The Orders Of St. John Care Trust

OSJCT Hungerford House

Inspection report

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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

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.

The inspection took place on 10 and 11 August 2016 and was unannounced. The service was last inspected in November 2013. There were no breaches of the legal requirements at that time.

Hungerford House care home is registered to provide personal care for up to 48 people. On the day of the visit, there were 47 people at the home.

There was a registered manager for the service. 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.

Some areas of medicines management were not safe. This had led to some people not always receiving their medicines when they needed them.
The provider's governance system for auditing the service was not used in a way that made it fully effective. There had been a lack of sufficient action when medicines concerns had been identified as part of the audit process.

The team had been trained to report concerns correctly. People told us they felt safe and secure at the home. They said that staff were kind and respectful towards them.

When health and safety risks to people were identified, suitable actions were put in place and followed by staff. This was to minimise the risk of people being harmed when receiving care. The risks of abuse to people were minimised, as staff were competent in their understanding of abuse.

People had their needs met by enough suitably qualified staff .Staff provided people with care that met their needs. The numbers and skill mix of staff deployed at any time of the day or night were enough to ensure the needs of people were met in a timely way.

When people did not have capacity to consent, their care needs were assessed in line with The Mental Capacity Act 2005. Staff had completed Mental Capacity Act training. They knew about consent, people's rights to take risks and how to act in someone's best interests. When people could, they were encouraged to be included in deciding how they wanted to being cared for. There were effective systems in place that helped ensure staff obtained consent to care and treatment in line with legislation and guidance.

People said they enjoyed the food and told us they were offered choices at each mealtime. People were provided with a varied diet that suited their needs.
People who lived at the home and the staff had built up positive and caring relationships. This also extended to include relatives and friends.

The environment had a number of features that was beneficial for people who lived there. These included a cinema room, a secure garden with wind chimes, a hairdressing salon and murals that people had chosen for communal areas. We saw people using and enjoying all of these features of the premises during our visit.

Care plans were informative and guided staff so that they knew what actions to follow to meet people's range of care and personal needs. Staff knew what was written in each person's care records. They knew how to provide care that was flexible to each individual and met their needs. Care plans were produced with people and/or families involvement where appropriate. The care plans were reviewed and updated regularly. This was to ensure they were up to date and reflected the current needs of people.

People were supported by a team of well-trained staff. The staff had attended regular training and were developed and supported in their work. This helped them to improve and develop their skills and competencies. Staff received supervision which helped to ensure they were competent in their work. Staff spoke positively about working as a team and the good moral that existed among them.
Staff were able to go on regular dementia training and updating of their skills. This was to help them know how to provide personal care based on up to date practice.

People knew how to complaint and make their views known. The provider actively sought the views of people and their families. Suggestions were acted upon and changes were made to the services when needed.

Feedback about the home from people and others involved in their care was positive. Regular reviews were undertaken to see where improvements were needed and where the service could be further developed. There were systems in place to monitor the service to ensure people always received care that was personalised to their needs. The provider had put the service onto an independent website that was used to give feedback .Recent feedback had been very positive.

Staff spoke positively of the management structure of the organisation. They said the registered manager provided them with supportive leadership. The staff team told us they were particularly well supported by the registered manager, who spoke positively about their role. Staff said they saw them every day and they were always there and helped them whenever they needed support and guidance.

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

Some aspects of the service were not fully safe

People were not supported with their medicines in a consistently safe way.

Staff understood their responsibility to safeguard people from abuse.

Checks were undertaken to ensure potential new staff were safe to work with people.

The staffing levels ensured people received safe support with their care.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's needs and provided support which helped people to stay healthy.

Staff received training and support that helped them do their jobs effectively. The staff had the knowledge and skills to provide effective support.

Staff knew how to ensure they promoted people's freedom and protected their rights. This was because the service complied with the Mental Capacity Act 2005.

