Mrs Mobina Sayani

St Paul's Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 22 and 25 April 2016 and was unannounced. St Paul's Residential Home provides care to older people with a physical and/or sensory disability. At the time of our inspection 31 people were living in the home and of these 30 people were living with dementia. Accommodation was provided over two floors with shaft lifts to access the first floor. 28 bedrooms had en suite facilities and there were an additional three bathrooms and four shower rooms. People had access to four lounges with dining facilities.

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

People had not been protected against the risks of employing unsuitable staff. Safe recruitment and selection procedures had not been followed. This was 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 back of the full version of the report.

People's care was highly personalised reflecting their individual wishes, likes, dislikes and the way in which they had previously lived their lives. People and their relatives were involved developing their care and support and took part in reviews. People's care records had been kept up to date with changes in their needs and provided an individualised record of their needs. People were protected against the risk of harm and supported to take risks whilst staying as safe as possible. Their independence was promoted and they were encouraged to help around their home, to maintain their mobility and to do as much as they could for themselves. Staff had a good understanding of people's needs, treating them with dignity, respect and compassion. When people were upset or unhappy staff knew how to help them to deal with their emotions. People had access to healthcare professionals and their medicines were administered satisfactorily.

People had access to a range of meaningful activities which reflected their interests and preferences. External entertainers provided music and exercise alongside craft sessions and games. Students from colleges and children from schools visited the home, keeping people company and playing music or singing to entertain people. People's cultural needs and diversity were considered and celebrated. The diversity of the staff team reflected people's backgrounds. People were able to talk with staff in their first language and staff respected their nutritional and religious needs. People enjoyed their meals and had access to snacks and drinks throughout the day and night. They were able to help themselves to drinks and help to prepare their meals. People knew the registered manager well and would talk to her about any concerns or issues they might have.

People benefited from staff who felt supported to develop in their roles. They had access to a range of training to equip them with the skills to meet people's needs. Staff were observed delivering care and

support to make sure they were able to put this knowledge into practice. There were sufficient staff to meet people's needs. Staff worked together as a team. They said they worked hard, were happy in their roles and were confident raising concerns or expressing their views to the registered manager.

People were asked for their views about their experiences of living in the home. They took part in annual surveys and had individual meetings with the registered manager. When shortfalls were identified actions were taken to remedy these. Quality assurance audits monitored the quality of the service provided and strove to make improvements when needed. The registered manager's visions for the home to treat people as we would wish our own relatives to be treated were endorsed by staff. Comments about the service provided included, "This little home is a gem" and "It is one of the best."

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 mostly safe. People were not protected by robust staff recruitment practices. Improvements had been introduced to make sure medicines were managed and administered safely.

People's rights were upheld and they were kept safe from the risks of harm or injury. There were sufficient staff employed with the right skills and knowledge, to meet people's needs.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to a wide range of training to equip them with the skills and knowledge they needed. Staff felt supported in their roles and had opportunities to develop professionally.

People's consent was sought in line with the essence of the Mental Capacity Act 2005. People deprived of their liberty had the appropriate authorisations in place.

People were supported to stay healthy and well through access to a range of healthcare professionals. Their nutritional needs had been assessed and reflected their individual dietary and cultural requirements.

Is the service caring?

Good

The service was caring. People were supported by staff who were compassionate and kind. Staff understood people well, reassuring them when upset and promoting a happy atmosphere.

People were involved in making decisions about their day to day lives. Their individual cultural and religious beliefs were respected and advocated.

People's privacy and dignity was respected. They were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People's care was highly individualised based on their past history and backgrounds as well as their wishes, like and dislikes. When their needs changed their care records were updated to reflect the care and support they were receiving.

People had access a range of meaningful activities which reflected their interests and individual preferences.

People knew how to raise a complaint and were confident they would be listened to and the action taken if needed to resolve their concerns.

Is the service well-led?

Good

The service was well-led. People benefited from the service having a strong leader who was open and accessible.

People were able to express their views about their experiences of their care and support. The visions and values of the service were understood and promoted by staff.

Quality assurance processes were in place to assess the quality of care provided and to maintain the high standards of care they strived to provide.

St Paul's Residential 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.

