

Antron Manor Care Limited

Antron Manor

Inspection report

Antron Hill
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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 15 November 2018. The inspection was unannounced. This meant that the provider and staff did not know we were coming. This was the first inspection of this service since the new provider registered with The Care Quality Commission (CQC) in April 2018.

Antron Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Antron Manor can accommodate up to 16 people in a detached period property in the town of Penryn. The home consists of three floors with a stair lift providing level access to the first floor. The top floor was used for offices. There were numerous areas for people to sit and spend their time as they chose. At the time of this inspection there were 16 people using the service.

There was a registered manager that registered with CQC in April 2018. A registered manager is a person who has registered with CQC to manage the service. Like registered persons, 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. The registered manager was supported by senior care staff and the directors. One of the directors worked at the service most days and supported the registered manager.

The registered manager was very visible at the service and undertook an active role. Since being at the service they had been working with staff to implement new ways of working. This had been a difficult time for staff as there were a lot of changes. The directors had worked with the registered manager and the staff team to meet agreements regarding the timings of changes and what was necessary.

At the inspection we found people were not protected from unsafe and unsuitable premises. In particular, we highlighted scald risks from the hot water supply and windows on the first floor which were not restricted to prevent vulnerable people from the risk of falling out. After the inspection the provider took immediate steps to mitigate the risks of falling from first floor windows. Window restrictors were put in place within three days on all first-floor windows and two ground floor windows which looked over the basement and had a small drop.

The director said they had identified that the hot water was too hot and had a quote to have thermostatic mixing valves (TMVs) fitted. In the meantime, the registered manager took action and put up hot water warning signs above every hot tap used by people at the service. Since the inspection the registered manager has confirmed TMVs have been fitted.

Ten people's bedroom doors had wooden door wedges holding them open. These were fire doors and would not be effective in the event of a fire as they would not be able to close. Following the inspection, the

provider fitted door guards on these doors so they would close in the event of a fire.

The home was clean and felt homely. Throughout the home there were numerous floor level changes which posed a risk to people of slip, trip or fall hazards. There were no warning signs to advise people of these level changes. Following the inspection, the registered manager wrote to us to inform us that they had put in place signage in areas of uneven flooring and slopes. There were emergency plans in place to protect people in the event of a fire or emergency.

Staff were able to anticipate people's needs and were respectful, discreet and appropriate in how they managed those needs. There were positive and caring relationships between staff and people who lived in the home and this extended to relatives and other visitors. Staff were compassionate, treated people as individuals and with dignity and respect. Staff knew the people they supported, through their personal histories and daily preferences. Staff showed concern for people's wellbeing in a caring and meaningful way. Where possible, people were involved in making decisions and planning their own care on a day to day basis. People said staff were caring and compassionate and treated everyone with dignity and respect at all times.

People were supported by sufficient staff to meet their needs promptly. Staff had the required recruitment checks in place. They were trained and had the skills and knowledge to meet their needs. We discussed with the registered manager that one staff member's employment file had a short unexplained employment gap. Improvements were made ensuring staff employment gaps were explored. Staff had received an induction and were knowledgeable about the signs of abuse and how to report concerns.

People were supported to eat and drink enough and maintain a balanced diet. People said they enjoyed the food they received.

Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed.

The registered manager had put in place new care plans at the home. One of these care plans had been completed for one person. This care plan reflected the person's needs and gave staff clear guidance about how to support them safely. We discussed with the registered manager that people's care plans in the old format needed to be updated to reflect their needs during the transition to ensure they received safe care. Where possible, people where able, and their families had been involved in the development of care plans. Risk assessments were undertaken for people to ensure their health needs were identified.

Accidents and incidents were reported and action was taken to reduce the risks of recurrence. People were referred promptly to health care services when required and received on-going healthcare support. Healthcare professionals were positive about the quality of care provided at the home and the commitment of the whole team to provide a good service.

The registered manager had a quality monitoring system at the service and were looking at ways they could improve further improve. Following the inspection, the registered manager sent us an environmental risk assessment they had completed which identified risks using a traffic light system. Red for a high risk and green for a low risk. Where they had identified a risk, they had put in place actions and signed off the actions. For example, security of the home, to have day and night security records.

The registered manager actively sought the views of people, their relatives and staff. There was a complaints procedure in place and people were confident any concerns they raised would be looked into.

Further information is in the detailed findings below.

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 did not always ensure people were safe.

The premises were not always managed to keep people safe. Attention was needed to ensure people were protected from the risk of fire. Risks related to hot water scald risks and unrestricted windows on the first floor had not been identified.

Medicines were safely managed.

