

Mr Michael Baldry

The Shires

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This unannounced inspection took place on 22 December 2016. The Shires is registered to provide personal care and accommodation for up to 27 people. At the time of the inspection, 24 people were using the service some of whom are living with dementia.

The previous inspection of The Shires took place on 17 April 2014. The service met all the regulations inspected at that time.

The service is not required to have a registered manager in place. There is a registered provider who is supported by a care manager responsible for the day to day management of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found that the registered provider was in breach of two regulations.

Regulation 18 (2) (a) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. The breach of this regulations relate to staffing. The registered provider had not ensured staff received appropriate support and training to enable them to carry out their roles effectively. Staff had not received regular supervision and appraisal to monitor their performance and to reflect on their practice. The registered provider had not properly trained and prepared all staff in understanding the requirements of the Mental Capacity Act 2005 (MCA).

The registered provider was in breach of Regulation 17 (2) (a) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. The systems in place to monitor the quality of the service were not fully effective and did not always result in improvements being made when necessary.

CQC is considering the appropriate regulatory response to resolve the problems we found in respect of these regulations. We will report on action we have taken in respect of the breaches when it is complete.

A range of activities were provided for people. However, some people who were unable to leave their rooms spent time in their rooms or lounge without any activity or stimulation.

We have made a recommendation about involving people in activities that meet their individual needs.

People received safe care and support. Staff understood the procedure of reporting concerns of abuse and knew how to help keep people safe. Staff assessed and managed risks to people's safety and well-being effectively. Staff had up to date plans with adequate guidance on how to support people safely.

There were enough staff deployed to meet people's needs. The provider followed robust recruitment procedures to ensure only suitable staff worked at the service.

People received support to take their medicines safely. There were effective systems on the managing, storage and administering people's medicines.

Staff received on-going training and refresher courses in some areas, including safeguarding adults to update their knowledge and skills to meet people's needs. People gave consent to the care and support they received. Staff promoted and upheld people's rights under the Deprivation of Liberty Safeguards.

Fresh and nutritious home cooked meals were provided at the service and people could choose what they wanted to eat. People received support with their eating and drinking as required. People received appropriate care and treatment from health care professionals when needed.

People were happy to be living at The Shires and said staff delivered their care with kindness and compassion. People had developed positive relationships with staff. Staff respected people's privacy and dignity. People received the support they required to communicate their views about how they wanted to be cared for. People were supported by staff who understood their needs.

Staff involved people, their relatives and healthcare professionals in planning, assessing and delivery of people's care and support. Care plans contained sufficient information about people's needs and the support they required. Staff reviewed people's needs and made changes to their support plans to ensure they received appropriate care.

People were asked about their views of the service and the manner in which staff delivered their care. The manager met with people individually to check on the standard of support and care they received. People could provide feedback about the service and the manager acted on their comments.

People and their relatives knew how to raise a complaint and were aware of the provider's procedure of how to raise a concern.

There was a positive and open culture at the service. People, their relatives and staff said they were able to raise any issues with the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff understood the safeguarding procedures in place to protect people from the risk of abuse. Staff assessed risks to people and had guidance on how to help protect them from harm.

The provider followed robust recruitment procedures. People received support from suitably recruited staff. There were sufficient staff deployed to meet people's needs safely.

People received the support they required to take their medicines. Staff managed and administered people's medicines safely.

Is the service effective?

Requires Improvement 

The service was not effective. Staff did not receive regular supervision and an appraisal to monitor their performance.

The provider had not ensured staff were properly trained and prepared in understanding the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

Although staff received some training and support this was insufficient to ensure they had the skills and knowledge to meet people's needs effectively.

People made decisions about their care and staff respected their choices and preferences.

People accessed the healthcare services when needed to maintain their well-being. People received the support they required with their eating and drinking and their nutritional needs were met.

Is the service caring?

Good 

The service was caring. Staff provided care with kindness and compassion.

People and their relatives where appropriate were involved in developing their care plans and staff listened to what they had to say.

People and their relatives valued the meaningful relationships they had developed with staff. People were happy with the support they received.