The inspection took place on 22 and 25 April 2016 and was unannounced. One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was people with disabilities and mental health conditions. 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 improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with ten people using the service and six relatives. We had also received positive feedback from visitors to the home, prior to the inspection. We spoke with the registered manager, the administrator, the cook, five care staff and joined staff at a handover between shifts. We reviewed the care records for four people including their medicines records. We also looked at the recruitment records for five staff, staff training records, complaints, accidents and incident records and quality assurance systems. We observed the care and support being provided to people. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from three health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People had been placed at risk of being supported by inappropriate staff because robust recruitment procedures had not always been followed. Each applicant had completed an application form with an employment history. Four of the five application forms had gaps in this employment history. Although the registered manager said they usually checked this at interview there was no written evidence that these gaps had been explored. This meant the suitability of applicants had not been thoroughly checked.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks had been completed prior to new staff starting work. This included obtaining a satisfactory Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Checks had also been made to clarify why applicants had left previous employment working with children or adults.

People were supported by sufficient numbers of staff to meet their individual needs. A person commented, "We're not sure but we think there are enough staff, they are always here when we need them." A healthcare professional told us, "They have a good ratio of staff." The staff team consisted of very experienced staff who had been working in the home for over five years and newer staff who were acquiring the knowledge and the skills they needed to support people. Staff were observed spending time individually with people as well as responding quickly to call bells and people's requests for help. Staff confirmed there were enough staff working each shift. They said the registered manager was very flexible and would alter her hours to provide additional support when needed. The registered manager confirmed agency staff were not used. Staff working in the home and a small number of bank staff were available to cover shifts when needed. Relatives commented, "We are confident about the care staff provide."

People's medicines were mostly managed safely. Stock records had not been kept for medicines supplied in boxes which could potentially put people at risk of receiving incorrect levels of their medicines. During the inspection a stock record had been devised to rectify this issue and was being put into use. Stock levels of medicines supplied in blister packs had been recorded on the medicines administration record (MAR). The stock levels of medicines which needed additional security had also been recorded and were closely monitored. Observations of medicines being given to people confirmed they had their medicines when they wished to have them and staff were responsive to any changes in their routines. For example, when people wished to get up later in the morning, the timings of their medicines had been adjusted.

People had their medicines reviewed with health care professionals to make sure their medicines reflected any changing needs. For example, a person had been given a medicine to be taken "as necessary" each morning but their GP advised taking this later in the day to improve its effectiveness. People having medicines to be taken "as necessary" had individual protocols in place describing when to take this medicine and the maximum dose to be given. A healthcare professional commented, "Medicines are not

over used. If they start to repeatedly use a medicine staff request a review with us. Their medicines management is very good."

People's rights were upheld. People told us, "Yes, very safe I suffer from anxiety and I haven't since I been in here" and "I've been quite ill and I feel very safe and cared for here." Relatives commented, "We trust the staff" and "She is safe here." A health care professional reflected, "People are safe and well looked after." Staff had a good understanding of safeguarding procedures and their responsibilities to highlight any concerns about unexplained bruising or injuries and possible abuse. They said they would record bruises on body charts and on accident and incident records and were confident their concerns would be listened to and addressed by the registered manager. They talked about safeguarding at staff meetings to make sure their understanding of the local procedures was up to date. Staff had completed safeguarding training and information about local procedures and contact details were accessible to them. The registered manager confirmed they had not needed to raise any safeguarding alerts.

People were encouraged to remain independent and any hazards had been assessed to minimise risks. Positive risk taking was promoted ensuring people stayed as safe as possible, for example whilst maintaining their mobility. Risk assessments had been amended to keep them up to date with changes in people's health and well-being. Falls were closely monitored. When a person had a fall an accident form had been completed describing the circumstances around the fall and action taken by staff to check for injuries. A post fall analysis had been completed to assess whether this was a one off incident or whether the person was at risk of further falls. If the latter was the case this record evidenced the action which had been taken such as a referral to their GP to check on their physical well-being or to a physiotherapist or occupational therapist for advice about equipment to safeguard them from further falls. The least restrictive option was always sought, for example providing sensor mats or crash mats near beds rather than bed sides. People had been provided with mobility aids, hoists and standing aids to help them move and reposition as safely as possible. A healthcare professional confirmed, "Staff escalate safety concerns, they report issues quickly."