Safe recruitment procedures were in place. Improvements were made ensuring staff employment gaps were explored.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

The service was staffed at an appropriate level to meet people's needs.

Infection control processes were in place.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training to meet people's needs.

Staff received an induction when they came to the service.

Staff had supervisions and felt supported.

Mental Capacity Act 2005 (MCA) assessments were completed and in line with legal requirements.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People were happy with the care they received. Relatives were welcome to visit at any time and were involved in planning their family member's care.

Staff relationships with people were strong, caring and supportive. Staff knew people very well and spoke confidently about people's specific needs and how they liked to be supported.

Staff treated people with dignity and promoted independence wherever possible.

Is the service responsive?

Good ●

The service was responsive.

New care plans were being implemented which contained information to help staff support people in a person-centred way. However, only one had been completed on the new format.

Staff understood people's care needs and knew them well. They were not ensuring during the transition of changing people's care plans that care plans were updated and reflected people's changing needs.

Staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

People's social needs were met and they were encouraged to follow their interests.

There were regular opportunities for people, and those that mattered to them, to raise issues, concerns and compliments.

Is the service well-led?

Requires Improvement ●

Some areas of the service were not well led.

The registered manager had put in place new quality monitoring systems. Their systems had not identified some health and safety concerns found during our inspection. Where they had identified concerns, actions had not been taken to keep people safe.

Since being at the service the registered manager had been working with staff to implement new ways of working.

People's views and suggestions were taken into account to improve the service. Feedback was sought from people using the

service and their relatives and any issues identified were acted upon.

Staff meetings took place regularly and staff said they were able to discuss any issues with the registered manager and directors.

Antron Manor

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 comprehensive inspection took place on 15 November 2018. The inspection was unannounced and was carried out by two adult social care inspectors.

Prior to the inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met most of the people using the service and spoke with six people to ask their views. Our observations around the home enabled us to see how staff interacted with people and how care was provided.

We spoke with the registered manager, two senior care assistants, a care worker and the cook. We also spoke with two directors. During the inspection we spoke with a visiting nurse practitioner, practice nurse a hairdresser and a private physiotherapist.

We looked at two staff records, which included staff recruitment and supervision records. We reviewed four people's care records and five people's medicine administration records. We reviewed information and records associated with the running of the home. These included policies, staff training records, accident and incident logs, health and safety records. We also looked at audits and checks carried out to ensure the quality and safety of care, for example medicine audits.

Is the service safe?

Our findings

The service was not always safe because people were not protected from the risks of unsafe or unsuitable premises. At the inspection we found on the first floor of the home all windows were without window restrictors in place. The windows had openings above the 100 millimetres maximum as recommended by the Health and Safety Executive (HSE). This meant vulnerable people had unrestricted access to window openings large enough to climb through and fall out of, at a height that could cause them harm. We raised this concern with the registered manager who took action. Five days after the inspection the registered manager wrote to us confirming all windows on the first floor had been fitted with window restrictors. They had also made the decision to have them fitted on two windows on the ground floor because there was a small drop due to the basement.

At the inspection we found hot water taps in people's bedrooms, communal bathrooms and en-suites were too hot to hold our hands under after running for 30 seconds. This presented a serious risk of scalds because most people were independent and were accessing hot water independently. There were a couple of 'caution hot water' signs around the home but these were not displayed in all areas. The registered manager showed us water temperature checks which they had carried out. These related to temperatures in line with the legionella requirements of 60 degrees. These identified the temperatures exceeded the HSE recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). The registered manager took action and put up hot water warning signs above every hot tap used by people at the service. The director said they had identified that the hot water was too hot and had a quote to have thermostatic mixing valves (TMVs) fitted. Since the inspection the registered manager has confirmed TMVs have been fitted.

There were ten people's bedroom doors which had wooden door wedges holding them open. These doors being opened by the use of the door wedges were fire doors and would not be effective in the event of a fire as they would not be able to close. We discussed this with the registered manager, director and senior care worker. They said the local fire service had been to the home and had told them as long as these were included in the fire procedure and removal of them was part of the staff training they could be used. This however had not been recorded by the fire officer. We requested that the wedges be removed and they provide written confirmation of the use of door wedges in line with the guidance they stated they had received from the fire service. Following the inspection, the registered manager wrote to us and said they had not been able to get written evidence. They had made the decision to have fire door guards put into place which would be activated in the event of a fire alarm.

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

Throughout the home there were numerous floor level changes which posed a risk to people of slip, trip or fall hazards. There were no warning signs to advise people of these level changes. Following the inspection, the registered manager wrote to us to inform us that they had put in place signage in areas of uneven flooring and slopes.