Staff respected people's confidentiality and privacy and upheld their dignity and human rights.

Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and responded to the changes in their health. Staff involved people and their relatives in the planning and review of their care.

People's care records contained sufficient information about them and had guidance for staff on how to provide individualised care to each person.

People received support in line with their preferences. Staff supported people to make their views known.

People knew who they could speak with if they had a concern or complaint. The complaints procedure was available to people and their relatives.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. The registered provider had not ensured audit systems in place were used effectively to monitor and review the safety and quality of the service. Improvements were not made when necessary.

People, their relatives and staff told us the manager was approachable and promoted a transparent and open culture at the service.

Staff felt well supported and confident to raise concerns with the manager.

The Shires

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 22 December 2016 and was undertaken by one inspector.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This form asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the completed PIR before the inspection. We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required by law, to tell us about. We used this information to help inform our inspection.

During the inspection, we spoke with five people using the service. We spoke with a manager, the registered provider, four relatives and three members of staff.

We looked at 10 people's care records and their medicine administration records. We reviewed information on staff training, supervision records, audit findings, incident records and records relating to the management of the service.

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

We requested feedback from the local authority commissioner and a social worker and did not receive any responses.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "There is always someone around, which makes me feel safe." Another person said, "I like living here. I have no concerns at all. I trust the [staff] completely." A relative told us, "This home is a safe place for [person's name]. I don't have any worries about their stay here."

People were protected from the risk of abuse. Staff were able to explain the types of abuse and knew how they would identify signs of abuse. Staff had received training in safeguarding vulnerable adults and understood their role to deal with allegations of abuse. Staff were aware of the provider's safeguarding procedures to follow if they had any concerns about a person's safety. One member of staff told us, "We have a safeguarding policy which tells us what to do to help keep people safe from harm." Staff were confident the manager would act on their concerns. The manager knew any safeguarding concerns would be raised and discussed with the local authority and referrals made when necessary.

Staff knew how to 'whistleblow' to escalate their concerns of abuse to external agencies to keep people safe. One member of staff told us, "We can 'whistle-blow' on poor practice or any concern of abuse that is not resolved at the service." Staff were aware of the whistleblowing policy in place and how to use it. Contact details for the local authority safeguarding team and Care Quality Commission were displayed at the service for staff and visitors if they needed to report a concern.

People were safe as staff knew how to provide them with appropriate care. People had risk assessments carried out on their health and well-being. Staff had put plans in place on how to manage the identified risks and to support people as safe as possible whilst promoting their independence. Care records contained individual risk assessments and the actions necessary to reduce the identified risks. Risk assessments took account of people's levels of independence and of their rights to make their own decisions. Risk assessments were carried out on the environment, people's mobility and medicine management. For example, a person's risk assessment showed they needed support in relation to their moving as they were at risk of falling. Records showed plans put in place which explained how staff supported the person to keep safe. Staff updated people's risk assessments regularly and when their needs changed and knew how to support them safely.

Staff knew how to keep people as safe as possible in case of an emergency. One member of staff told us, "We are trained to give first aid when necessary. We call the ambulance service to check if a [person] needs to go to hospital." Another member of staff said, "I can contact the on call manager for guidance and support in the event of a crisis at the service." There was a business continuity plan to provide guidance to staff on what to do in case of an emergency. People had individual emergency evacuations plans in place which detailed the level of support they required to evacuate the building safely.

People were safe from the risk of avoidable injury. The service maintained a record of incidents and accidents and ensured staff learnt from them. The manager monitored accidents and incidents and ensured staff took appropriate action to keep people safe and prevent the risk of a recurrence. Staff shared

information at shift handovers which ensured they knew people's risks and minimised the likelihood of accidents.

There were sufficient staff on duty to meet people's needs. One person told us, "Staff come straight away when I ring my bell." A relative told us, "There is always someone around to help or ask." One member of staff told us, "One of us will come in early to help if a [person] has a hospital appointment." However, two members of staff told us the manager did not always provide cover for sickness absence. Staff rotas showed eleven times when sickness absence was not covered between 20 October 2016 and 19 December 2016. The manager told us they determined staffing levels according to the number of people using the service and their needs. The manager told us they covered the floor together with the deputy manager if they failed to get cover from regular or agency staff. Staff said the service rarely used agency staff to provide cover for absences. Staff confirmed management stepped in to cover absences which reduced the impact on people using the service from receiving unsafe care.

