and support had been provided for one person by staff from a local hospice.

Is the service well-led?

Our findings

At the last inspection on 26 September 2017 we found that improvements had been made to address a previous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, in some areas of practice, lack of management oversight had resulted in a failure to improve and sustain improvement. This was identified as an area of practice that needed to improve.

At this inspection, we found that the registered manager had followed their action plan and a recruitment programme had been implemented. Staff were trained to carry out their duties effectively and there had been improvements in meeting the social needs of people living at the home. However, despite these positive improvements, it remained that the management of the home was not consistently effective.

Policies and procedures were in place to guide staff and ensure the safety of people. However, some policies and procedures were not consistently followed. This meant that risks to people were not always mitigated. Governance systems included monitoring of risks to the safety and welfare of people. However, these systems were not always effective in identifying shortfalls in practice. This meant that the safety and welfare of people was not always protected and there had not always been proper scrutiny and transparency of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke highly of the registered manager. People told us that the registered manager was "Always around," and "Turned her hand to anything." We observed that throughout the inspection the registered manager was taking time to talk with people and their relatives. One relative told us, "I have a very good rapport with the manager and the senior carer."

Staff also spoke well of the registered manager. Their comments included, "Her heart is in the right place," "She's easy to talk to," and, "She does what she can, she works a lot of hours." One staff member told us, "The manager has a heart of gold, she tries her best." The registered manager described a strong vision for the service and spoke about providing a happy home with kind, caring staff. They spoke about their passion for the service and described their determination to make improvements. Staff demonstrated a clear understanding of the values of the home and spoke about it as "a warm, friendly homely place."

People and their relatives said they were included in developing the service. Notes from meetings with residents and relatives confirmed that open discussions were held regarding planned developments. The registered manager said that constantly asked for feedback and ideas from people and their relatives regarding many aspects of running the home. Quality assurance surveys were used to gain further feedback. An ongoing development plan showed how people's ideas and views contributed to developments at the home. For example, a suggestion had been made to email the monthly newsletter to relatives to keep them informed and this had started to happen. Staff told us their views were actively sought and that regular staff meetings were held to keep them informed and included in developments at the home.

Staff had made links within the local community and this had resulted in good outcomes for people. For

example, a local faith based organisation visited regularly to entertain people with singing and to spend time talking with people. Religious services were provided by a local church. Staff had also contacted a school and staff told us that people enjoyed visits from the children. During the inspection one visitor from a local organisation told us that they were impressed by the caring nature of the staff. They said, "We come in regularly and the staff are always welcoming. They are really caring people."

Staff worked in partnership with a number of agencies including GP's, district nurses and other health and social care professionals. Records showed that advice was sought appropriately and included in people's care plans.

The registered manager undertook a number of audits to ensure quality and used information to drive improvements at the home. For example, an infection control audit had identified that there was no rota in place for cleaning some equipment. Action had been taken to ensure that this was addressed.

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 17 HSCA RA Regulations 2014 Good governance Governance systems and process were not operating effectively to ensure the health, safety and welfare of service users,