When people had an accident or incident records had been completed and monitored to make sure the appropriate action had been taken in response to emerging themes. Staff reacted quickly when a person's skin showed signs of redness, alerting the necessary healthcare professionals and ensuring the treatment they advised, such as alleviating legs in a protective sleeve, were implemented. This was advice was observed to have been followed. A healthcare professional confirmed this; "Staff always listen to what I say and put it into practice."

People were safeguarded against the risks of emergencies. Each person had an individual personal evacuation plan should they need to leave the property quickly. A summary of these individual plans had been produced for emergency services using a colour coded system to identify those people who needed support from staff. An out of hours system was in place should staff need support or advice from the registered manager. Health and safety systems were maintained to ensure a safe environment was provided and that equipment was serviced at the appropriate intervals. A fire risk assessment was in place along with environmental risk assessments. Audits had been completed to make sure systems continued to function efficiently.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet people's needs. A person told us, "The staff know all my needs and they are very good." Relatives commented, "Staff are brilliant" and "Staff are excellent." Staff confirmed they had access to a range of training which included courses specific to people's needs such as dementia awareness and end of life. They completed refresher training in areas considered to be mandatory by the provider such as first aid, food hygiene and moving and handling. Staff said they were supported to develop professionally for instance they were registered for the diploma in health and social care at levels two up to five. The registered manager explained how staff were allocated key roles within the home giving them additional responsibilities for medicines, health and safety or activities. She said she expected staff to work together, so although domestic, kitchen and laundry staff were in place they also helped out with people's personal care and care staff helped them out. All staff had completed the training relevant to their roles and responsibilities.

People benefitted from staff who felt supported and positive about their roles and responsibilities. A member of staff told us, "We can come to the manager, she listens and helps us." Staff had individual support meetings with the registered manager every six weeks. A schedule had been maintained confirming when these had taken place and a record had been kept detailing discussions about staff performance and training needs. Staff said in addition to these observations of their practice were completed, for instance administering medicines or moving and positioning people. Annual appraisals were also scheduled providing staff with the opportunity to reflect on their professional development.

People made decisions about their care and support. Staff were observed offering people choices about their day to day lives and respecting their decisions. For example, one person refused their medicines until they had finished their meal, staff agreed to return later. People's care records clearly stated when they were unable to make decisions about their care and support in line with the Mental Capacity Act 2005 (MCA). They identified when people might have fluctuating capacity and prompted staff to consider times when people might need additional help to make decisions for example when unwell. The 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. Evidence had been obtained to confirm when people had appointed relatives as their lasting powers of attorney for health and welfare and/or property or financial affairs. Where a lasting power of attorney was appointed they had the legal authority to make decisions on behalf of a person, unable to make decisions for themselves, in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Assessments had been completed to consider whether authorisations needed to be made for people whose liberty might have been restricted. One authorisation had been granted and the registered manager had

submitted a further six applications. There was evidence wherever possible the least restrictive solution was being considered when placing restrictions on people's liberty. Such as the use of sensors throughout one part of the home to alert staff to people's movements or sensor mats in people's individual rooms. A healthcare professional confirmed, "They will analyse the situation, reduce restrictions prolonging people's unrestricted access. They review if necessary and if there are changes will apply for a DoLS."

People were supported to have a healthy and nutritional diet promoting their health and well-being. People's nutritional needs had been assessed and their care records identified whether they needed close monitoring to maintain their weight. Nutritional assessments had been completed where people were at risk of malnutrition or obesity. Monitoring forms evidenced whether people were being weighed either weekly or monthly and their fluid and food intake. Where necessary the cook said food was fortified with cream, butter or sugar. Additional supplements prescribed by the GP were provided if needed. There was evidence people's weight was being maintained.

People were observed having drinks and snacks throughout the day. When necessary people had been referred to a speech and language therapist for advice to reduce the risks of choking. The cook explained how they prepared soft food for some people. Equipment had been provided to help people to continue to feed themselves such as plate guards or specialist cutlery. Support was discreetly provided for people who needed assistance with their meals whether this was gently prompting them to eat or feeding them. Staff were attentive to the people they supported, describing the food on the plate, offering fluids and supporting people to eat at their own pace.