Staff worked with GPs and healthcare professionals so that people's health care needs were met. This ensured people had access to the services they needed for their health and well-being.

Is the service caring?

Good

The service was caring.

People said staff were kind and caring.

People were assisted by a team of staff who knew them well.

Staff were aware of people's individual choices and preferences in relation to their care.

Is the service responsive?

Good

The service was responsive

The staff knew people's preferences, and care plans reflected likes and dislikes.

Care was planned in a flexible way and showed how people chose to be supported.

People told us they enjoyed the variety of different social activities. Entertainments regularly took place that people told us they enjoyed.

Online feedback was sought about the service via an independent website.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led

The provider's quality assurance systems were not fully effective. They did not ensure people were protected from medicines mismanagement.

People and staff felt that the home was well run.

People told us they felt able to make complaints and raise concerns and these would be addressed.

OSJCT Hungerford House

Detailed findings

Background to this inspection

We carried out this unannounced 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.

The inspection took place on 11 and 12 August 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events that the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led

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We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people who were living in the home, and one GP .Staff we spoke with included the registered manager, two senior managers, and five care staff, domestic and catering staff. We observed how staff interacted with the people they supported in all areas of the home.

We viewed the care records of five people, staff training records, staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run.

Requires Improvement

Is the service safe?

Our findings

We found that people's medicines were not always managed safely. We found nine Medicine Administration Record sheets (MARs) with a number of gaps on them. There were no staff signatures to show if medicines were given or not. This meant it was not known if people received their medicine at the times that they were prescribed.

Staff had also picked up some errors by checks of medicine charts. These checks confirmed on four occasions between June and July staff had spotted the people had not been given the medicines they needed. On one occasion, staff had picked up after the event that a person had been given the wrong does of their medicines. The medicine and creams not signed for included pain relief medicines and anti-stiffness medicine. This meant that the health and wellbeing of people was negatively impacted upon by these errors and omissions. After the visit, a senior manager contacted us to inform is that one to one meetings had been held with staff that had made medicines errors. However, staff practice for the month of August showed that errors and omissions were still happening.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff give people their medicines. The provider's policy requires staff to wear a tabard. The tabard advised people and other staff not to disturb them when giving out medicines. We saw that staff were disturbed by their colleagues and visitors on each of the three wings of the home. We also saw that due to their dementia type illnesses many people at the home were not able to fully understand what the tabards said. They also approached staff when medicines were being given out.. This meant there was an increased risk of errors being made because the staff member was repeatedly distracted. For example on certain days in June July and Auugts of this year people had not been given medicines needed for pain relief, for stiffness and for thrush .

Staff checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines. The service used a mix of monitored dosage system and administering medicines from packages and bottles. Medication records included photographs to help staff safely identify people.

Medicines were stored safely in locked medicine trolleys and cupboards . Staff regularly checked medicines that required additional security. There were accurate stock checks and remaining balances of medicines to ensure stocks were correct. There were daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness. There were guidelines in place for people who had medicines prescribed to be taken as and when required. There was guidance to support senior staff to give 'take as required' medicine, for example to help people manage their pain. Body maps were in place to guide staff where to apply creams and lotions.

The comments people made showed that they felt safe with the staff and living at the home. One person

told us, "The staff are fine." Other comments about staff included, "The staff are kind" and "We all get along. "At lunchtime we heard some people who use the service speak to another person in a tone that sounded harsh and abrasive. The staff told us they were aware that the people concerned did speak in this way on occasion to other at the service. This matter was brought to the attention of the registered manager. The registered manager agreed to take action to ensure that people were protected from what could be viewed as verbal abuse from others at the service.

Staff had an understanding about most of the different types of abuse that could happen to people. The staff also knew how to report concerns about people at the home. The staff told us they were able to approach the registered manager if they were ever concerned for someone. Staff told us they had attended training about safeguarding adults from abuse. Staff told us that the subject of safeguarding people was also brought up with them at staff meetings. This was to make sure that they knew how to raise any concerns.