External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and stair lift maintenance. Following the inspection, the registered manager sent us an environmental risk assessment they had completed which identified risks using a traffic light system. Red for a high risk and green for a low risk. Where they had identified a risk, they had put in place actions and signed off the actions. For example, security of the home, to have day and night security records.

Fire checks and drills were carried out weekly in accordance with fire regulations. Individual personal evacuation plans were in place for people. This provided information about each person's mobility and communication needs and the support they would require in case of an emergency evacuation of the service. First aid boxes were regularly checked and restocked to ensure they have all of the equipment needed in an emergency.

People said they felt it was safe at Antron Manor; their comments included, "I feel safe, staff pop in regularly including at night."

There were effective recruitment and selection processes to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work. We discussed with the registered manager that one staff member's employment file had a short unexplained employment gap. They knew about the staff member's employment history but had not recorded the reason. They said they would check that all staff employment gaps were checked.

Our observations together with discussions with people, relatives and staff, showed there were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to meet people's individual needs. People, visitors and staff said they felt there were adequate staff levels to meet their needs promptly. The registered manager was very active within the home and monitored people's needs to ensure there were adequate staff to meet their needs.

The registered manager said in the provider information return (PIR) the majority of the staff team had worked at the service for many years, "Which gives great wealth of life time skills and experience." They had recruited four new care staff and said they had no staff vacancies. Staff undertook additional duties when necessary to fill shortfalls due to staff holidays and unplanned absences.

Staff who administered medicines had received medicine training. There was a designated medicine champion who took responsibility for the medicines at the home. They were in the process of training another staff member about managing medicines at the service. People's medicines were checked in when they arrived at the service from the pharmacy and the amount of stock documented to ensure accuracy. The medicine fridge temperature was being recorded and staff had guidance regarding the required temperature and what action they should take if it was outside of the required range.

Where people had medicines prescribed on an 'as required' basis (known as PRN), protocols were not in place about when they should be used, which was not good practice. This meant that staff may not be aware of why and when they should administer these medicines to people appropriately. The registered manager said they would look into implementing protocols.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns

they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority safeguarding team, police and to CQC.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. The registered manager had not needed to raise any safeguarding concerns since this the provider registered with CQC in April 2018.

Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments regarding people's personal safety, poor nutrition, risk of deteriorating physical health, risk of loss of dignity and autonomy, risks of slips and falls, mental health and wellbeing and infection control. People identified as at an increased risk of poor nutrition were regularly weighed and referred to their GP for guidance.

Accidents and incidents were reported and appropriate action taken. They were reviewed by the registered manager to identify ways to reduce risks as much as possible. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally when required.

The home had a pleasant homely atmosphere with no unpleasant odours. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The registered manager was implementing new infection control procedures at the home. They had an infection control policy in place that was in line with best practice guidance. The laundry room was in the basement. The provider had plans to relocate the laundry. There was a system in place to ensure soiled items were kept separate from clean laundered items. Staff confirmed there was always a good stock of detergent available.

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge to meet their needs. Care staff were very experienced and most held a qualification in health and social care. The registered manager had been working with staff to ensure they had completed the provider's mandatory training and refresher training. Staff confirmed they had undertaken a lot of training under the new registered manager.

Staff received supervision on a regular basis. The registered manager was completing their first round of staff appraisals. Staff said they felt supported by the registered manager, senior care staff and directors. Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. The registered manager was aware of the Care Certificate which had been introduced in April 2015 as national training in best practice. However, they had not needed to use it as all new staff had a qualification in health and social care.

People who lacked mental capacity to take decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. There was nobody at the service subject to an application to deprive them of their liberties. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Where people lacked capacity, mental capacity assessments had been carried out and relatives and professionals consulted about best interest decisions. For example, about use of bed rails for one person. However, these were documented in daily records, rather than in a specific tool. We discussed this with the directors and registered manager; they said they would implement a formal MCA assessment/best interest record tool.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. Referrals to specialist services were made. For example, GPs, community nurses, dieticians and community psychiatric nurses. During our visit there was a nurse practitioner, practice nurse and a private physiotherapist visiting people at the service.

The nurse practitioner said "The best locally... a nice feel, well run, not a lot of SOS calls, all appropriate and well managed. What we say to them gets done. Never had a bad word from here." The practice nurse said, "Not heard any ill feeling towards this home, they are friendly and helpful. They take people to their rooms for privacy, they are very knowledgeable about the patients."

