Greensleeves Homes Trust

Pelsall Hall

Inspection report

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 17 and 18 February 2016 and was unannounced. At the last inspection completed 28 August 2013 the provider was meeting all of the legal requirements that we looked at.

Pelsall Hall is a residential home that provides personal care and accommodation for up to 41 older people, many of whom are living with dementia. At the time of the inspection there were 39 people living at Pelsall Hall. Six of these people were living in a specialist dementia unit at the service called Eden Rise. A registered manager was 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.

People felt safe living at the service and were protected by a staff team who could recognise signs of potential abuse. Staff knew how to report any concerns about people and were confident in 'whistle blowing' if this was ever required. People were put at risk of injury due to unsafe moving and handling practices. Accidents and incidents were not consistently recorded and reported to managers. People were not always supported by sufficient numbers of staff, in particular at meal times. People received their medicines as prescribed.

People were supported by staff who had access to regular training, however their competency in their role was not assessed. Some staff members did not always demonstrate the skills required to support people effectively. Decisions about people's care were not always made in line with the Mental Capacity Act 2005 when people lacked mental capacity. People did not always receive the support they needed to meet their nutritional needs.

People were supported by staff who were kind and caring. People were made to feel valued and were supported to make choices about their day to day care. People's privacy, dignity and independence were protected and promoted. People were supported to maintain relationships that were important to them.

People were not protected by effective quality assurance systems. Systems did not identify all issues and areas of risk within the service. People spoke highly of the management team within the service. People, their relatives and staff all felt involved in the development of the service and had confidence in managers to make any required improvements.

We found that the provider was not meeting all of the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

People were put at risk of injury due to unsafe moving and handling practices. There were not always sufficient numbers of staff available to provide the support people needed. Staff could identify signs of potential abuse and knew how to report concerns. People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective

People were supported by staff who had received training, however, their competency in their role had not always been fully assessed. Decisions about people's care was not always made in line with the Mental Capacity Act 2005. People did not always receive the support they needed to ensure their nutritional needs were met.

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and caring. People were supported to make choices and their privacy and dignity were respected by staff. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

People were able to access a wide range of leisure opportunities. People were supported to live a full and active life that was tailored to their own unique abilities and preferences. People were involved in making decisions about their care plan and knew how to complain if this was needed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

People were not protected by effective quality assurance systems. People spoke highly of the management team and felt involved in making decisions within the service.

Pelsall Hall

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 February 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a qualified nurse who has experience working with older people.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document that we ask providers to complete to provide information about the service. We used this information to help us plan our inspection.

During the inspection we spoke with six people who lived at the service and six visitors who were friends or relatives. To help us understand the experiences of people living at the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager and nine members of staff including the activities coordinator, care staff, domestic staff and the cook. We also spoke with two visiting professionals. We reviewed records relating to 11 people's medicines, eight people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance. We carried out observations across the service regarding the quality of care people received.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt well supported and protected by staff. Visitors also told us that they felt the risks to people were managed well. One visitor told us, "They look into risks and prevention as best they can". We saw examples of where the registered manager and the staff team identified and managed risks to people well. However, this was not consistent across the service and people were not consistently protected from the risk of injury or harm.

Some staff members demonstrated that they were able to keep people safe when they were helping them to move. However, we identified several examples where people were put at risk. We saw staff supporting people to move in a way that was unsafe and put people at risk of injury.

We were told by some staff members that they transferred one person using a method that put this person at high risk of injury such as dislocation, fractures or skin tears. They described a process that involved care staff looping their arms under the person's arms and legs. Staff were not following the guidelines outlined in this person's care plan and risk assessment. We saw one person being transferred in a hoist with the sling incorrectly fitted, putting the person at risk of slipping and injury. We saw one person being supported to transfer in a wheelchair while their feet were slipping off the foot supports, increasing the risk of injury to their feet. The straps from a sling the person was sitting on were catching in the wheels of the wheelchair. The staff member had not identified the risks to this person and therefore we were required to intervene to highlight the risk to keep the person safe. We saw another person being supported to sit in a wheelchair that did not have the brakes on. This increased the risk that the chair would move while the person was being positioned. People were not being consistently supported to move and transfer in a way that prevented the risk of injury to them.