People received support from suitable staff recruited through a robust recruitment procedure. One member of staff told us, "I discussed my work experience and qualifications at interview. I only started to work here when the manager was satisfied with all the checks." The provider had carried out appropriate pre-employment checks with regards to criminal records, obtaining references, evidence of identity and right to work in the United Kingdom to confirm staff's suitability to work at the service. Records showed staff only started to work at the service when the checks were returned.

People received their medicines safely when needed. One person told us, "I get my medicines about the same time every day." Staff told us they reminded some people to take their medicines in a safe and timely manner when this had been identified as a need in their care plan. The manager assessed people's needs in relation to the support they required to receive their medicines. People's support plans had guidance on how staff were to support them to manage their medicines.

Staff supported people to manage their medicines safely in line with the provider's medicines management policy. Staff knew the medicines people were taking, their allergies and any side effects. We saw a member of staff explain to a person the medicines they were taking and why they needed them. Medicines were stored safely and locked away to minimise the risk of misuse. Medicines administration record charts were fully and accurately completed which showed people had received their medicines at the right time and correct dose. Staff regularly checked the medicine stocks to ensure they were correct and that people could receive their medicines as required.

Is the service effective?

Our findings

People received care from staff who were not fully supported in their role. Staff did not have regular one to one supervision in line with the provider's policy of at least six times a year to reflect on their work practice and to review their training needs. Staff told us they felt supported in their role but would welcome regular formal supervision to discuss their performance and training needs. We asked the manager about supervision and they told us they met with staff informally to support them in their work. The manager said they observed staff on an on-going basis and discussed with them any concerns about their work practice. The manager had not maintained records of these observations or any recommendations made to them about their practice.

The service had not undertaken appraisals to review staff's performance and personal development needs in the last twelve months. The lack of regular supervision and appraisal meant that the manager could not fully assess staff's competence for their role or identify any training or development needs. People were at risk of not receiving effective care because of the insufficient support offered to staff in their role.

The registered provider had not ensured all staff had received training in Mental Capacity Act (2005). The provider had procedures for staff in relation to the application of the MCA to people being supported at the service. However, staff did not have a full awareness of the MCA and how it protected people who may not be able to make some decisions for themselves. Although the management team knew their responsibilities under the MCA, further training was required for the rest of the staff team to ensure they understood fully the principles.

This was in breach of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. Regulation 18 (2) (a).

Staff had received training to ensure their skills and knowledge were up to date. One member of staff told us, "I have attended lots of training which helps in my role." Another member of staff said, "We can request additional training relevant to our role." Records showed staff had received training in safeguarding adults, infection control, moving and handling, food hygiene and first aid. Staff undertook specific training in line with individual needs for person such as dementia awareness to enhance staff knowledge in supporting people effectively. Staff and records confirmed they had received training in medicines management and had their competency assessed by the manager.

People told us staff asked them for their consent before they supported them. We saw staff asking people what they wanted in terms of their support. Care records showed that a person's family and professionals were appropriately in making decisions in their 'best interests' to have their medicines administered covertly. Staff protected people's human rights and were able to explain how they supported people who had their liberty restricted. Records confirmed staff had received training on the Deprivation of Liberty Safeguards (DoLS). Staff were able to explain to us what steps they would follow to ensure people in the service were not subject to an unlawful deprivation of their liberty. The manager had made DoLS applications to the local authority to ensure staff protected people's rights.

People received care from staff who understood their needs. New staff undertook an induction to enable them to understand their role on how to support people. One member of staff told us, "I had a thorough induction. I was eased slowly into my role until I was familiar with [people's] needs and the support they required." Another said, "The manager explained the policies and procedures and service's expectation of me in my role." Records showed new staff 'shadowed' experienced colleagues as part of their induction and had completed initial training. The manager monitored new staff's performance during the probationary period and confirmed them in post on successful completion of their induction.

