Roshan Panchoo

Courthill Care Home

Inspection report

2 Court Road
Caterham
Surrey
CR3 5RD

Tel: 01883343850

Date of inspection visit:
01 November 2016

Date of publication:
13 December 2016

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

Summary of findings

Overall summary

Courthill Care Home is a care home that provides support to up to six people who have a learning disability and who may display behaviours that challenge. The home is located in Caterham and is a short walk from shops and other local facilities. On the day of the inspection six people were being supported. The people have a range of needs and are supported with a full range of tasks, including maintaining their health and well-being, personal care, support with nutrition and social activities.

On the day of inspection we met the registered manager. 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.

The inspection took place on 1st November 2016.

We found a breach of regulation. You can see what action we told the provider to take at the back of the full version of this report.

People and relatives said that Courthill Care Home was a safe place to live. Despite this we found a lack of managerial oversight of people's overall support. We found examples where concerns with people's support had not been pick up by the registered manager. This put people at risk of not receiving the care and support they needed.

We found that patterns and trends relating to epileptic seizures had not been picked up. These patterns and trends could have been used to manage risks more safely for this person.

Although relatives praised the activities that were offered to people the registered manager had failed to pick up that a person had not attended a favourite activity for a month. On the day of inspection we observed a lack of stimulating in-house activities for people.

We have recommended that the home review their in-house activities for people.

Staff supported people who were at risk of becoming anxious and distressed and staff responded to their needs and effectively reduced the impact of behaviours that may challenge. Staff understood how to report suspected abuse so that action could be taken if necessary. Incidents and accidents were reported and the registered manager reviewed reports to prevent them from re-occurring. When risks to people had been identified they were appropriately managed. People had risk assessments that staff followed to minimise risk and keep people safety.

Risk assessments had been completed to ensure the home was safe for people to live in and there were arrangements in place should there be an emergency. People were supported by sufficient numbers of staff

who were recruited safely and had the skills and knowledge to support people.

People received medicines in a safe way. Staff had a good understanding of the medicines they were supporting people to take and medicines were stored and disposed of appropriately.

Staff had the knowledge and skills to support people with learning disabilities and understood how to support people who may display behaviours that challenge. Training was available to staff, which included training courses related to people's needs.

Staff had regular supervisions with their line manager and felt supported in their role. The registered manager used supervisions and team meetings to ask supportive questions of their team to assess their knowledge.

The requirements of the Mental Capacity Act (MCA) were being met. Staff had a good understanding of MCA. The registered manager had submitted Deprivation of Liberty Safeguard applications, one of which had been granted and five being processed. Staff worked in line with the details of the applications that were still being processed to ensure an effective and safe service was being provided to all that was in line with best practice principles.

People's nutritional needs were met and people had a varied diet. Staff ensured that people had enough to eat and drink. Staff ensured people were supported to maintain their health and wellbeing and people received support from healthcare professionals when required.

People were cared for by staff. People were not rushed by staff and were treated with dignity and respect. People were encouraged to maintain relationships with their family and those that mattered to them.

People were encouraged to be involved in how the home was run and people and relatives felt comfortable in raising a concern or making a complaint. Feedback from people and relatives was asked for on an annual basis. This feedback was very good.

The home was led by a registered manager who was a positive role model. An organisational value of providing 'excellent care to clients with trained staff' was understood by the staff team. The registered manager was approachable and visible. Relatives and staff said they would approach her if they had any concerns.

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 always safe.

Patterns and trends in people's support were not always identified and risk assessed.

Staff put practical measures in place to maintain safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The home had safe emergency arrangements were in place.

People were supported by sufficient numbers of staff who were deployed and recruited safely.

Medicines were managed and administered safely to people.

Is the service effective?

Good

The home was effective.

Staff had the skills and training to support people's needs and staff felt supported.

The requirements of the Mental Capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

People had food that they liked and their nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People were cared for. There was a caring culture amongst all staff members.

People were able to express their views and be involved in their

support because staff took time to communicate in a way people understood.

People were treated with dignity and respect by staff who knew them well.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Scheduled activities did not always happen and there was a lack of in-house activities that met the individual preferences of people.

Care planning involved people and those close to them when required.

People's needs and abilities were assessed and people received support that was based on their personal preferences.

Staff supported people who were at risk of becoming anxious and distressed. Staff minimised the impact of behaviours that may challenge by understanding the best ways of supporting people.

People and relatives knew how to make a complaint and were confident there concerns would be acted on.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service lacked robust quality assurance systems, which put people at risk of not receiving the care they needed.

The service had a positive culture that was person centred, open, inclusive and empowering. The organisational value of providing excellent care was understood by staff.

The registered manager was visible and communicated well to people and with relatives.

Courthill Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 1 November 2016. Due to the size of the service and to make sure people were in the inspection was announced. The inspection team consisted of one inspector who had experience working with people with a learning disability.

Before the inspection, we checked the information that we held about the home and provider. This included statutory notifications sent to us about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We also reviewed any complaints, whistleblowing and safeguarding information from relatives and staff. A provider information return (PIR) was received which was used to aid the inspection planning process. We used all of this information to decide which areas to focus on and to inform the inspection.