People told us, "The food is very good and I get a good choice", "I get enough to eat and it's tasty and yes we get a good choice and if I need a drink at night I can get one" and "We get plenty to eat and if you get something you don't like they will change it for you. We get a good choice and we can all get a drink at night just press the call bell." Two people mentioned they liked to go and make themselves drinks in the kitchen. People's cultural and religious needs had been considered. Food was stored, prepared and cooked according to their own traditions. One person often helped the cook to prepare their meals sharing their personal preferences for the way their food was cooked. A healthcare professional told us, "They are very well orientated to people's nutritional variations."

People had access to a range of healthcare appointments. People's appointments with their GP, community nurses, dentist, optician, chiropodist and specialist mental health professionals were recorded. A summary of the outcome of each appointment and a record of any future appointments were noted keeping staff informed about people's health and well-being. During a handover between staff teams, staff discussed the outcome of outpatient appointments at hospital and informed staff about future appointments. Healthcare professionals commented, "Communication established with doctors is excellent" and "I am very satisfied; people, who come here from hospital, are not being readmitted".

Good

Is the service caring?

Our findings

People were treated with kindness, sensitivity and compassion. They had developed positive relationships with staff who they enjoyed chatting with and sharing a joke. People told us, "They do treat me with kindness all the time" and "They are lovely the staff and they treat me with kindness and I can be awkward at times." Healthcare professionals commented, "Staff are courteous and helpful" and "I am very happy with the care of the residents." People told us they felt listened to and staff were observed talking with them politely and respectfully. They were attentive to people responding to their requests for help or just stopping to check on their well-being. People said, "They do listen to me and I tell them I want something and they get it for me" and "Yes, they do (listen to me) and I think I'm spoilt by the staff." A visitor to the home said they thought carers were "absolutely outstanding" because they took time to visit with a person who stayed in their room, holding their hand, reading to them and providing comfort.

People's human rights were upheld. Staff had completed equality and diversity training and respected the diversity of the people they supported. Staff said, "We treat residents as we would our own parents, grandparents. We are aware of their cultural and racial needs." The registered manager said she had employed staff who reflected the cultural diversity of people living at the home. This meant people were able to talk with staff in their first language and that staff appreciated their cultural and religious beliefs and needs. A relative told us, "It's a godsend that some of the wonderful, caring and compassionate staff at St Paul's could speak to Dad so he could communicate his wishes and needs and they understood his cultural needs." People's care records identified their cultural, religious or racial needs and how these impacted on their care and support. Their care records identified whether they had any preferences about the gender of staff supporting them with their personal care; a relative said, "Mum doesn't mind who does her personal care, but they would provide female only staff if needed."

People's right to confidentiality was respected. Their care records were stored securely in a locked cupboard. The lock to one cupboard containing personal information had broken. The registered manager said this would be attended to. People's family and private life was promoted. Relatives were observed visiting people whenever they wished and choosing where to spend time with them either in their bedroom or in communal areas. They said they were made to feel welcome and were kept informed about their relatives. The registered manager said one relative continued to visit people at the home despite the loss of their partner and the staff had taken another relative out for a meal because they felt isolated when their partner moved into the home.

People were supported by staff who knew them well and understood their personal backgrounds and preferences. Each person, or their relatives, had been involved in developing a social life profile which described their likes, dislikes and past history. A member of staff described how they made sure people's preferences were respected. For example, a person living with dementia had previously always liked to be "impeccably dressed and manicured". Staff said they made sure they were always well dressed and groomed as they would previously have been.

Occasionally people became upset or distressed. A person told us, "If I'm down they come and try to cheer

me up." Staff were observed reacting quickly reassuring and comforting people when they were unhappy. Staff described how they supported people to become calmer using music, a walk or a drink to settle them. If needed referrals were made to healthcare professionals. The Provider Information Return stated, "Staff are encouraged to take notice of every detail. Staff will ensure they are comfortable and alleviate distress by reassuring them." People's care records reflected how staff should support them and how best to communicate with people. Staff were observed chatting with people, smiling and gently touching them whenever they passed people by.

