Florence Care Homes Limited

The Oaks Residential Care Home

Inspection report

14 St Mary's Road, Aingers Green
Great Bentley
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Essex
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Tel: 01206250415

Date of inspection visit:
09 June 2016

Date of publication:
15 August 2016

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The Oaks is a residential care home that provides personal care for up to 30 older people, including people living with dementia. There were 19 people in the service when we inspected on 9 June 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people injuring themselves or others were not always appropriately managed. People felt that there were not always enough staff on duty. We observed that although staff were caring in their interactions with people there was a lack of attention to detail in ensuring all of people's needs were met.

The provider had quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. However, these systems had failed to identify the concerns relating to the safety of some parts of the premises or poor staffing levels. Staff were not always clear on their roles and responsibilities and how they contributed towards the provider's vision and values.

People presented as relaxed and at ease in their surroundings and with the staff. Systems were in place to reduce people being at risk of harm and potential abuse. Staff understood the various types of abuse and knew who to report any concerns to. People were provided with their medicines when they needed them and in a safe manner.

Staff were trained. However, they had not received regular supervisions to ensure they were meeting people's needs effectively. The service was up to date with the Deprivation of Liberty Safeguards (DoLS). People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were assessed and met. However, the mealtime experience was not a positive one for many. People, or their representatives, were involved in making decisions about their care and support which was planned to meet their individual needs. However, there was a lack of resources, time, staff knowledge and motivation to provide people with a range of appropriate activities throughout the day.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. However, we were concerned that people's dignity was not always upheld in the way that they were assisted with their appearance.

Staff were compassionate, attentive and caring in their interactions with people. They listened to people and acted on what they said. Feedback from people and relatives about the staff and management team

was positive.

A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner. Family and visitors to the home felt that they were made to feel welcome and that management and staff were open and transparent.

You can see what actions 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.

Risks to people injuring themselves or others were not always appropriately managed.

There were not always enough staff to meet people's needs.

Procedures were in place to safeguard people from the potential risk of abuse.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not receive regular supervisions to ensure they were meeting people's needs effectively.

The meal time experience was not a positive one for many.

Staff understood the importance of gaining people's consent, and were knowledgeable in The Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. However, we were concerned that people's dignity was not always upheld in the way that they were assisted with their appearance.

Staff were compassionate, attentive and caring in their interactions with people.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was a lack of resources, time, staff knowledge and motivation to provide people with a range of appropriate activities.

The environment in the communal parts of the service was not helpful for people living with dementia.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance systems had failed to identify the concerns relating to the safety of some parts of the premises or poor staffing levels.

The culture within the service needed to improve, staff were unclear about their duties and how they contributed towards the provider's vision and values.

People gave positive comments about the management and leadership of the service.

People were asked for their views about the service and their comments were listened to and acted upon.

The Oaks Residential 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 unannounced inspection took place on 9 June 2016 and was carried out by one inspector and a specialist advisor. The specialist advisor had knowledge and experience in mental health nursing.
We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager and nominated individual for the service. A nominated individual is a person employed by an organisation with responsibility for supervising the management of its regulated activity. We also spoke with six other members of staff, including care and catering staff.

We spoke with six people who used the service, three relatives and three other visitors. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed four people's care records and other information, for example their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People felt that there were not always enough staff on duty. A person told, "I like to go in the garden but that isn't always possible because the [staff] are busy." A member of staff said, "I do think we need more staff on duty, many of our residents require two care workers to assist them, the dependency levels of the residents are high, it's strenuous work."

There was no one employed specifically to carry out laundry duties, this was the responsibility of the care workers. Staff felt that this element of their role took them away from spending quality time with people. All of the staff we spoke with felt that the service was not adequately staffed and one commented, "We don't ever have quality time with the residents." Another member of staff said, "We could do with more [staff] numbers don't change when there are more [people]," however, "The level of care is good; they [staff] cope pretty well."

A dependency tool was used to assess people's needs and allocate staff hours accordingly, however, this didn't take into account all of peoples physical, mental and emotional needs. For example, people living with dementia had been assessed as having low or medium dependency levels and the additional time required to support them with their emotional needs and behaviours which sometimes were challenging had not been considered. The additional laundry duties performed by the care staff had also not been considered.

