

The Regard Partnership Limited

Cornerleigh

Inspection report

Cornerleigh
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Date of inspection visit:
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 11 July 2017 and was unannounced.

Cornerleigh is a care home without nursing that provides support and accommodation for up to 11 adults who live with a learning disability or acquired brain injury. At the time of our inspection there were 11 people living in the home. Support is provided in a large home that is across three floors, with the top floor being an individual flat-let. Communal areas include a lounge, dining room and kitchen that people freely accessed.

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. Although our register showed a registered manager was in place, this person had received an internal promotion so was not working in the home. A new manager had been appointed however at the time of our inspection visit this was only their second day in the role. They told us they had begun the process of applying to become the registered manager. Throughout the report we refer to this person as the manager.

At our inspection in April 2016 we identified breaches in the regulations relating to the assessment and management of risk, staffing levels, supervision and training, person centred care and governance systems. At this inspection improvements were seen.

Risk assessments and guidance for staff had improved. Staff were aware of risks for people when this was related to a health condition or their behaviours and knew the support they needed to provide. However their knowledge regarding the risks and use of some equipment and a medicine needed to improve and guidance developed to aid this. Improvements were found in relation to the staffing levels and there were sufficient staff to keep people safe. Staff were receiving regular support through supervisions, appraisals and development plans. They had completed a variety of training to help them in their roles.

Staff understood the importance of gaining consent and assuming people could make their own decisions and described the best interests decision making process, although there was a lack of documented capacity assessments when DoLS were applied for and staff's understanding of DoLS required some improvement.

People received personalised care and support, which was responsive to their current and changing needs. Care plans were developed with the input of people who were involved in decisions about their care and support.

Systems and processes to monitor and assess the service had improved although some areas that required improvement had not been identified through these processes. Records for people had improved.

People told us they felt safe at the home and staff had a good understanding of their roles and

responsibilities in protecting people from abuse. They knew what to look for and the action to take if they were concerned. Staff and the management team understood their responsibilities in safeguarding people from harm. Medicines were managed safely and staff were recruited safely. People were supported by staff who were kind and caring, although the communication by some staff could improve.

People were supported to eat adequate diets and where they needed support with specialist diets this was provided. Staff accessed other professionals to ensure support provided was appropriate for people's needs

Concerns were listened to and dealt with promptly. A system was in place ensuring any complaints were dealt with.

A new manager was in post and had begun the processes of applying to become the registered manager. They were described as person centred, approachable, supportive and willing to listen.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end 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?

The service was not always safe.

Staff were aware of risks for people when this was related to a health condition or their behaviours and knew the support they needed to provide. However their knowledge regarding the risks and use of some equipment and a medicine needed to improve and guidance developed to aid this.

Improvements were found in relation to the staffing levels and there were sufficient staff to keep people safe.

Staff and the management team understood their responsibilities in safeguarding people from harm. Medicines were managed safely and staff were recruited safely.

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Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff understood the importance of gaining consent and assuming people could make their own decisions and were able to describe best interests decision making processes. However, there was a lack of capacity assessments when DoLS were applied for and staff's understanding of DoLS required some improvement.

Staff received support and training they needed to work effectively with people.

Where people needed support with specialist diets this was provided. Staff accessed other professionals to ensure support provided was appropriate for people's needs.

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Requires Improvement ●

Is the service caring?

The service was not always caring.

People were supported by staff who were kind and caring, although at times discussion between them did not promote people's dignity.

People were involved in decisions about their care and support.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People received personalised care and support, which was responsive to their current and changing needs.

A system was in place ensuring any complaints were dealt with. Feedback was sought from people and relevant others, with action plans developed to make changes as a result of their comments.

Good ●

Is the service well-led?

The service was not always well led.

Systems and processes to monitor and assess the service had improved although some areas that required improvement had not been identified through these processes. Records for people had improved.

A new manager was in post and had begun the processes of applying to be the registered manager. They were described as person centred, approachable, supportive and willing to listen.

Requires Improvement ●

Cornerleigh

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 was 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 11 July 2017 and was unannounced.

One inspector carried out the inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. This information helped us to identify and address potential areas of concern.

During the inspection we spoke with four people, two relatives, four staff, the manager and the locality manager. Following the inspection we spoke with one visiting health care professional.

It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We looked at care records for four people and the medicines records for three people living in the home. We looked at recruitment, supervision and appraisal records for staff and training records. We also looked at a range of records relating to the management of the service such as activities, accidents and complaints, as well as quality audits and policies and procedures.