People were supported to eat and drink enough and maintain a balanced diet. The service had a four-week rotating menu which people at the home had been involved in developing. There was one main meal choice at the lunch time meal. People were very happy with the quality of food at the home. Comments included, "Nice food", "Nice old-fashioned food, likes casseroles" and "Food very good and plenty of it." Where one person had difficulty swallowing, staff had consulted with their GP who had prescribed a thickening agent for their drinks.

Is the service caring?

Our findings

People were very positive about staff. Comments included, "The staff are very good, I can't fault them", "They make me feel at home, I'm well looked after", "Staff are marvellous, good as gold. Staff pop in to chat" and "I'm very happy, staff are kind, look after me."

The registered manager recorded in the provider information return (PIR) they submitted that Antron Manor provided, "A caring, kind respectful culture that promotes compassion and empathy to all individuals' needs. Ensuring all individuals are involved in decisions throughout the services provided and the care they choose to receive. By going the extra mile and recognising the little things, spending time to listen, talk and share memories that is important to the individual." During the inspection we found staff spent time with people and there was a culture of it being people's home. People were given support when making decisions about their day to day preferences and planning their own care.

Staff talked with us about individuals in the home in a compassionate and caring way. They said they spent time getting to know the person and demonstrated a good knowledge of people's needs, likes and dislikes. Staff gained people's consent and involved the person before they provided care. They listened to people's opinions and acted upon them. People could choose the times they went to bed or got up. People confirmed they were given a choice. They supported people to be as independent as they wanted to be, and enabled them to choose whether to remain in their rooms, use communal areas or go outside.

Staff treated people with dignity and respect when helping them with daily living tasks. They had a pleasant approach with people and were respectful and friendly. They were kind and caring towards people, talking to them in a pleasant manner. The hairdresser confirmed, "I am made to feel part of the team. Residents always treated with dignity and respect. All residents I have encountered appear happy and interact well."

Staff responded to people's needs quickly and showed concern for their wellbeing in a caring way. One person was quite anxious, staff were seen assuring the person. Their care records showed that staff had consulted health professionals regarding the person's anxiety and followed their guidance.

Staff treated people respectfully and maintained their dignity. Staff knocked on people's doors before entering. One staff member said, "I tell them what I am doing and get things ready, I use a towel to cover them up and explain all the way through." Staff addressed people by their chosen name and personal care was delivered in private. People were well presented and dressed in well laundered clothes.

Visitors were welcomed and there were no time restrictions on visits. People said their relatives were always made welcome when they visited the home.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs because staff knew them well. Before people came into the service a pre-admission assessment was completed to ensure the service could meet their needs. A care plan was developed when people arrived at the service. People were involved in developing their care plan and staff met with them to discuss any changes they would like.

The registered manager was implementing new care plans at the home. One persons had been completed and contained detailed information about the person's needs to guide staff. We discussed with the registered manager the importance of ensuring during the transition of changing people's care plans that staff ensured the care plans in place were updated and reflected people's changing needs. The registered manager said she would ensure all care plans were updated with relevant information.

Staff were very knowledgeable about the people they supported. It was a small service with a small well-established staff group who were very responsive to people's needs. This was evident when we asked staff about the care they provided to specific people. They were able to say what they needed to do for these people which was consistently the same as what was recorded in their care plans. The hairdresser told us, "Consideration and time is taken to help new residents settle and adjust. Staff go to great lengths to get to know people." People's bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. For example, "I can communicate verbally, I am registered blind and can see shades, smaller details difficult for me. My hearing is fair, I need you to make it known you are talking to me, and not too far."

Staff ensured people had their hearing aids in place and had their glasses cleaned. At the home there were talking books for people who are hard of hearing. One person used an iPad and the home had Wi-Fi for people to use.

People were supported to follow their interests and take part in social activities. The provider employed an activity person two days a week. There was a programme of activities which included armchair aerobics, bingo, cake making and card making. Staff had recently trialled music and movement and received good feedback from people and planned to have it regularly. There had been cake baking with a bake-off judging and a prize awarded for the best. A relative had suggested the home needed a cat. The registered manager had discussed this with the directors and people and were in the process of planning a trial. Staff supported people to take trips out of the home. They organised taxis and were planning a trip to see the Christmas lights in the town. The director was very keen to improve the activities further at the home and was working with the activity person to implement these. These included exploring making links between the home and local schools.

People were happy they could raise a concern if they needed to and were confident the registered manager would listen and take action if required. People's comments included; "I've no cause for complaint" and "I can find no fault this place." The provider had a complaints policy and procedure. Written information about how to raise a complaint was in each person's room and was available in the home. There had been no complaints made since the new provider registered in April 2018. The registered manager and senior care staff were very active in the home and dealt with grumbles to stop them developing into a complaint.