We observed that although staff were caring in their interactions with people there was a lack of attention to detail in ensuring all of people's needs were met. For example, some people's finger nails were dirty and needed cutting, people looked as though their hair had not been combed or brushed, clothes were stained and buttons unfastened. A member of staff said, "Everything done here is rushed." This demonstrated that there were not enough staff available on each shift to provide a holistic approach to people's care, ensuring all aspects of their well-being were being attended to.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people injuring themselves or others were not always appropriately managed. We observed that a cupboard on a stairway which contained a water tank, associated pipework and a propped up ladder was left unlocked. The location of the cupboard on the stairs meant that the ladder could have been pulled down on top of a person if they had opened the door and reached for it. This staircase was in use by people at the service. When we pointed our concerns to the registered manager and the nominated individual a key was found and the cupboard was locked with assurances that it would remain this way.

We noted that two pieces of equipment used to assist people to manoeuvre were stored in a bathroom next to the lounge area. This bathroom was regularly used independently by people throughout the day. This was a concern because there was a risk people could injure themselves on this equipment, particularly if they lacked the capacity to assess the harm they could come to if they were to move or investigate the

items. The nominated individual told us that these pieces of equipment would not usually be stored in this area but it was unclear where they would usually be kept.

Parts of the building were unsuitable for people living with dementia, physical disabilities or poor eye sight. For example, corridors were cluttered and dimly lit in parts. Risk assessments relating to premises and equipment were in place but had failed to identify these concerns. This meant that the service had not assessed the potential risks and identified methods of minimising these risks to people using the service and others.

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

People presented as relaxed and at ease in their surroundings and with the staff. One person told us, "The staff look after me well I do feel safe." A visitor told us how they felt staff had made sure that measures were in place to ensure the safety of their relative and added, "My [relative] is very safe here."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures. They were aware of their responsibilities to ensure that people were protected from abuse. One member of staff told us, "If I saw something [of concern] I would definitely report it 100%, I would go straight to [registered manager] or there are numbers on the wall." Our observations confirmed that a poster was displayed which gave the contact details of the appropriate professionals who were responsible for investigating concerns of abuse.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated to ensure staff knew how to provide their care and keep them safe.

Equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was a fire and there was guidance in the service to tell people, visitors and staff how they should evacuate the building if this was necessary. We observed that action had been taken following a recent incident which had led to questions being raised about the safety of some fixtures and fittings. Monitoring of these items was also included in the audits carried out by the management team.

Recruitment records showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Suitable arrangements were in place for the management of medicines. We saw that people received their medicines in a safe and supportive way from staff. People were prompted, encouraged and reassured as they took their medicines and given the time they needed.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were stored safely but available to people when they were needed. There were protocols in place for medicines which were prescribed to be taken 'as and when required' to guide staff as to when these should be administered. Staff

had been trained to administer medicines safely and they were observed to ensure that they were competent in this role.

Requires Improvement

Is the service effective?

Our findings

Records showed that one to one supervisions were not taking place regularly. Supervisions give staff the opportunity to talk through any issues, seek advice and receive feedback about their work practice. The management team acknowledged that supervisions had not been taking place as often as they should and told us of their plans to put a more structured system in place involving other senior members of staff.

However, supervisions had taken place when there was cause for concern and records showed how the management team had dealt with these issues. Supervisions and appraisals which had taken place, promoted good practice, encouraged staff to professionally develop and supported their career progression.

The service had good systems in place to support people's nutritional and hydration needs however, the meal time experience was not a positive one for many. People started to come into the dining area at 12.30pm but some were not served until 1.20pm. Tables had not been set ready for a meal and some tables had not been wiped cleaned. This meant that for people living with dementia there was nothing to help orientate them that they were about to eat a meal. Two people were sitting at tables on their own facing a wall, meaning there was little opportunity for interaction with others. One person told us, "Eating for me is a battle, the plate is plonked in front of you on the table, often it is too much for me, I struggle to eat it." They added, "The [person] sitting next to me cannot speak, I feel alone really, the only good thing is, I am in front of the window so I can see the flowers in the garden." This demonstrated that there had not been sufficient consideration given to how meal times could be a positive time of day which people enjoyed because they felt valued and included.