Staff we spoke with also knew about the different legislation used to protect people's rights and keep them safe. There was a copy of the procedure for reporting abuse on display on notice boards in several parts of the home. The procedure was written in an easy to understand style to help to make it easy to use. There was also information from the local authority advising people how to report abuse.

Staff knew what whistleblowing at work was and how they could report concerns. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations staff could safely contact.

There was enough suitably trained and competent staff to meet the needs of people living at the home and keep them safe. This was evident in a number of ways. Staff provided prompt one to one support to people who needed extra assistance with eating and drinking. Staff were also readily available when people needed two staff to help them with their mobility needs. Staff sat with people, spent time and engaged them in social conversation.

The registered manager told us the numbers of staff that were required to meet the needs of people at the home were often increased whenever required. For example, when people were physically unwell and required extra support and care. The numbers of staff needed to meet the care needs of each person were worked out by taking into account each individual's needs. Senior staff and care staff were supported in their roles by a range of other staff. These included an administrator, domestic, catering and maintenance staff. The staffing rotas showed the home had the number of staff needed to provide safe care. Where there were shortfalls in staff numbers suitable staff cover was in place. This meant people received care from a consistent team of staff who they knew well.

People's needs were assessed and risks identified in relation to their health and wellbeing. These included risks associated with moving and handling, falls, nutrition and pressure area care. The home had been part of a falls prevention project. This meant the service was focussed on supporting people to avoid harm from falling. Risk assessments were reviewed monthly. One person's falls risk assessment identified the need for closer observation and extra safety equipment. This had been acted upon on.

The provider's recruitment procedure helped reduce the risk of unsuitable staff being recruited. New employees only started at the service after a number of checks had been completed. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks. Disclosure and Barring Service checks were carried out on all the staff. We found

proof of identification in the form of passports, were also checked for all staff.

Health and safety systems were in place to keep the environment and equipment safe. For example, a fire risk assessment had been undertaken. There were contracts in place with external companies to check fire fighting equipment and fire detection systems. Moving and handling equipment such as hoists were regularly checked and maintained in good condition. This meant people had safe equipment to support them with their mobility needs.

There were systems in place to reduce risks from cross infection. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. Care staff and senior staff wore protective plastic gloves and aprons when giving personal care. This was to reduce risks of the spread of infection.

Good

Is the service effective?

Our findings

We spent time in communal areas of the home and observed how people were assisted with their care. Staff communicated with all people, including those who were unable to communicate verbally Staff communicated in different ways. Staff interacted with people in different ways. They used body language, facial expressions and warm humour. People responded to the staff when they used these approaches when they assisted them with their needs. For example, people linked arms with staff and talked to them in response. We also saw people gently touch staff in a warm way in response to them.

We saw staff assisted people correctly with their mobility needs. We saw staff approach people to help them with personal care such as having a bath or a wash. We also heard staff talk with people and ask them what time they wanted to be assisted. The staff were calm in manner and they assisted people discreetly. This showed that staff were sensitive to the needs of the people they supported.

People we spoke with were positive about how they were assisted at the home. One person told us "They are all very nice ." Another person said, "I'm quite happy here this is my home". A further comment was "The staff are good."

A GP visited the home regularly and saw people when needed. People were well supported and their physical and health needs were properly monitored. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. A chiropodist came to the home to see people for appointments during our visit. The care records showed when they saw the dentist and appointments were made for people when required.

The staff ensured that where care monitoring charts were needed they were fully completed. . For example, where people needed their food and fluid intake recorded, staff recorded the times and amounts of food and fluid people had consumed. Monitoring charts were also in place for people who needed support to regularly change their position, either in bed or in a chair.

The staff told us about people's preferences and daily routines. For example, what time people liked to get up, what meals they liked, and how they liked to spend the day. We saw staff assist people with their care in the ways that they explained to us. This showed people were supported with their care by staff who understood how they liked to be assisted.