People expressed their views about their care and support and were involved in making decisions about their day to day lives. A person told us, "I give feedback to the staff and the manager about the home." The PIR stated, "Residents and families are involved in care plans and record personal preferences such as times to get up." The registered manager confirmed people were encouraged to lead the kind of life they would have if they were at home. Each person had a copy of a service user guide in their bedroom which explained the services provided by the home. They also had access to information about activities and menus. People had information about how to access advocates.

People were treated with dignity and respect. They confirmed this saying, "They do treat us well and they respect my dignity" and "They do on the whole, but it's very hard with old people but they do treat us well and they respect my dignity." A staff member commented, "They are vulnerable people, they live with dignity and respect, we make sure they are well cared for, this is from the heart." People were supported to maintain their independence for example their mobility by providing them with walking aids or feeding themselves with specially adapted cutlery. People also helped to set the table and clear away, as well as making drinks for themselves. Staff described how they made sure people's wishes with respect to end of life were considered and reflected their cultural and religious beliefs. A summary of how to follow people wishes had been provided for staff which was accessible to them when needed. The registered manager reflected how a member of staff had stayed throughout the night with a person at the end of their life because they had no family to be with them. Staff attended people's funerals to pay their respects to the family of the deceased.

Good

Is the service responsive?

Our findings

People's care was highly personalised and reflected their individual wishes, likes, dislikes and routines as well as a reflection of their past history and backgrounds. People living with dementia had been supported to continue to live and spend their days which reflected how they had previously chosen to live. Staff, however, made sure they were flexible in their approach if the person indicated they would like things to be different. For example, one person took great comfort from having soft toys and dolls. A member of staff said, "Care is person centred. The needs of the person are catered for, to their own specific needs and their past history." The registered manager confirmed this telling us about the way in which staff had encouraged people who had refused personal care to have a wash or shower. Staff had discovered they responded to music and would quite happily join in when staff sang to them. A person told us, "I receive very good care and support from the staff and they're very good." A healthcare professional confirmed, "It is very person centred."

People's changing needs were closely monitored. A person told us they had problems sleeping because of their breathing and staff had realised this was due to the bed. The person was really impressed because this happened over the Christmas holidays and a new bed had been delivered straight away. Care records had been reviewed each month or sooner if needed and were amended to reflect changes in people's care. People and their relatives confirmed they were involved in reviews of their care. People's care records identified what they could do for themselves and what they needed help with. Staff were observed encouraging people to do things for themselves such as moving and positioning themselves or taking their medicines. People's skin condition was monitored to make sure pressure ulcers did not develop. Staff had raised concerns about one person's skin becoming red. A healthcare professional had suggested raising their legs and applying cream. Staff were observed doing this immediately. Healthcare professionals confirmed, "They always listen to what I have to say and put it into practice."

People were offered a range of meaningful activities to engage in. A person told us, "We have exercises and we have had a musician come and I like to do cross words and reading nonfiction and fiction". The registered manager described how they endeavoured to provide activities which reflected people's diversity and culture. This included attending places of worship, encouraging visitors from different places of worship and joining together in religious celebrations or holidays.
A pledge to people promised to help "older people grow in spirit, live a safe and life full of joy, with a sense of belonging and fulfilment". The Provider Information Return confirmed the home was "vibrant and alive" and they aimed to "spread happiness in all we do". Staff reflected how they helped to achieve this, "We are multi-cultural, we do the best we can for people" and "We are very cheerful and happy and respectful of people's choices. If they want to be quiet, we won't disturb them".

People were observed taking part in a crafts session making flowers to decorate a tree in the conservatory. They also played a ball game, read newspapers, chatted with staff and visitors and listened to music or watched the television depending where they were sitting. Regular activities were provided by external entertainers such as music or exercise. One off events such as barbeques or fashion shows were held and a local school choir visited the home. A local college had also provided students to cook tea or entertain

people with musical instruments and crafts. Individualised activities such as hand massages, reminiscing and shopping were also arranged. A relative commented, "It is good for them to be stimulated by activities of these types." People who liked to remain in their rooms were informed about activities just in case they changed their minds. Staff said they made sure they regularly stopped by to talk with people staying in their bedrooms.