We spoke to the registered manager about our concerns around the safe moving and handling of people. They took steps to address poor practice and to ensure people were kept safe immediately.

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

We saw that risk assessments were in place and risks to people were identified in their plans of care. The staff members that we spoke with were able to describe how they would keep the environment safe for people living at the service. We saw that the building was kept in a safe, well maintained condition. Any risks to people due to the environment were identified and managed. Accidents and incidents were recorded and reviewed by the registered manager. However, we found that a serious incident had been recorded in one person's care notes but had not been reported as an incident to the registered manager in line with the organisation's internal policy and procedures. This resulted in the person's safety and well-being not being sufficiently checked and monitored following this incident. Accidents and incidents were recorded but we saw that this was not always consistently done.

People were supported by staff who had been recruited through a safe and thorough recruitment process. We saw that a range of pre-employment checks were completed before staff were able to start work. These

checks included identity, references and staff member's potential criminal history.

People living at the service gave us mixed views about the number of staff available to support them. One person told us, "Some [people] could do with a bit more time being spent with them, but staff have got to go somewhere else". Visitors told us that there were usually sufficient numbers of staff to support people. However, one visitor told us that there wasn't always a staff member available when people needed support in the lounge. Some staff members also told us that there wasn't always sufficient numbers of staff available. One staff member told us, "We need more staff, especially mealtimes." We saw that for most of the time there were sufficient numbers of staff available to meet people's needs and to keep them safe. However, we did see at mealtimes that people did not always receive the support they needed due to staff members not being available.

We spoke with the registered manager and the deputy manager who said they recognised that they needed to increase the numbers of staff available to people and they were working to resolve this issue as a priority. They told us that they were currently using agency staff to cover vacancies and they were recruiting new permanent care staff. The managers said four new staff members were starting work with the service and we saw new care staff completing their first shifts, shadowing more experienced staff during the inspection.

People told us that they were happy with how they received their medicines and they got them on time. One person told us, "They give [my medicine to] me and I take it at breakfast every morning." Relatives also told us that they were happy with how people's medicines were managed. One visitor told us, "They're always on time and [my relative] is encouraged to take it on time". We found that senior care staff were trained to administer medicines and we saw they administered medicines safely to people. We found that competency checks were completed before senior staff were able to administer medicines independently. Where medicines had special requirements regarding their safe administration, staff could describe these requirements. We saw that medicines were stored safely in a locked trolley. However, this trolley was not always stored securely and fixed while left unattended in communal areas. The registered manager advised that they would ensure the trolley was secured immediately when this was discussed with them. We saw that where people needed 'as required' medicines, these were administered in line with people's needs. People received their medicines safely and as prescribed.

People told us that they felt safe living at the service. One person told us, "Even with the staff at night, one comes and opens my door to check if I'm alright." Visitors to the service also told us that they felt their relatives were safe. One visitor told us "I can go about my life knowing [my relative] is safe and looked after and if there's a problem, they'll let me know. [My relative] is safe". We found that agency staff were not always aware how to recognise signs of abuse and were not fully aware of their responsibilities under safeguarding procedures. However, permanent care staff were able to describe the potential signs of abuse and knew what to do if they had any concerns about people. Staff told us how they would report abuse and told us that they knew how to 'whistle blow' if they needed to report concerns to organisations outside of the service, such as the local authority or CQC. We were told by staff that managers acted quickly when any concerns about people were raised. The registered manager and the deputy manager were aware of their responsibilities regarding safeguarding people living at the service.

Requires Improvement

Is the service effective?

Our findings

People's nutritional and dietary needs were not always recognised and they did not always receive the support they required to meet their nutritional needs. This resulted in people's health and well-being being put at risk.

People were given access to healthcare professionals such as NHS nutritionists in order to support meet their nutritional needs, however, this was not consistently done. We found by looking at one person's care plan that they were living with diabetes and also required a low dairy diet. Care staff and kitchen staff that we spoke with were not aware of this person's dietary needs. We saw from the person's food and fluid record that they were eating a high dairy diet and this had not been identified by staff as a potential risk to this person. We found that this person had been consistently losing weight each month resulting in a 6.1kg loss in the last 8 months. The weight loss had not been identified by staff. We saw that a nutritionist had seen a number of people in the week prior to the inspection in order to address concerns around their nutritional needs. This person had not been identified by staff as someone who needed support from the visiting nutritionist. The registered manager took steps to address the needs of this person during the inspection.