Discussions with staff and people's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals and their advice was acted upon where possible. People were provided with enough to eat and drink and supported to maintain a balanced diet. A member of the kitchen staff told us, "I have spoken to everyone individually, we have discussed likes and dislikes and food preferences." The kitchen staff had a list of people who required a special diet because of their health needs or preferences, for example, diabetic, vegetarian or a soft diet. A relative confirmed, "They have variation depending on people's ability to swallow." Care and kitchen staff had received training in dysphagia (swallowing difficulties) and diabetes which gave them the knowledge they needed to support people with these conditions.

The registered manager had been innovative in their approach to promote the importance of fluids throughout the day and had developed a scheme they called, "Think pink, have a drink." There were prompts for people and staff displayed in the communal areas to encourage people to have regular drinks in order to stay hydrated. They had also developed an initiative to aid staff in knowing how much a person had drunk through the day. Each time the person had a drink they were given a new cup, the used cups were stacked and counted at the end of the day to establish the total drunk. This meant staff could keep track of the person's fluid intake and be aware if they needed additional encouragement.

People were offered a choice of what they would like to eat and drink. We observed a person being asked, "Would you like orange, blackcurrant or water?" Staff told us that people were asked during the morning what they would like for lunch and then asked later in the day what they would like for tea. Staff talked about how this meant that people were making choices based on how they felt at the time and not having to make a decision a long time in advance which they may then be unable to recall.

Staff were provided with the training they needed to meet people's needs and preferences effectively. All care staff were working towards a Health and Social Care diploma and told us that they felt supported in their role.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS.

We observed that staff asked people's permission before they provided any support or care. Records showed that, where appropriate, people's relatives had been involved in best interest decisions. For example, in one care plan it was written that a member of staff had contacted a relative and, "Phoned for advice regarding issue of consent for [surgical procedure]."

People had access to health care services and received ongoing health care support where required. Visits from health care professionals had been recorded in people's files. Care records reflected that people, and or relatives/representatives on their behalf, had been involved in determining people's care needs.

Requires Improvement

Is the service caring?

Our findings

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. A relative told us that, "Everyone is treated with respect." A healthcare professional who visited the service told us that, "The privacy of the patients [people] is considered" during their visits.

However, we were concerned that people's dignity was not always upheld in the way that they were assisted with their appearance. We noticed that some people's clothes were stained, buttons undone and hair uncombed. A relative explained their concerns relating to this area of people's care and told us, "For a while [person] didn't have an apron on [whilst eating meals]…used to walk around with stained clothes." They also told us that they felt staff had not listened to what was important to their relative with regards her appearance. "All [person's] life, [person] has had [their] parting [in hair] this side but they keep putting it the other side. I've told them but they still do it. I don't know how often they wash [person's] hair. I don't like to see [them] with greasy hair. I have mentioned it to them. I think it depends who does it." This demonstrated a lack of awareness of the importance of respecting how people, who were unable to express this themselves, would wish to appear.

We observed piles of continence aids being stored beside and on top of a cupboard in one of the corridors. These were also seen on top of a wardrobe in a person's bedroom and were in full view when opening the door. These type of aids are for personal use and people's privacy and dignity are not being promoted if they are stored on full display.

People and their families were positive and complimentary about the staff and the care they received. A person told us, "We are fairly new here, the staff are first class I cannot fault them." Another person commented, "The staff are very nice." A visitor said that they were, "Often bowled over by the level of care and attention from the staff."

We observed staff demonstrating empathy, understanding and warmth in their interactions with people. We observed a member of staff being calm and gentle with a person who was distressed and crying at the time, they held the person's hand and spoke to them in a reassuring way, demonstrating compassion and understanding of the person's feeling. A visitor told us, "Staff here are incredible, amazing. All the staff have been here many years, there is a family atmosphere."

Staff talked about people in an affectionate and compassionate manner and were caring and respectful, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. A visiting healthcare professional who visits the service told us, "We have always found the staff to be kind, considerate and professional. It is clear that the staff care about the residents and their needs."

We received mixed comments about whether staff understood people's preferred routines, likes and dislikes and what mattered to them. Despite our observations and one relative's concerns about people's appearance, others felt that staff knew people well. One person told us, "They usually know the sort of

things I like." A relative commented, "They know [person] likes sausages and chocolate." To assist staff in knowing about more about each person there were "This is Me" documents in people's care records. This is a document produced by the Alzheimer's Society which helps people tell staff about their needs, preferences, likes, dislikes and interests. It enables staff to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. The manager told us how they were also involving relatives with this tool, "We are starting to get relatives more involved when they come in, asking for something personal which can be used to help stimulate people."