Is the service safe?

Our findings

Relatives told us they felt their loved ones were safe and said they thought their loved ones felt safe too. One told us they had "No concerns at all; [person name] is well looked after and very happy". People told us they liked living at Cornerleigh and when asked if they felt safe one said "oh yes, very".

At the last inspection in April 2016 we found a failure to identify risks and ensure these were appropriately assessed and plans implemented to mitigate such risks. Where people had been identified as at risk of choking although plans were in place they lacked information about the action staff should take if a person did choke. Where bed rails were in place the use of these had not been risk assessed and there was no plan to guide staff about the use, management and monitoring of this equipment, to ensure any associated risks were minimised. Where people could display behaviours that presented risks to them and to others, no assessment of these risks had been completed and no plan of support developed to mitigate those risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection we saw some improvements had been made, although we also found some areas of risk assessment and management that still required improvement. We found that where specialist equipment was in place for people, the risk assessments were generic and the plans in place to guide staff were not focused on the needs of the person using the equipment. For example, one person used bed rails and whilst a general risk assessment was in place, no risk assessment had been completed to identify any risks posed with using these for this person and how they could be managed. Bed rail bumpers are used as protection against bed rails. They provide a padded barrier which aims to prevent injuries as well as reducing the risk of becoming trapped in the bed rails. We saw that bed rail bumpers were not in use for this person. They had not suffered any injuries as a result of not using bumpers but the manager was unaware of what bumpers were until we discussed this. A lack of appropriate risk assessment regarding the use of bed rails without protective bumpers could place the person at risk of avoidable injuries. The manager told us they would ensure a risk assessment was completed and immediately following the inspection they advised us that they had ordered bumpers. For a second person we saw they were using an air mattress (these are used to reduce the risks of a person's skin breaking down). In order for this mattress to be effective it should be set based on the person weight. The setting was correct for this person, however, the manager and staff were not aware of this or what setting it should be on and the need to ensure the setting is checked. The manager told us the company that had delivered the mattress told the staff not to touch it and to call them if it alarms. However, these mattresses don't alarm when the setting is changed. A lack of awareness of how to use this equipment and the potential risks involved with its use could place this person at risk of injury. We discussed this with the manager who told us they would check the instruction they were provided with. Immediately following the inspection they told us they had implemented a system to ensure this was checked.

For a third person we saw they were prescribed a medication used to thin the blood and prevent blood clots. This means that there are risks that should the person suffer an injury their blood may not clot and stop the bleeding. The manager confirmed that no risk assessment had been developed to guide staff about

the signs to look and the action to take should these occur. Two staff we spoke with did not know what this medication was used for or the risks involved in using it. Immediately following the inspection the manager told us a risk assessment had been implemented.

The lack of appropriate risk assessment and management plans alongside the staff's lack of knowledge of those risks was a continuing breach of Regulation 12 of the Health and Social Care Act 2008.

We did see improvements in relation to the assessment and management of risks for people at risk of choking and the risks associated with behaviours that present challenges. Detailed care plans and risk management plans were in place to guide staff. Staff were able to tell us how they would monitor for signs of choking. They were able to describe basic first aid they would use if needed and that they would contact emergency services. The provider had a positive behaviour support team and the manager told us they were involved in the development of behaviour support plans where these were needed. We saw for one person that this contained detailed information to guide staff about this person's behaviours and the support they should provide. For a second person whom the staff team were getting to know, they had developed a support plan to guide all staff about the person's behaviours, triggers and strategies to reduce the risks. Staff were knowledgeable about the potential triggers to people's behaviours and how to support them to reduce any risks

Positive examples of the management of risk were also found. Following a hospital admission for a health condition, a risk management plan had been implemented to ensure staff knew how to recognise if this occurred again, how to prevent it and what to do if they suspected it had occurred. Where a person had suffered a fall, risk plans had been implemented to guide staff in the reduction of this risk and we observed this being followed. Plans were in place where people had health conditions that posed risks and staff were knowledgeable to these and the action they should take. People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency. Staff were observed supporting people who were at risk in line with their care plans.

At the last inspection in April 2016 we found a failure to ensure appropriate staffing levels to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At this inspection this had improved and was no longer a breach.

Staffing levels met the needs of people. The core staffing level had remained the same as previous with three staff during the day, a sleep in member of staff and a waking night member of staff. However, an overlap in shift times meant that during busy times when people were getting ready to go out more staff were available and the manager was also present in addition to the support staff. Staff told us they felt that staffing levels were ok and that people were able to go out more now, although this could be difficult when people changed their minds last minute. People told us staff were always available if they needed them and we observed throughout the inspection visits that staff responded in a timely manner to people's request for support.