One person told us, "The food is a problem for me because I've got a teeth problem". We saw that during lunch on the first day of the inspection, this person did not appear to be eating well. We looked at their food and fluid chart for this day and found that staff had not recognised this as a concern. They had recorded in their food and fluid chart that the person had 'ate and drank well'. We looked at this person's weight record and found that they had lost 7.2kg since December 2015. Staff had not recognised that this person required additional support in order to meet their nutritional needs and therefore had not managed the risks to this person appropriately.

We saw that people did not always receive the support they needed to eat and drink during mealtimes. For example, on the first day of our inspection we observed three people struggling to eat independently. We saw a staff member approach, however, they did not recognise the issues and did not identify the support needs of these people. They took the food away from one person without checking if they had eaten and drank sufficient quantities. Staff had failed to ensure that people's nutritional needs were being met and they received the support they needed during mealtimes.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People gave us mixed views about the food that was available to them. For example, one person told us that the food was, "Very good". Another person told us, "I don't really like the food. Some of it is ok". We saw that food was freshly prepared on site and people were given a range of choices. Visitors told us that they thought the choices available to people were good. One visitor told us, "Very good. Good variety. They will come and ask what they want for tomorrow. There is a good choice – a healthy choice". We saw a range of choices available to people and mealtimes were flexible around people's preferences. For example, we saw that breakfast was served freshly for people and they could choose what they wanted to eat when they woke

up. There were no restrictions around the time people ate breakfast. We saw that several choices were available for people at other meal times and we saw a range of desserts available that people could choose from as they were being served. We saw that a range of drinks were available to people and these were served as people wanted them. We also saw that jugs of drinks were made available in people's rooms where appropriate. People were supported to make choices around the food and drink available to them.

Most people told us that staff had the skills required to support them effectively. One person told us, "I don't know whether they're trained enough for everybody's needs but they are for me". Visitors told us that they felt staff had received the required training to support their relative well. We saw that staff had access to a comprehensive induction programme followed by an ongoing programme of training. Due to some of the issues we saw with nutrition and moving and handling, we spoke to the registered manager about the methods they used to assess staff member's competency in their role. We found there was no formal system in place to ensure that staff member's practical skills were effective and that people's needs were met. We saw that agency staff did not always demonstrate the skills required to support people effectively and safely. The managers told us that they had a system for checking qualifications and training records with agencies providing staff, however, we confirmed that they did not have a system in place to ensure that agency staff were competent in this service and providing good quality care. The managers began to look at ways to check staff member's competency in their role during the inspection.

People who had the capacity to make decisions about their care told us that staff always sought their consent before providing care and support. Visitors also told us that they saw staff obtaining people's consent. One visitor told us, "The other day when [my relative] didn't want to get up [they weren't] made to. They do encourage them." Staff members were able to describe how they obtained permission to support people. We saw that most staff members obtained people's consent before they provided care and support to them. We did see one example of a staff member providing support against someone's wishes. We discussed this with the registered manager who addressed the issue immediately.

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 that where staff felt people lacked the capacity to make decisions or to provide consent, they had consulted with family members and health professionals and made decisions in people's 'best interests'. However, we found that people's capacity had not been assessed in line with the requirements of the MCA and decisions made were not recorded in line with principles of the Act. For example, one person was receiving medicines covertly as they had refused to take them. Staff felt that this person didn't have the capacity to make this decision therefore, the registered manager had obtained a letter from this person's GP to say that they would support the administration of medicines covertly. However, they had not followed the requirements of the MCA as this person's capacity to refuse their medicines had not been properly established and the proper legal processes had not been followed. The registered manager recognised that improvements were required and began to take steps to identify the actions they needed to take during the inspection.

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 saw that where staff felt people were lacking capacity and they had been deprived of their liberty in order to protect their health and well being applications had been submitted to the Local Authority. As these people's capacity had not been assessed in line with the MCA, the registered manager was not able to demonstrate that these applications were

required.