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. A visitor told us, "They ask [person] about [their] magazines, what [they would] like on [person's] breakfast. They went and got [person] a special wine glass." People and their relatives, where appropriate, had been involved in planning their care and support. In one person's care plan it was recorded, "Asked [relative] to be in touch, need to review and ask for additional info. i.e. lifestyle, history, end of life wishes." We saw that a relative had been in to review the care plan and had written in the file, "I'm very happy with [person's] treatment at The Oaks." Minutes of a resident's meeting held in December 2015 showed that people's comments had been listened to and acted on. For example, one person had said they would like to see more lamb on the menu so two new lamb dishes had been added.

Throughout the day we saw that people wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what activities they wanted to do, what they wanted to eat and where they would like to be. For example we heard a member of staff say to a person, "Would you like to have lunch in the lounge or the dining room?" This showed that people's choices were respected by the staff and acted on.

Requires Improvement

Is the service responsive?

Our findings

People told us about the activities which were provided for them individually or as a group. The service employed an activities co-ordinator and activities which they had been involved with were recorded for each person. Activities recorded included manicures, singing, throwing balls and moving to music. A visitor told us, "They are always doing something, lots of parties and entertainment." We observed a member of staff performing a hand massage on a person, the person looked relaxed and appeared to be enjoying the experience. The member of staff told us about the activities which occurred on a regular basis, "Very often it's music we do, the residents enjoy listening and singing the songs, sometimes we take a couple out for a coffee to a nearby cafe they seem to like that too."

However, apart from the three hours allocated to activities Monday to Friday, we observed that there was a lack of general activity for much of the day. A large proportion of people were living with dementia however there seemed to be little available to aid in reminiscence or sensory stimulation. We observed people to be withdrawn for long periods of time or unsure what to do. For example during the morning one person was sitting at a table with a magazine in front of them which staff told us they enjoyed to do. However, for much of the time the person was withdrawn and staff did not attempt to use the magazine to engage with them. Another person sat waiting for their lunch for some time, using a fork to attempt to scoop up their drink. Staff did not notice and did not intervene or offer assistance. There was a lack of resources to support people with physical or mental stimulation appropriate for people living with dementia or other mental health conditions. This meant that there was not a holistic approach to people's care and support to ensure their general wellbeing.

When we spoke to the registered manager about the lack of activity they told us about some of the resources they did have available, such as appropriate games and puzzles. However it appeared that staff did not have the knowledge, motivation or time to use these effectively. Staff we spoke with were not aware of what was available and tended to leave these type of activities to the activities co-ordinator.

The environment in the communal parts of the service was not helpful for people living with dementia. Many areas were cluttered and there was little signage or displays to assist people to orientate themselves. A Christmas decoration was still up in the lounge area which could be confusing for people who were unaware of time or date. One person referred to a dividing line in the flooring between the lounge and dining area. They commented, "We get a lot of people here who go from one room to the other, they look at the black line and say 'can I go there?'" We observed a person having problems walking freely between these areas because they appeared to view the line as an obstacle. They stopped each time they approached the line and became distressed whilst walking around the lounge. The nominated individual told us of plans to make the building more dementia friendly, including painting the bedroom doors red to aid people's recognition. One of the doors had already been painted as a trial. We acknowledged that this could be helpful for people but pointed out that there were other things which could be done to assist in making the service a more pleasant and supportive environment.

We recommend that the provider and management team consider advice relating to dementia friendly

environments available from organisations such as the Department of Health, Alzheimer's Society or National Institute for Health and Care Excellence (NICE)

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. A person explained to us, "As I came through the door someone asked, are you alright, do you know where to go? There are very very few people who don't smile at me when they go past." We observed that staff responded when people needed assistance. For example, a member of staff noticed that a person looked uncomfortable in their chair. They checked with them as they said, "I'm going to give you a cushion because you are on the side."

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. For example, one care plan said, "Staff to reassure [person] show [them] what you intend to do as [they] have difficulty understanding speech due to deafness." Care plans had been regularly reviewed and updated in response to changes in people's support needs.