People were supported to take their medicines and these were managed safely. At our last inspection we made a recommendation that the provider review the systems in place to ensure medicines are stored at safe temperatures. This had been done at this inspection and the temperature of medicines storage was checked daily and recorded. We found no gaps in these checks and the temperatures remained within a range that would not have an impact on the medicines. Staff continued to support people to take their medicines where this was needed and if people chose to do this themselves, this was also supported. People confirmed they received their medicines when they needed it. Staff were required to complete

training in the management of medicines and undergo competency based assessments before being allowed to undertake this role. Records showed the amount of medicines received into the home was recorded and a stock check was maintained with daily and weekly audits. People were prescribed medicines to be given when required and protocols for their use were in place for all except one recently prescribed PRN medicines. Medicine administration records (MAR) showed no unexplained gaps in the recording of regularly prescribed medicines. Storage arrangements for medicines were secure.

People could be confident that management would take appropriate action if concerns were raised about their safety. The manager knew what actions to take in the event of any safeguarding concerns were brought to their attention. One safeguarding issue was ongoing at the time of the inspection and in liaison with other professionals this was being investigated. The Care Quality Commission (CQC) had been notified of these concerns.

All staff were required to complete both face to face and eLearning training in safeguarding people. They were able to describe different types of abuse, what to look for and when to report any safeguarding concerns within or outside the service. During the inspection an allegation was disclosed to us that we were told had been reported several months prior. The manager was unaware of this when we spoke to them. We reported this to the local authority safeguarding team and following the inspection the manager said that they had also reported it and were in the process of investigating this.

People could be confident they were supported by staff who were appropriate to work in care because recruitment practices remained safe. Recruitment records showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview. Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until recruitment checks had taken place.

Is the service effective?

Our findings

People's relatives told us they knew their relatives were happy and said that staff knew their needs and how to support them very well. One relative told us "They know him totally".

At the last inspection in April 2016 we found a failure to ensure staff were supported to be effective in their roles through supervisions and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this was no longer a breach. Staff were supported through a system of supervision, appraisal and training to ensure they could be effective in supporting people and meeting their needs. All staff had received individual supervision sessions on a regular basis. These demonstrated that staff were able to openly discuss any matters of concern, the manager was able to provide feedback and actions were set. Staff had received an appraisal where their performance and development was discussed. Objectives were agreed and these were reviewed. Staff described these positively and said they felt they were helpful for sharing ideas and discussing concerns. They felt these were a two way process where they were encouraged to give feedback and talk about any support they felt they needed.

Training was provided in a number of subject matters that supported staff to understand their role and how to meet the needs of people. All permanent and bank staff were required to complete this. In addition to mandatory training such as moving and handling, safeguarding and mental capacity and DoLS, additional training was required. This training included subjects that reflected the needs of people living at Cornerleigh, including; Makaton (a form of communication using signs and symbols), challenging behaviour and epilepsy. All staff had completed these and told us they received lots of training which helped them to keep up to date and understand what they need to do for people. All staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and 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.

We saw people had provided consent to received support for their personal and social care needs and for Cornerleigh to use photographs. Observations throughout the day reflected that staff asked people first before they acted and checked that people were happy. For example, when showing us around the home staff checked with people that they were happy for us to look at their rooms and checked whether they would prefer to show us around themselves. Staff understood the importance of assuming a person can make their own decisions and checking that people were happy for them to provide care. They described ways in which they would support someone to understand a decision to be made. They had all received training to support them to understand the Mental Capacity Act and during discussion they were all able to

describe processes which reflected best interests decision making if this was needed because a person was unable to make their own decision.

People's care plans had information about the support they needed around making decisions and for some mental capacity assessments had been completed in 2015 relating to decisions about leaving the building without support, however these had not been reviewed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us that applications for DoLS had been made for all the other people who lived at the home. However, no assessments of people's capacity had been undertaken regarding these applications and whilst they were requested to legally prevent a person from leaving the home unsupported, we saw that for some people they did go out alone. The manager explained the purpose of the applications was to ensure they could effectively manage situations whereby people could make themselves homeless without understanding this, although the records did not make this clear. Staff ensured they supported people to maintain their independence and provided support to ensure freedom was protected, although not all of the staff we spoke with were able to tell us what DoLS was. Only one person who lived at Cornerleigh had a DoLS authorised. Staff were aware of this DoLS and knew what it was for and how to manage the situation. The manager told us how the staff were working with the person with the aim that in the future this DoLS would no longer be required.