People told us they enjoyed the food provided at the service. One person said, "The meals are delicious. We have fresh food every day and [staff] offers us choice of what we can have." Another person said, "[Staff] always ask what I would like to eat and drink. The portion sizes are good." A relative told us, "The meals are nutritious and of good quality." Staff involved people in menu planning and took into account their preferences. People had access to a choice of drinks, snacks and fresh fruit when needed.

People received the support they required with their eating and drinking. People told us staff asked them about their food preferences and choices. Records showed staff assessed people's dietary needs. The cook kept detailed records in relation to each person's likes and dislikes and their dietary requirements. We saw a person served soft foods in line with their nutritional needs. People received support to maintain a healthy weight. For example staff monitored and maintained accurate records of people's food and fluid intake if they had any concerns about their eating and drinking. Staff maintained records of people's weights as appropriate and had made a referral to the GP and dietician for advice in relation to a person's nutritional needs. Care records showed staff informed the manager any concerns they had so appropriate action could be taken to ensure their needs were met.

People accessed health care services they needed which enabled them to keep as healthy as possible. One person told us, "[Staff] will soon get the doctor if you need one." Another said, "They [staff] don't take a chance with my health. They support me attend hospital appointments." A relative told us, "Staff are quick to contact the GP if they are worried about [person's name] health. They keep us informed of any changes in their health." A member of staff told us they monitored people's health by taking note of changes in their interaction with other people and eating patterns which could indicate they were unwell. Records showed staff monitored people's well-being and reported any changes to the manager to have their needs met. People had access to the services they needed such as the district nurses, GP, chiropodists, dietician, opticians and dentists to support them with their health needs. Records were up to date information with the treatment and support people had received and any follow up appointments. Staff used daily staff handover meetings to talk about the outcome of people's health appointments and ensured people attended follow up visits.

Is the service caring?

Our findings

People told us staff treated them with kindness and compassion. People had built positive relationships with staff. One person told us, "The staff are good, caring and very polite." We enjoy the time we spend together." Another person told us, "Pleasant and very friendly I would say." A relative told us, "I am impressed by the way staff know [relative]. They have a good understanding of their needs. They are wonderful."

People and relatives told us they liked the staff. Staff had developed positive and caring relationships with people using the service. One person told us, "I like the pampering sessions. My hair is done in the morning followed by a hand manicure and a massage." Another said, "I have a hair wash once a week and a perm every six weeks." People were happy they received support from regular staff who knew them and understood their needs.

Staff were patient when giving information to people and when explaining their care and support. One person told us, "Staff have got lots of patience with the poorly." A relative told us, "Staff take their time when giving support. [Relative] is not rushed." Staff told us how they ensured they communicated well with people. For example, they were able to explain how they ensured people with hearing difficulties heard and understood them. Staff said they made sure people wore their hearing aids and maintained eye contact so they were more likely to hear them.

Staff treated people with dignity and respected their privacy. One person told us, "Staff knock on my bedroom door and wait to be called in before entering." Another person told us, "Staff are always respectful when they help me to wash or dress." Another said, "Staff treat me well. They keep me covered." We saw staff address people by their preferred names. Staff spoke calmly to people and explained why we had visited them during our inspection. Staff understood how to protect people's privacy and dignity. For example, we observed staff closed doors and curtains when they offered people support with day to day tasks such as personal care. Staff spoke discreetly to people about their personal care and ensured other people in the lounge could not hear them.

People were involved in planning their care and support and to make decisions about their day to day care. One person told us, "The staff ask what I want to do and let me decide how I wish to spend my day." Another person said, "I choose when I go to bed, wake up and decide when and where I wish to take my meals." We saw three people who liked to seat next to each other in the lounge. They told us they enjoyed doing this every day and staff knew how they liked to be seated. A relative told us, "We and [relative] are asked about what they want, their likes and dislikes. Staff keep us informed and involved." During the inspection, we observed people were able to make choices about how they were supported. For example, people were asked what type of breakfast they would like and were able to choose what type of drink they wanted. The manager ensured staff involved people in the care planning process to ensure they understood them better. People knew about their care plans and said staff involved them in reviewing these. One person told us about their care plan, "We do discuss it with staff and my [relative] comes to meetings." Records showed people and their relatives had regular contact with the service and were involved in the planning and

reviewing of their care and support.