People said they had no complaints and they said they would talk with staff or the registered manager if they had a problem. People told us, "We would always go to the top boss and I think she would sort it out" and "I would think about it and then I would complain to the staff." Relatives confirmed they would also talk with the registered manager although they had no concerns. People had access to a copy of the complaints procedure in their bedrooms. This was also displayed in the reception area of the home. The registered manager met with people individually which provided the opportunity for smaller issues to be raised and dealt with immediately. For example, lost items or problems with other residents. A member of staff reflected, "Residents come up to her [the registered manager], she listens, helps them and makes them feel better."

Good

Is the service well-led?

Our findings

People's views were sought about the quality of the service they received. They were used to make improvements where needed. A person told us, "I have been encouraged to give feedback. I have done a survey" and staff confirmed they were also encouraged to express their opinions. Surveys had been distributed to people, their relatives and staff. The feedback from these had been analysed and improvements made as a result. For example, laundry arrangements had significantly improved by making laundry the responsibility of all staff. People had individual meetings with the manager to talk about their life and any issues they may have. A person had commented that their meals were too big and so staff had been prompted to give them smaller portions. Staff meetings provided the opportunity for staff to highlight areas which could be improved. Relatives were also invited to part of these meetings and to join staff for a meal afterwards. The registered manager said this social event after team meetings had proved very successful.

A person told us, "The home is well run, we can't complain. It couldn't be better, we are very pleased." A visitor commented, "This little home is a gem" and a relative commented, "We have been blessed, we are very happy with the care. It's brilliant here." Healthcare professionals endorsed these views saying, "I would put my mum here" and "It is one of the best."

The registered manager had a clear vision for the home, "I feel this is my home; my ethos is that this could be your father, mother or grandparents. We treat them how you would want them to be treated." She promoted the 10.5 commandments with staff which included, "you shall be committed to all that you do" and "you shall honour others and know their importance". Staff confirmed their commitment to these visions and values through their practice. They told us, "We want what is best for people" and "We work hard, we are friendly and help each other. We know people well." A person supported this telling us, "The atmosphere with the staff is very good and they're very friendly and we're all in the same boat. The staff here are fantastic."

The registered manager was open and accessible. People and their relatives commented, "I have an excellent relationship with [name] and her multicultural staff", "She's always here to talk to and yes she does a very good job" as well as, "She comes here every day and you can always get to see and talk to her." The registered manager said, "The staff support me and I support them." Staff confirmed this telling us, "She is very flexible, kind and she sorts everything out" and "She spoils us all." The registered manager was aware of their responsibility to submit notifications to the Care Quality Commission. Statutory notifications are information the provider is legally required to send us about significant events. Staff were confident any concerns raised under the whistle blowing procedure would be listened to and the registered manager would take the appropriate action in response.

People benefited from a quality assurance system which closely monitored their experiences of living in the home. Staff were involved in these processes auditing medicines administration, care plans and health and safety systems. Where they identified shortfalls these were escalated to the registered manager for attention. For example, reminding staff to complete people's life story or updating care records. Additional

audits had been carried out throughout the year to assess how people's dignity had been respected or how they had been supported with their food and fluid intake over meal times. The registered manager monitored accidents and incidents to ensure the relevant action had been taken and they had not missed any trends developing. The local authority had completed a quality assurance visit in 2016 and their recommendations had been carried out.

The registered manager recognised the importance of maintaining her professional development and making sure staff kept up to date with current best practice and changes in legislation. She attended a local learning network and was a member of a local provider's association. As a dementia link worker she kept up to date with good practice guidance for supporting people living with dementia. She had also signed up to the social care commitment and was a dignity champion as well as receiving periodicals and magazines relevant to adult social care. This knowledge and information was shared with staff to ensure people received care and support which reflected good practice. The registered manager had developed daily monitoring forms which reflected Care Quality Commission's key lines of enquiry. In this way the staff were familiar with the prompts to keep people safe and to provide effective, caring and responsive care. The registered manager scheduled topics to discuss with staff at team meetings such as abuse, death and dying, infection control and privacy and dignity. She said, "I try to empower staff, to give them the skills they need and encourage them to learn more." Staff confirmed, "She is very understanding of staff" and "She has created a positive relationship between colleagues. She reflects on our performance in a positive way."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person was not operating effective recruitment procedures. They did not ensure all the required information was obtained before appointing new staff. Regulation 19 (3)