People were supported to have enough to eat and drink. People said they enjoyed the food and were given plenty of choices. Staff supported people to prepare their meals to maintain independence. People's weights were monitored regularly. Action was taken should any significant change be noted, including involving the GP and/or dietician. Care plans had been developed to guide staff to people's needs. We observed these reflected the consistency of the meals and the need to use a thickener for fluids. Although on occasions information was kept on separate documents meaning it might not always be seen promptly. We observed people being given the correct consistency of meals. Observations reflected people were given appropriate support to eat their meals.

People's health needs were met. Staff and relatives confirmed people had regular access to healthcare services including GP and mental health teams. Staff knew about people's health needs and they support they needed regarding these. Referrals were made in promptly where these were needed.

Is the service caring?

Our findings

People we spoke with described staff as their friends. They told us they enjoyed the staff's company and felt they were treated well. Relatives confirmed this and said staff were kind and caring. One relative described staff as "chatty, cheerful" and "like a family".

People were supported by a consistent team of staff which ensured continuity and enabled the person to get to know the staff. Observations reflected people were comfortable and relaxed in staff's company. There was a light friendly atmosphere, with positive engagement and there was appropriate banter and laughing between staff and people.

We observed positive and caring interactions between members of staff and people. Staff spoke to people in a kind and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance and provided this in a positive manner. Staff explained what they were doing, and they encouraged people to be independent with praise. However, we did observe two occasions when staff did not treat people with dignity and respect. For example, on one occasion we heard a staff member say to another member of staff "Have you fed her". This was said in front of the person but without engaging the person who could have responded themselves. Talking about people in front of them and not using respectful language does not promote dignity or demonstrate respect.

People were involved in making decisions about their care and the home they lived in. People made decisions about the staff they wanted to support them on holiday, the activities they participated in and, at the time of the visit, plans were in place to redecorate and we saw people had been supported to choose colours for their rooms. Staff had changed the way in which resident meetings took place and how the minutes of the meeting were displayed. The manager told us the meetings were more engaging now and we saw the minutes were displayed in an accessible format. People had been involved in developing house rules, which they had displayed in the entrance to the home.

We observed choices being offered and supported throughout the inspection. People told us they made their own decisions and staff supported these. Where people needed additional support or equipment to help them communicate this was provided and we observed this in use.

We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could. We observed staff members encouraging people to remain independent and carry out activities of their choice.

Is the service responsive?

Our findings

People told us they were looked after well. They had no concerns about the support they received and felt staff understood their needs and the support they wanted. Relatives confirmed this. One told us the service was "wonderful" and that they responded quickly and were very good if there were concerns about people. A health care professional told us they felt the staff had made appropriate referrals, had carried out all recommendations that had been made and were keen to work with them.

At the last inspection in April 2016 there was a lack of accurate, clear, person centred and individualised plans available for agency workers and new staff, meaning that people may not have received care and support in a way they required. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This had improved at this inspection and was no longer a breach.

People received care and support that met their needs and took account of their preferences. The manager told us they were no longer using agency staff and as such the staff team were consistent and had built relationships with people. Before people moved into the home a pre-admission assessment was completed and care plans developed which supported staff to understand the person's needs and support. People told us they were involved in discussing their care, they said staff asked them what they liked, disliked and how they wanted to be supported.

Staff had a good knowledge of the people they cared for. They knew what people liked and disliked and gave us examples of how they supported people differently dependent upon their individual needs. Care plans were person centred and informative. They described what was important to people and for people. They provided information about the support people needed in the way people wanted it. Staff felt these had improved and said they provided them with much more information about people now. Where people wanted their relatives involved, this took place and relatives were very satisfied with the care and support their loved ones were receiving.

Staff and the manager were able to demonstrate how they responded to people's needs. For example, one person's nutritional intake had reduced and staff had engaged the support of an external professional and amended the way this person was supported with their meals. Throughout the day we observed this person to be eating very well. A relative told us that staff had noticed concerns with one person's skin and as a result of their action this person had been diagnosed with a health condition and was now receiving appropriate treatment. The manager was able to tell us about how the support for one person had developed their confidence, level of assertiveness and independence.

Activities took place throughout the days based on people's choices. Some chose to watch TV while others chose to complete a jigsaw, read a magazine or listen to music. Two people told us about their recent holiday, which staff had supported them with and another person showed us a folder containing photos of various activities they had been involved in. They also showed us a certificate they had been presented with by the staff for outstanding achievement of the month.