Staff supported people to be as independent as possible. Care plans contained information on what people could do on their own and the support they required from staff. One person told us, "Staff encourage me to do what I can. They will help if needed." Staff supported people to make their own decisions and encouraged them to maintain their independence. Care records showed staff supported people with their needs and promoted their independence and daily living skills. Staff told us they helped people build their confidence to be as independent as possible by encouraging and speaking to them.

People decorated their rooms with family photographs and other ornaments that were important to them which made it homely. One person told us, "I furnish my room to my taste. I can bring in anything that makes it comfortable." People received support to maintain relationships with relatives and friends if they wished. One person told us, "Staff help me invite my family for birthdays." Another person said, "I can contact my family by telephone if I want to." A relative told us, "We are always made to feel welcome." Records showed staff supported people to visit their relatives and attend functions in the community where they met with their friends. People were able to access community services such as clubs and daycentres if they wished.

The manager made regular contact with people and discussed their care and support. Staff supported people to make to express their views and to make decisions about their day to day care. The manager told us no one currently had a formal advocate in place but that the service could arrange this support through an appropriate healthcare professionals and local services when required.

People at the end of their life received care as planned. Staff encouraged and supported people to make decisions about their wishes relating to end of life care. The manager ensured staff provided appropriate support to meet their needs. The service worked closely with a local hospice to ensure people received the support they required. A relative told us, "Staff have made [relative] comfortable and ensured their condition is managed well and as pain free as possible." A member of staff told us, "It's all about knowing what a [person] wants and respecting their choice. We involve their family if they wish." Records showed staff had supported people in line with their wishes and had appropriate professional support and guidance when needed. For example, one person had chosen to spend their last days at the service and not be moved to a hospice. People were confident staff would respect their wishes at the end of their life including their preferred place of dying.

Is the service responsive?

Our findings

There were mixed views about the activities offered at the service. One person told us, "Staff keep us entertained." Another said, "Not an awful lot to do." A relative told us, "I wish staff could engage people more and not to leave them watch television for long periods." Another relative said, "Some [people] are not always included in activities because of their health conditions." Staff told us they encouraged people to engage in a range of social activities that reflected their interests. Care plans detailed people's preferred activities. There was a weekly activity planner that highlighted group activities but did not reflect individual preferences. The manager told us they encouraged staff to engage people in activities of their choice. We observed people who remained in their rooms and those with difficulties in communication were at risk of being excluded and risked social isolation.

We recommend that the service finds out more about provision of activities in relation to the specialist needs of people living at the service.

People received care and support that met their individual needs. One person told us, "Staff know me well and always help with my care." Another person said, "They [staff] are supportive with my needs. I am happy with my care." A relative told us, "Staff act when [relative] is unwell." Records showed staff understood people and their needs and supported them as they wished.

People's care and support was delivered appropriately and as planned. Staff involved people and, where appropriate, their relatives in planning their care and care records confirmed this. Staff assessed people's care needs before they started using the service. Records showed staff liaised with healthcare professionals involved in people's care to ensure they had accurate information about people's needs and the support they required. Assessment records contained information about people's health, histories, interests and preferences which staff used to develop care plans. Staff had guidance to follow on how to support people and meet their needs. One person told us, "We talked about my health and agreed with them [staff] of the support they would give me." A relative told us, "I met with staff to help them to understand [relative's] needs and how they preferred to have their support delivered." Records showed people had received support which met their individual needs as they wished.

Staff were knowledgeable about people's needs and preferences and supported them as they required. Staff regularly reviewed people's health and well-being and the support they required to ensure they met their needs. People's support plans were updated regularly and reflected changes in their care and support needs. For example, when a person's mobility had deteriorated, their mental health declined or when they were having difficulties with their swallowing. Staff told us they shared information about changes in people's health with their colleagues to ensure people received appropriate support. For example, staff had shared information on how a person was to be supported as they were now at risk of developing pressure sores. The manager had ensured staff had guidance about how to effectively support the person and minimise their risk of their skin breaking down.