Staff told us they were allocated a small number of people to support with their care needs. Staff explained this helped them get to know individuals well and how they liked to be cared for. They also told us caring for people in small teams was a good way of ensuring they received an individualised service.

People were provided with effective and skilled support with their care needs. This was evident in a number of ways. Staff used mobility aids correctly and they talked through what they were doing with the person and asked for consent. This was to reassure the person when they supported them. The staff assisted people to have a shower or a bath and to get up .We saw that staff supported people to sit in a comfortable position

before they had meals and drinks and when they were in bed. The staff assisted people who were cared for in bed. We saw them encourage people to eat and drink enough. Staff checked on people regularly and helped people who needed support to move to be comfortable in bed to help to reduce the risk of their skin breaking down. We saw that staff were following what was written in each individuals care plan.

People were happy with the food and told us they were always offered choices at each mealtime. We saw that people were sometimes offered a glass of wine with their meals. People told us "The food is lovely" Another person said, "It's wonderful food here." Tables were set with linen tablecloths and there was specialist cutlery and plate guards in place for those who needed them. This was to maintain independence and allow people to eat meals without staff support.

The catering staff understood people's different nutritional needs and told us special diets were well catered for. They said they were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements. For example, people with diabetes.

The chef gave people who needed to increase weight a fortified diet with additional butter, cream and full fat milk as part of their diet. Information in the care records set out how to support people with their nutritional needs. An assessment had been undertaken using a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. The care plans clearly showed how to assist people with their particular dietary needs. For example, certain people needed a diet that was of high calorie content and this was provided for them.

Some people ate their meals in the lounge area in armchairs. We heard staff offer people a choice of where to sit for their meals. People were encouraged to eat their food. When needed the majority of staff sat next to people and helped them eat their meals discreetly. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available in to help people make a choice from the meals to be served. We observed choices of water other soft drinks being offered to people. Wine and sherry were also available. People were offered tea, coffee and other drinks throughout the day.

Staff understood how to obtain consent and the importance of ensuring peoples' rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care. People's care records showed they had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and be involved in planning their care.

The staff team had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information meant staff could get hold of guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application.

Staff were provided with an in depth induction programme before they began working at the home. The induction programme included learning about different health and safety practices and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently

employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care.

Training records showed there was regular training available for staff. Sessions staff had been on included nutrition, wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs. People were cared for staff that were suitably qualified and experienced to meet their needs. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor to review how they were performing. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff that were well supervised and motivated in their work.

Good

Is the service caring?

Our findings

There were numerous positive interactions between staff and people at the home. For example, we heard a member of staff ask one person if they would like to go to their room for support with their personal care needs. The member of staff was heard to explain to the person what they needed to do in a gentle and caring way. The staff member then checked again to make sure they were happy to go ahead.

On another occasion, we observed a member of staff give reassurance to a person who was getting upset and anxious. This was done in a calm and sensitive way. It was apparent from the person's body language they felt calmer following the staff support. Observations made throughout our visit showed staff were knowledgeable and sensitive to the needs of people they were supporting. Several staff also engaged with people using a variety of hats. People were very animated trying on the different hats and they were very relaxed with the member of staff concerned. People invited us to join this activity and we saw how positive this activity was those who took part. This activity was a recognised one that can be used for memory stimulation for people who are confused.

We saw people were consistently treated in a caring and kind way. The staff were always friendly, polite and respectful when providing support to people. Staff spoke with people in a gentle and caring way whilst providing care or assisting them with their meals.

Some people preferred not to socialise with others and liked to spend time in their rooms. Staff supported people in their rooms. We saw they popped in on them regularly to see how they were. One person said, "They are always popping by to say hello to me and have a little chat."

People told us that visitors were always made welcome in the home and this meant people could see their friends and family when they wanted.