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. Relatives told us they had not needed to make a complaint about the service, however, they all knew how to do this and who to speak to. People said they were confident if they had any issues the concern would be dealt with. A complaint procedure was in place and when complaints had been raised these had been investigated and action taken. One person had made a complaint as the car radio was not working and as a result it was immediately repaired. Feedback from people, relatives and staff had been requested very recently via the use of surveys and the manager told us they were going to analyse these and produce a "you said, we did" document to share with everyone. They said any comments or suggestions made would be incorporated in the homes annual development plan. We sampled the feedback surveys and found these provided positive comments about the service that was provided.

Is the service well-led?

Our findings

People were confident to talk to us and to staff. They appeared comfortable being around staff and told us they would talk to staff if they had any concerns. Relatives told us that they thought the home was well run. They said they were confident to approach the management team who they felt would respond to any concerns and take appropriate action.

Although our register showed a registered manager was in place, this person had received an internal promotion so was not working in the home. A new manager had been appointed, however at the time of our inspection visit this was only their second day in the role. They told us they had begun the process of applying to become the 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.

At the last inspection in April 2016 records for people were not always accurate and the system used to monitor the quality of the service had been ineffective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A number of auditing systems were in place within the service including medicines, health and safety, infection control and care audits. These enable the provider to assess the service and drive any improvements needed. The manager told us that although care plans were not audited these were reviewed monthly by staff and also sampled during the care audit, which took place six monthly. Feedback forms were left with the manager following these visits by the provider quality team, which detailed the actions needed. For example, we saw that the care audit carried out in May 2017 identified the need to develop some care records further which we saw had been completed. This audit also identified the need to ensure staff evidenced that they had read people's care plans. A file was in place for staff to access which they were required to check daily to ensure they read any new information with these. In addition, within care plan folders was a list of names of those staff who had read the care plans.

A monthly quality monitoring tool was in place which was reviewed by the locality manager. This monitored the supervisions of staff, staff training, fire safety, medicines audits, care plan audits and outstanding maintenance. In addition it allowed any accidents, incidents and safeguarding matters within the home to be reviewed. Any actions needed were recorded and target dates set. For example, the March review detailed that a senior member of staff needed to be recruited. This had been completed at the time of the inspection and the person was in post. At this inspection we found improvements had been made to the records for people. The manager was also aware of some records which needed further detail following very recent changes. The monitoring of staff training had improved and the provider had a system in place which identified when training was due to be renewed or had not been completed. This ensured the manager was aware so they could then set a timescale for the staff to complete the training.

Whilst improvements had been made we were concerned that the issues which required improvement that

we identified such as, ensuring staff were aware of the risks associated with the persons medicines, equipment and the need to ensure evidence that a person lacks capacity for a DoLS to be applied had not been identified.

We recommend the provider review their systems for monitoring risks for individuals and ensuring appropriate action is implemented promptly.

The manager and staff explained the service's values and told us that the service existed to support people to become more confident, skilled and independent whilst reflecting their right to make their own choices and decisions. Staff discussions reflected this was the support they provided. The management team had spent time with people and staff to find out what they expected from the service in terms of the five questions that CQC ask (Is it safe?, Is it effective? Is it caring? Is it responsive? Is it well led?). Their expectations had been documented in accessible formats and were on display for everyone to see and freely access. One person spent some time showing us these.

There was a clear staffing structure within the home, which consisted of the manager, senior support workers and support workers. The manager was supported by the locality manager and had access to the provider's other support team including a quality team, human resources team and behaviour support team. Staff were confident in their role and understood the part each person played in delivering the provider's vision of high quality care. The management team encouraged staff and people to raise issues or concerns with them, which they acted upon.

During our observations we saw that the manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people and the staff. People freely accessed the manager's office and spent time chatting to her about their day and what they wanted. Staff we spoke with told us the manager was always available if they needed to speak to them. All staff confirmed they felt listened to and able to make suggestions. They felt she was approachable and easy to talk to. She was described as person centred and someone who not only listened but also took action. Staff meetings had improved and these were taking place on a regular basis. We saw that they enabled discussion between management and the staff team about any issues which required addressing and any suggestions or requests that staff had. Actions plans were developed following these with clear target dates for these to be completed.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. They were also aware of and meeting the requirement to display the last CQC rating of the service.

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 The registered person had failed to ensure appropriate risk assessment and management plans for the risk associated with equipment and medicines. Regulation 12 (2)(1)