People and their relatives told us the manager asked them about their experience of the service and acted

on their feedback. One person told us, "If you are worried about anything, you go to [the manager]." Another said, "You can always talk to [manager] whenever about any changes. She listens." People said the manager and staff considered their views to understand their day-to-day experience of the service. For example the manager had made changes to the menu as suggested by people during their one to one meetings.

People knew who to speak to if they were unhappy with their care and support. People and their relatives were aware of the provider's complaints procedure and knew how to raise one if they needed to. One person told us, "I would talk to the staff or the manager if something was not right." Another person said, "Staff are always checking if everything is alright and we have if any worries they need to be made aware of." One relative told us, "I know the complaints procedure if I wanted to raise an issue. I have not had any need to do that as I am in regular contact with the manager and staff." People and their relatives told us staff and management addressed promptly any concerns which reassured them their issues were taken seriously. Staff understood how to manage any complaints that people could raise with them. The manager told us they had not received any complaints in the past 12 months. The service had received compliments which included, "Thank you for the care and attention," and "Many thanks for the love and care, it's not been always easy for you."

Is the service well-led?

Our findings

The systems in place to monitor the quality of care people received were not always effectively used to drive improvements. The manager had not carried out regular audits of various aspects of the service such as the environment, infection control, accidents, staff supervision and training to ensure they monitored and reviewed the quality of the service. We asked the manager to provide us with information about audits carried out in the last six months. The manager explained that both the deputy manager and herself had personal issues which had resulted in the record keeping and audits not done in a timely manner. The manager explained the deputy manager had carried out some audits but could not locate the documents. We asked the manager time to send the documents to us. We did not receive the information and could not be confident the audits were carried out. The last audit reports we saw on file were carried out between October 2013 and March 2015.

Where improvements had been identified as being required, these were not always made in a timely manner. For example, the maintenance book identified a recorded a water leak in the kitchen in October 2016, a faulty boiler on 29 November 2016 and a ground floor lighting problem reported on 10 December 2016. During our visit we found that these remained unresolved. This had resulted in people not receiving a consistently high quality standard of service. We asked the registered provider about this and they told us they would endeavour to have the issues resolved in January 2017.

Despite the manager having carried out some reviews of the quality of care, there was a lack of a clear action plan for the registered provider and manager to work towards. We found a number of shortfalls during our visit, which showed the systems in place to monitor, assess and develop the service were not adequate and fully effective. For example, the audits had not picked up the issues with staff support in relation to formal supervisions, appraisal and training.

The lack of robust quality monitoring of the service meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said the registered provider and manager were approachable. Staff told us they could approach the manager and discuss their concerns. One member of staff said, "The manager listens and takes note of what we have to say about people's care." Another member of staff told us, "The manager is always there if we need support." Relatives told us staff made them feel welcome at the service. People said the manager spent time with them and understood their needs.

The manager carried out regular medicines audits and ensured staff administered medicine correctly and followed all procedures. Checks on care records showed staff had appropriately completed these and up to date. The manager had ensured staff recorded advice from healthcare professionals and had sufficient information to support people with their needs.

People and relatives said there was a positive and open culture at the service. Staff understood the provider's values "to create a caring atmosphere and a safe haven while enhancing our resident's lives

wherever possible in a safe and comfortable environment."

Staff told us the manager encouraged teamwork and felt supported by their colleagues. One member of staff told us, "We work as a team and complement each other. We support each other to ensure people receive good care." The manager encouraged staff to attend handovers where they discussed developments at the service. The manager did not hold staff meetings but used daily staff handovers to share information with staff. Staff said they received the information they required through the handover meetings which enabled them to build supportive relationships in the team.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not fully effective.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not always received appropriate ongoing or periodic supervision to make sure competence is maintained.</p> <p>Staff had not received regular appraisal of their performance.</p> <p>The provider had not ensured staff were properly trained and prepared in understanding the requirements of the Mental Capacity Act 2005 (MCA).</p>