We observed staff interacted with people in a kind, respectful and personalised way. This was evident to us in a number of ways. For example, numerous staff members sat beside people while talking and gently laughing with them. Other staff members were observed comforting people who had become agitated, speaking gently with the person and gently touching their arm.

Staff we spoke with told us they felt it was a caring service. One staff member said, "I think we provide really good care." Another staff member told us, "We see people like they are our family."

People had their own bedrooms and this meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with some of the person's belongings. We saw people were able to bring photos and small items of furniture in to make their rooms feel more homely. There was a quieter lounge that people could use if they wanted to meet with visitors. We saw there was an open plan kitchenette for people who used the service and their visitors. We saw people and their visitors use the kitchenette and make themselves drinks. This showed how the environment was used to support people's independence.

One person told us about staff respecting their privacy. They told us "They are always so polite." Staff we spoke with described and gave examples of how they treated people with respect. One staff told us, "I make sure people are covered when I am helping them have a wash and I always offer people choices when I am helping them."

Staff knew what the idea of person centred care was. They understood it meant to put the person at the centre of how care was planned for them. It also meant making sure people were cared for in the way they preferred. For example, helping people chose what time they got up, what gender of staff supported them with intimate care, and their choice of meals. Staff also used respectful language for example they referred to helping people at lunch times as assisting people with meals

The staff knocked on bedroom doors before entering people's rooms. When staff were providing personal care people's doors were closed and these actions protected their dignity. We saw how staff spoke to people with respect using the person's preferred name.

Each person had an identified keyworker, a named member of staff. They were responsible for ensuring information in the person's care plan was up to date and they spent time with people individually.

Care records included plans that were in place for end of life care. These plans were reviewed regularly. People's preferences and wishes for preferred place of care and specific funeral arrangements were included. Staff we spoke with knew peoples wishes. Some staff had been on end of life training. This meant staff knew how to provide care to people who were nearing the end of their life.

We saw information on display about local advocacy services that people, their families, friends and significant others can contact. Advocacy services are used for extra support to represent the views of people who use the service.

Good

Is the service responsive?

Our findings

People knew how to raise concerns and were confident actions would be taken to resolve them. One person told us "They are attentive and listen if I am unhappy about anything. " Another person told us "I have found them flexible to be honest".

Staff told us their role was to assist people to complain and make sure management heard their views. One staff said, "I help people all the time if they have a problem". The complaints policy was displayed and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly in line with the provider's policy.

Parts of the home had been decorated with a theme of going on holiday. There were flags and pictures and sounds of the sea playing. This showed that the environment was used to provide people with stimulation. There were also bottles hanging decoratively from trees in the garden. These were musical chimes when it was windy. This was another example of making the environment stimulating for the people who lived there. We saw people went into the garden without the need for staff to be there. The garden was secure and this gave people independence to have fresh air when they wanted.

People took part in one to one activities these included music sessions, arts and crafts and visiting the homes own hair salon. People looked happy and responded to these activities. We saw people also had their nails manicured by staff. The home had two guinea pigs that were kept in a small courtyard area. They were taken around the home for people to view them. We saw that people responded positively when they saw the animals and look animated with them.

People took part in arts and crafts activities regularly. We also saw a social afternoon take place with people eating cakes and being served cold drinks. Other activities included visits from external entertainers and outings during the warmer weather. Church services were held on a frequent basis. This helped to ensure certain people's spiritual needs were respected. There were photos on display of recent social events that had been held at the home.

Each person's care records contained details of an initial assessment of what their needs were when they moved in to the home. There was also an up to date person centred care plan in place for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans to ensure care was given in the way the person preferred. Care plans were comprehensive and personalised they contained detailed information and reflected how each person wished to receive their care. Care records also gave guidance to staff on how best to support people. Staff assisted people with their care in the ways that were set out in their care plans. Plans had details of people's likes, dislikes and preferences. These included how often and when they wanted support with personal care, and their bed time and morning routines. Care records were reviewed and updated regularly. This was done where possible with the involvement of the person who they were written about.