People told us how staff supported them to access health professionals such as doctors and chiropodists. They told us that they were supported to attend healthcare appointments when needed. One person told us, "I was stuck one day to get to hospital. There was no hesitation. [Staff] said 'someone will come and take you'". People told us that staff recognised when they weren't feeling well. A second person told us , "[Staff] say 'come on' and they take you to your room. If you have to stop in there, they'll look after you and make sure you're alright. They're very good…If I'm not very well and I don't like saying, they'll notice and see to it." Another person told us, "One of the days I didn't feel too good. They seemed to notice and the next thing, they've got someone coming to see you". We saw the registered manager noticed that one person was not well on the first day of the inspection and we saw the staff team work together to ensure their health needs were met. We saw that external health professionals were contacted and staff had communicated this person's needs well within the staff team. We saw that staff were checking on this person's health during the second day of the inspection. Visiting healthcare professionals gave positive feedback about the service and confirmed that staff always followed any instructions provided to support people's health needs. Staff ensured that people's day to day health needs were met.

Good

Is the service caring?

Our findings

People told us that they felt valued and that staff were caring. One person told us, "The staff here have been wonderful". Another person told us, "The staff are caring. You can't ask for anything more". We were told by some people that staff knew them well and made sure they were ok if they were acting out of character. One person told us, "[The staff] seem to know if there's something not quite right." People also told us that staff took the time to listen to them when they needed them to. One person said, "If you've got any worries they'll listen". Visitors told us that they felt staff were caring and interacted well with their relatives. One visitor said that staff were, "Fabulous. Absolutely marvellous". Another told us, "None are bad but some are stars. They're all good".

Staff told us that they were committed to the service they provided to people. One staff member said, "We're here to give a service to these residents. We give 100% as 90% just won't do". Another staff member told us that they make people feel valued by recognising everyone's contribution to the environment within the service. They told us, "[Person's name] had a lovely smile that cheered everyone up every day. It's about recognising that everyone can give something back". We saw a display on which different people's contributions were acknowledged in order to recognise their personal value. For example, one person had taught another how to crochet and someone else had helped interview new staff. People were respected as individuals and staff worked to make people feel involved, valued and important.

People told us that they were supported to make choices about their day to day care. One person told us, "If I want to go to my room, they pop in and say. 'Are you alright?'" They told us that staff respected their choices. Staff told us that they try to give people choices in all areas of their care. One staff member told us, "We ask people everyday. For example, when flowers come, where they would like them. We give them a choice of clothes when helping them dress. Some people will point to things." We saw people offered a range of choices during the inspection and saw that people's preferences were known to staff and respected. For example we saw that people had a range of choices around meal times and activities. We saw that personal preferences such as where people wanted to sit and if they had their own mug were respected. We saw that people were supported to have a newspaper of their choosing delivered and we saw people's individual newspapers being delivered to them. People were supported to make choices about their care and how they spent their time.

People told us that their privacy and dignity were respected. One person told us, "The staff always knock the door before they come in". A relative told us that care was, "Very dignified. Any 'accidents' are dealt with discreetly. It's dealt with in a fabulous way." We saw that most staff protected people's privacy and dignity during the inspection. We observed kind and caring interactions between staff and people living at the service. We saw care practice displayed by senior care staff during medicines administration rounds that was very caring, patient and focussed entirely around the person they were supporting. People were supported by care staff who were passionate about their role and were caring towards them.

Staff told us that they promoted people's independence by getting them involved in daily activities and by prompting them to do as much as they could for themselves. We saw that people's independence was

promoted during the inspection. We saw that people were able to move freely around the service and they were encouraged to stay mobile in order to promote their independence. We saw other methods by which staff promoted people's independence; for example, enabling some people to hold a key to their own room. People's privacy, dignity and independence was protected and promoted.

People were supported to maintain relationships that were important to them. We saw that visitors were welcomed into the service without restriction and got involved with day to day life. We saw one family bringing in items to support an event that was taking place during March. One staff member told us, "It's a friendly atmosphere. People are approachable. Families sit and talk to each other". We saw that the activities coordinator had used the internet and webcams to enable families to maintain contact. For example, Skype had been used to enable one person to watch their daughter present during a church service. It had also been used to enable another person to communicate with their relative who lived overseas. The activities coordinator had set up a Facebook page which they said enabled relatives and people's grandchildren to connect with the service.