There was no one receiving 'end of life' care at the time of our visit. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Where people had expressed any advanced decisions about resuscitation, the withdrawal of treatment or preferred funeral arrangements, these were recorded in their care plan. This gave people the opportunity to let other family members, friends and professionals know what was important for them in the future, should they no longer be able to express their views. The registered manager was introducing 'My advance care plan' at the home. A health professional said, "They are very good, they keep (people) to the end, they provide very good end of life care. The district nurses do the nursing element... things are expected and anticipated." The registered manager said, relatives had sent thank you cards to staff individually and as a group. These included, "Thank you for the care and kindness shown to (person) during her stay with you" and "Thank you to all the staff at Antron Manor for making (person) latter years so enjoyable."

Is the service well-led?

Our findings

The provider's quality assurance systems were not always effective. They had failed to recognise environmental concerns, which put people's safety at risk. There were no window restrictors in place on the first floor, hot water temperatures at taps accessible to vulnerable people were above the recommended guidance and placed people at risk of scalds. Bedroom doors were held open with wedges which would not close in the event of a fire placing people at risk. However, during the inspection, the registered manager and directors took appropriate action to address the concerns identified by the inspectors; they had window restrictors, fire door guards and thermostatic mixing valves (TMVs) to hot water outlets fitted.

The registered manager had a number of quality monitoring systems in use which were used to review and monitor the service. They looked at legionella, infection control and undertook regular walk arounds the building. However, the documentation in place did not cover all the HSE guidance so some risks related to health and safety had been missed. After the inspection the registered manager sent CQC an environmental risk assessment they had completed which looked at all the health and safety areas at the home.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team undertook regular audits. These included medicine audits and infection control. They had taken the relevant action for issues they had identified in respect of these.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained. We identified an accident which had occurred in the home which had not been notified to CQC; the registered manager submitted a retrospective notification to CQC.

This service has new providers and was registered with the Care Quality Commission (CQC) in April 2018. The registered manager had worked at the service for a few months alongside the previous owner and registered with CQC in April 2018. A registered manager is a person who has registered CQC 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.

The registered manager was supported by experienced senior carers and one of the directors who worked alongside them. The registered manager and director were undertaking their level five leadership and management training, which is a national vocational qualification in care. The registered manager told us in the provider information return (PIR) their aim was "for engagement and involvement of feedback and quality monitoring through the individuals who receive our services ... promoting a warm friendly, caring, safe, respectful services with a positive culture that our residents are at the heart of what we do. Being a good role model for others to reflect from, with a fair, transparent open-door policy to allow freedom of

speech to filter out the negatives that may arise." The registered manager and director worked alongside senior care staff and had a very good understanding of the day to day running of the service. Since being at the service the registered manager had been working with staff to implement new ways of working. This had been a difficult time for staff as there were a lot of changes. The directors had worked with the registered manager and the staff team to meet agreements regarding the timings of changes and what was necessary.

The registered manager monitored and acted appropriately regarding untoward incidents. All accidents and incidents reported were monitored to look for trends and identify further changes needed to prevent recurrent risks. The registered manager was planning to do a workshop with staff to help staff understand the difference between accidents/incidents as these were often reported twice.

People and staff were actively involved in developing the service. The registered manager held regular residents' meetings to discuss with people about changes within the service and to ask their views about the service. At the most recent meeting, people discussed getting a cat, which was being arranged. Other suggestions were that staff should wear name badges, so people were reminded of their names, these were being ordered. The registered manager had attempted to introduce employee of month which had not been well received, but there were plans to try again. Further improvements were planned. Following feedback from people and relatives wanting more social events in the evenings. The management team were planning to organise an evening event one night a month to try and get relatives and friends involved.

The registered manager had sent surveys to health professionals in September 2018 to ask their views about the service. One commented "Staff approachable and welcoming. They interact and communicate extremely well." The service worked in partnership with external professionals such as GP's, community nurses, occupational and physiotherapy staff and local social services teams, to ensure people's changing needs were met.

Staff were consulted and involved in decision making at the home and regular staff meetings were held. Between each shift, staff handed over key information about each person's care and any issues brought forward. Each morning at eleven all staff attended a handover where staff were able to share information and be kept informed.

The directors had a programme of redecoration at the home and plans to develop a new laundry. They had plans to level paths around the building in 2019. This showed the provider was committed to ongoing improvements.

In October 2016 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment was provided in a safe way. They had not ensured the premises were always safe. 12(1)(2)(a)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems or processes established and operated effectively to assess the safety of the services provided. 17(1)(2)(a)(b)