People were actively encouraged to make their views known about the service. For example, people were

asked for their suggestions for activities and menu options. The home produced a newsletter for people using the service and their relatives. The most recent issue included updates on recent events that had happened, dates of meetings and outings as well as new staff joining the service and birthday celebrations.

Residents and relatives meeting took place regularly. The minutes showed people were asked for their views about a number of matters to do with how the home was run .For example what future social events were they interested in and what they thought of the menu choices.

A service user and relatives survey was carried out on an annual basis. The result were analysed by the provider. The most recent survey had been very positive. However, action plans were prepared to improve the overall service. For example, new colour schemes were being introduced for the decoration in bedrooms and communal areas.

Requires Improvement

Is the service well-led?

Our findings

The quality of service and experience of life at the home was monitored however; suitable action had not been taken to concerns identified through medicines audits. For example, the medicines audit completed in June and July 2016 identified medicines charts were not always completed. This information meant it was not known if medicines had been given to people or not. Some information was written on audits to address these failings. This included the need to carry out a one to one learning and reflective supervision session with staff. This practise was part of the providers own policy in response to medicine errors. The two senior managers who assisted us on the second day of our inspection were unable to find evidence that these sessions had been completed for the errors that had been identified. After our visit, a senior manager contacted us to say that this information had now been located. However, it would be beneficial for this information to be readily available for all staff that may need to see them.

There had continued to be errors on the medicines charts we looked at in August 2016. We found gaps where staff had not recorded if they had given people the medicines they required. For example, for pain relief, for stiffness and for thrush .This showed the concerns identified through audits had not been effectively addressed and people could not be assured that their medicines were safe.

Other areas being regularly checked included the quality of care planning processes, staffing levels and training. When shortfalls were identified, we saw the registered manager had devised an action plan to address them. For example, the registered manager had identified that improvements were needed for some staff in relation to infection control practices.

People and staff said that the registered manager was open and caring in their manner. They spent time with people and with the staff during our inspection. One staff member told us the registered manager was "Very approachable and very hand on". Another staff member said, "We can go to the manager any time if we need to." They also told us the registered manager would always help if staff needed extra support with people at any time. This was evident during our visit when we saw the registered manager provide people and staff with time and support. When people came to sit in the office the registered manager used this time as a social event for the people concerned. People were offered drinks and snacks. They were also made very welcome by the registered manager whenever they came to see them.

The registered manager stayed up to date about current issues to do with care for older people. They went to meetings with other professionals who worked in social care. They shared information and learning with the staff at team meetings. We saw that they read online articles and journals about health and social care matters. They also made sure useful information was on display for staff to read. There was a notice board with numerous articles and up to date research about Dementia on display for staff and others to read.

The registered manager showed an open and transparent approach. They clearly explained to us how they were aiming to improve the service even more. For example, they told us how they had tried to make the home environment even more dementia friendly for people. This was evident in how corridors were decorated in a bright colourful way and had murals on them. This was to assist people to find their way

around the home.

Accidents and incidents which involved people living at the home were analysed and learning took place. The registered manager acted when any trends and patterns were identified. Actions were put in place to minimise the risk of re-occurrence. For example, we read about one person who had experienced several falls from their bed. We saw guidance was in place from other health and social care professionals to offer the person specialist advice.

Staff meetings were held on a regular basis. The staff team told us they were easily able to make their views known to the manager. We saw records of recent minutes of staff meetings. These were used to make sure staff were kept informed about changes and about how the home was run. Staff were also given plenty of time to make their views known. This showed there was an open management culture.

The staff had a good understanding of the provider's visions and values. They told us these included being person centred with people, supporting independence and respecting their diversity. The staff told us they aimed to make sure they always used and followed these values when they assisted people. For example, staff said they helped people to make choices in their daily life in relation to their care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not fully protected from risks to their health and wellbeing because medicines were not managed in a way that was fully safe.