Good

Is the service responsive?

Our findings

People were given access to a wide range of leisure opportunities that were designed around people's individual preferences. People told us that they had the choice around the activities that they were involved in. One person told us that they liked to do knitting and another person told us, "I like to get out and about but not too far. They are very good". We saw activities that took place during the inspection included; people taking a walk in outdoor areas, knitting, reading and people taking part in a choir. The choir was part of a wider initiative that involved several care homes. We saw that people had been involved in a variety of activities, including a 'virtual cruise' that involved them taking part in a themed day each month, visiting different countries from around the world. A craft club had been run involving children from a local school and children's play equipment was in the garden area for relatives to use when visiting people. The registered manager brought their dog into the service for people to interact with and visits had taken place from greyhounds and a therapy horse. We saw the activities coordinator explained activities that took place and offered people the choice around whether or not they got involved. While lots of activities were made available to people, the communal areas were arranged so that a small quiet lounge was available for people who wanted a quieter space in which to spend their time. People were given the opportunity to access a range of interests and remain involved with the local community.

The activities coordinator showed us how they were part of a scheme that focussed on improving the quality of life of older people and those living with dementia. They showed us how they were looking at new and innovative ways of developing the activities programme, including developing activities that would support people's cognitive skills and promote their independence. We saw that they worked to engage the local community. For example, we saw a member of the public donate some activities equipment during the inspection following a request by the service on social media. We saw how the activities coordinator involved people in the activities programme. For example, we saw them involving people in a trial session with a prospective new activities assistant. We saw the coordinator speaking to one person about how they could adapt an activity to make it more inclusive and easier for them to become involved with. We found that feedback from some people following a reminiscence box activity had led to the development of activities including an initiative called 'mens' sheds'. We saw that the activities coordinator had involved both the community and people living at the service in developing the outdoor space at the service. People at the service had shared ideas about what they had wanted in their garden. This had led to the development of a Woodland Walk, a bowling green, raised planters and various other areas of interest within the garden. Local school children were involved in designing an area of the garden and people living at the service were involved in helping to make items such as bird feeders. We saw that the activities coordinator had won a Great British Care Award for the work that they had done with activities and leisure opportunities in the service. They told us that sometimes people lost motivation and did not want to take part in leisure opportunities. However, they explained that, "With a bit of exploring you can find out what they like and get them to do things". We saw that people were supported to live a full and active life that was tailored to their own unique abilities and preferences.

People and their relatives told us that they were involved in planning their care and that their needs were reviewed regularly. One visitor told us, "We do that jointly but [my relative] leads it [themselves]". They told

us, "We have review meetings. It works well because [my relative] knows what [they] want. If there's a problem it's dealt with without fail. Another visitor told us, "We brought [the care plan] up to date about a month ago". We saw that people's care plans were mostly personalised to their own individual needs and were reviewed regularly. Most care plans were reflective of people's most up to date needs and most staff members knew people well and were able to describe their needs. People received care that was reflective of their personal preferences. We discussed care plans with the registered manager that did not reflect people's needs. The registered manager began to review how they would ensure all care plans were consistently reflective of people's needs during the inspection.

People told us that they had not needed to make a complaint but they knew where to go if the need arose. One person said, "If I'd got a complaint I'd go straight to [the registered manager]". Visitors told us that they knew how to complain if they needed to. They told us that they had not had to raise a formal complaint but any concerns that they had raised were addressed immediately. The registered manager told us that they had only received one complaint in the last 12 month period. We saw that they had completed a thorough investigation and had recorded the outcome to the complaint. The registered manager had outlined in their provider information return that they were developing an improved system of recording informal comments made. They confirmed this intention during the inspection and told us that they intended this system to identify areas of further improvement and development within the service.

Requires Improvement

Is the service well-led?

Our findings

People were supported by a staff and management team who were committed to making improvements in the service in order to develop the quality of care people received. A registered manager was in post who was supported by a deputy manager and a team of senior care staff. Quality assurance systems were in place to identify areas for improvement, however, these systems were not robust enough to identify the issues that we found during our inspection. We saw that a range of checks were completed on medicines including stock counts, audits by external organisations such as the local authority and the pharmacy and also audits by the provider. We saw that the provider arranged for audits by external organisations such as business consultants in order to identify areas of improvement. We saw that care plans were checked by keyworkers on a monthly basis, however, these checks were not sufficient in ensuring that care plans accurately reflected people's needs or highlighted issues in the care that people received or health concerns.