The minutes of a recent staff meeting held in May 2016 showed that each person had been discussed by the staff to share what they knew about people and to find solutions to potentially challenging situations. As a result of this meeting we saw that one person's continence aids had been reassessed, another person had been referred to the dietician and some people had moved bedrooms at their request. These meetings gave staff the opportunity to share best practice in order in improve the quality of care and support provided.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Records of previous complaints showed that they had been investigated and responded to fully and in a timely manner. For example, a person had complained that there were not enough grab rails available so these had been fitted. One person had made a complaint about the poor communication skills of a member of staff. Additional training, focusing on communication skills, had been arranged for this staff member. This demonstrated that concerns and complaints were acknowledged and listened to by the management team.

Requires Improvement

Is the service well-led?

Our findings

The provider had quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. Management audits had identified where some improvements needed to be made and records showed that appropriate action had been taken. For example, a medicines audit had highlighted that there had been a discrepancy in recording the total of a medicine remaining after it had been administered. Appropriate action had been taken to remedy the error and lessons had been learnt by those involved.

However, the quality assurance systems had failed to identify the concerns relating to the safety of some parts of the premises. The premises were also in need of an update to ensure that it was a suitable environment to support people living with dementia. A dependency tool to calculate staffing levels was used but this had not taken into consideration all of people's care and support needs and was unrealistic in its assessment that there were adequate staffing hours allocated. This showed that quality assurance systems needed to be more robust to ensure all potential shortfalls were identified and responded to.

The provider encouraged the management team to have autonomy in the running of the service. The nominated individual was the manager of another service owned by the provider and the registered manager told us that they felt well supported. The nominated individual and the registered manager told us that the provider frequently visited the service but there were no records of any provider audits apart from those undertaken by the nominated individual. This demonstrated that the provider lacked insight into areas where improvements were needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always clear on their roles and responsibilities and how they contributed towards the provider's vision and values. There was a lack of provision of activities throughout the day and a lack of attention to detail in ensuring all of people's needs were met. This showed there was not a culture in the service which promoted a holistic approach to people's care to ensure all physical, mental and emotional needs were being met.

However, the registered manager and staff demonstrated a willingness to work together to improve the service they provided. A member of staff commented, "Elderly care is my passion." The registered manager acknowledged where changes could be made to improve the overall experience for people living in the service. They demonstrated how they strived to update themselves with regard to changes within the care industry by researching latest best practice.

The management team understood their role and responsibilities in ensuring that the service provided care that met the regulatory standards. They had formed links with a number of health care agencies to ensure the people received additional support when it was needed. For example the local mental health and specialist dementia teams had been significantly involved in one person's care in the week leading up to our

inspection.

People, their relatives and health care professionals had been asked to complete satisfaction questionnaires and we saw that the feedback received was positive. One relative had commented that they were, "Very pleased with all the care given to my [relative]" Records showed that lessons had been learnt from concerns and complaints and steps had been taken to respond and put things right. Opportunities were taken to learn lessons from these experiences to improve the quality of care.

The service had links with the local community and were members of a local friends and neighbours network. People and staff had been involved with a stall at the local fete the previous summer and were planning to do the same again this year, selling homemade cakes.

Family and visitors to the home felt that they were made to feel welcome and that management and staff were open and transparent. A relative told us, "I was informed when there was inappropriate action by another resident." They were confident that this had been dealt with appropriately. A visitor told us, "We've got such a good rapport with all of them [staff]." People told us that there was a stable workforce. A visitor commented, "I have got to know many of the staff over the years, many have worked here for a long time, which indicates to me that people enjoy working here."

People gave positive comments about the management and leadership of the service. A visitor told us, "Every step of the way [registered manager] has been really supportive. They really look out for [person]. The home is amazing." Staff told us that they felt supported and listened to and that the management team were approachable and provided support when they needed it. A member of staff commented that the management team were, "Very approachable, I'm happy to go to [them.]"

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 Regulation 12.1 and 2 (d) Care and treatment was not being provided in a safe way for service users because the provider had not ensured that the premises was safe to use for their intended purpose and were being used in safe way for all the people who used the service, specifically for those with a disability and those living with dementia.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17.1 Quality assurance systems had failed to identify shortfalls.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18.1. The provider had not ensured that there were enough suitably qualified, competent, skilled and experienced staff available at all times to provide a holistic approach to people's care, ensuring all aspects of their well-being were being attended to.