The registered manager did not have an effective system in place to audit care plans, daily records or the quality of care that people received. As a result they had not identified concerns that we found, for example people's weight loss and their nutritional needs not being met. We saw that where a frequency of monitoring people's weights had been outlined in their care plan in order to manage the risk to their health, their weight was not always recorded in line with these timescales. The registered manager did not have a system in place to ensure people were weighed at the required frequency. The registered manager did not have an effective system in place to check the competency of all staff members, including agency staff, to ensure that staff had the required skills, that they were following care plans and meeting people's needs. This had resulted in people being put at risk of injury and harm due to unsafe care practices including poor moving and handling. The registered manager had not ensured that records relating to staff members training and competency were accurate and kept up to date. An effective system to ensure that all incidents of concern were reported in line with the organisation's policies and procedures was not in place. Insufficient quality assurance processes had led to inconsistent outcomes for some people in the service and had compromised the quality of care that some people had received.

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

We spoke to the registered manager about the effectiveness of their quality assurance system. They told us that the provider was introducing a new electronic care planning system which would automatically identify certain issues that required action or improvement. The registered manager also showed us a new auditing system that was being introduced that mirrored CQC's inspection framework. We were given assurances by the registered manager that they would resolve the identified issues as a matter of urgency. We saw them working to make improvements and reduce any risks to people during the inspection.

People spoke highly of the management and of the service. One person said, "If you tell them something, they'll go straight and sort it". One visitor told us, "It couldn't be better, couldn't be improved. [My relative] is treated as an individual and things [they're] concerned about are dealt with". Visitors told us that managers

were visible and were available to support staff. One visitor told us, "They get involved with the day to day things and know the residents names. They're hands on". We saw the registered manager working alongside care staff to support residents during the inspection. We saw that they knew people living at the service well and had a good rapport with them. Staff told us that managers and senior care staff were supportive. One staff member told us, "[The registered manager] is fantastic".

The registered manager told us that they were supported by the provider. We saw that changes had been made in the management structure within the provider organisation in order to drive improvements in the services they ran. For example, improvements in the quality assurance processes used by services was currently being implemented. We saw that the provider made regular visits to the service and that a wider support network was in place across the services in the group. The activities coordinator told us how ideas are shared between the various homes. A positive management culture was in place both within the service and the wider organisation that was committed to making the required improvements.

People told us that they were listened to and were involved in the development of the service. We saw that people were involved in residents meetings and staff sought people's views in order to identify areas for improvements. We were told by one staff member that people had been involved in choosing furnishings for one of the lounge areas. Visitors told us that their views were sought through meetings and questionnaires. We were told by visitors that improvements were continually made within the service. One visitor told us, "Decoration, new flooring, they've made this seating area where the men sit, to allow the men to watch the football". Staff told us that the registered manager was committed to making improvements wherever they could and giving residents what they needed. One staff member said, "[People] wanted a bigger TV so [the registered manager] went and got a bigger TV". People were involved in sharing their views about the service and improvements were made as a result.

Visitors to the service and staff that we spoke with told us that the management team had created a positive and open culture. One visitor told us, "[The managers] are brilliant. They are no different to the staff. It doesn't come over as 'we're the bosses'. It's one big family". Staff told us that team work was strong, they were happy working in the home and were proud of the service. One staff member told us, "The staff are a really good team" and another said, "I don't think I'd leave here to go to another home. It's a nice home". One staff member told us how the provider had a vision to become of the best charitable trust providers in the country. They told us, "There's a lot going on [within the organisation] and I'm really excited about it". The registered manager had developed a team of positive committed care staff. People, their relatives and staff members had confidence that managers would address any areas of improvement that were required within 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 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 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected from the risk of injury due to unsafe moving and handling practices.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People did not always receive the support they needed in order to meet their nutritional needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not always protected by robust quality assurance systems that identified and managed all risks and areas of required improvement.