During the inspection we spoke with one person, four relatives, one advocate, five care staff, the registered manager and a representative from the local authority. After the inspection we requested more information from the provider, which was sent to us.

We observed care and support being provided in the lounge, dining areas, and with their consent, in people's bedrooms. People had complex care needs which meant some had difficulty describing their experiences of living at the home. 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 also observed people receiving their medicines and spent time observing the lunchtime experience people had.

We reviewed a range of records about people's care and how the home was managed. These included three people's care records, medicine administration record (MAR) sheets and other records relating to the management of the home. These included staff training, three employment records, quality assurance

audits, accident and incident reports and any action plans.

The service was last inspected on 12 June 2013 where no concerns identified.

Requires Improvement

Is the service safe?

Our findings

People said they were safe at Courthill Care Home. One person said, "I feel safe." A relative said, "Safety (at the home) is excellent; it's first class." Another relative explained that there had been a reduction in their family members challenging behaviour since moving to the service which they said "Is an indication they are happy and feel safe."

Where a person's health had changed it was evident staff worked with other professionals to manage risks. Despite this staff had failed to pick up on patterns and trends that would help manage the risks they had identified. This meant that some risks were not being appropriately managed. One person had experienced an increase in epileptic seizures. We looked through the person's seizure chart for the past 10 months. This evidenced 45 seizures, 30 of which occurred in the lounge, most of which occurred when the television was on. Failing to pick up on this pattern put the person at risk of not receiving the safest possible support. When asked if this pattern had been discussed with relevant health professionals to see if there was a link between this and an increase in seizure activity for this person the registered manager said, "It's a good thing you pointed that out." This showed a lack of oversight by the registered manager.

Staff had identified a variety of risks to people that included access to the community, choking, use of the kitchen and behaviours that may challenge. People were supported by staff who understood how to reduce the risk of harm whilst not restricting freedom. A person who was at risk of choking had a risk assessment that stated they needed to be closely monitored while eating. At lunch we observed staff doing this while ensuring that people's independence was maintained. Another person had a pattern of behaviour which involved damaging items in the service. The registered manager had implemented support strategies to help support this person safely and had replaced the items that were broken with perspex ones to reduce the risk of injury to them.

People who were not able to manage their own finances had been supported with applications to the Court of Protection so social care professionals could manage people's money on their behalf. Staff supported people to manage their personal money. Checks were completed to make sure that people's money was safe, including double signing withdrawals. People always had access to their money when they needed it. One relative said that, "We are perfectly happy that the home is managing (person's name) money."

There had been two incidents involving people becoming anxious and distressed in the last 12 months. When an incident occurred people received safe care following them. These incidents had been analysed by management so that the risk of similar incidents occurring in the future was reduced. In one example a person became fixated on purchasing a specific item. Staff worked with the person to create a new routine that involved purchasing this item at agreed times. This has reduced the risk of them feeling anxious and distressed and no similar incidents had occurred since.

Risk assessments, checks and tests had been undertaken on the home to ensure it was safe for people, staff and visitors; this included fire safety risk assessment and testing and Legionella testing. Generic risk

assessments were in place that covered areas such as infection control, first aid and manual handling.

People would be protected in an emergency because arrangements were in place to manage their safety. These arrangements included an emergencies and crisis plan, which listed the actions staff needed to take in the event of an emergency. Each person had their own personal evacuation plan, known as a PEEP, which explained the safest way to support someone to evacuate the home in an emergency. These plans were person specific and took support needs and risks into account. Staff had knowledge of these procedures and knew how to keep people safe during an emergency.

People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. All staff had received safeguarding training and had good working knowledge of safeguarding procedures. One member of staff said, "I would straightaway report it to my immediate boss. If nothing was done I'd whistle blow." Information was available to people and relatives about raising concerns. There had been no incidents that needed to be raised as a safeguarding with the local authority but the registered manager understood their responsibility to report suspected abuse and concerns.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. One relative said, "I always see plenty of staff around." A member of staff said, "In my opinion staffing levels are adequate." We observed staff responding to people's needs when required throughout the day. The staffing rota detailed there were sufficient staffing levels in place and it reflected what we saw on the day of inspection. The staffing levels were calculated on individual need. Staffing levels were regularly reviewed and extra staff had been brought in when needed, for example for a specific activity.

The provider had ensured that only fit and proper staff were employed to support people. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

People received their medicines in a safe way. People were supported with their medicines by staff who had received medicine training and an annual medicine competency assessment. Staff had knowledge about people's medicines and what they were prescribed for.

We observed that people were given the time needed to take their medicines safely. People had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis, which were reviewed regularly. Staff checked that people had taken medicines before signing the medicines administration records (MAR) to ensure that records accurately reflected the medicines people were prescribed.

Medicines were stored and disposed of in a safe way. Medicines were locked in a secure cupboard. During the medication round on the day of inspection a tablet fell on the floor. This tablet was disposed of safely and an additional tablet was ordered straightaway reducing any risk of harm. Regular stock takes of medicines were undertaken. The MAR charts showed all prescribed medicines were signed as being taken by staff trained to do so.

Good

Is the service effective?

Our findings

Relatives told us they thought staff were trained to meet their family member's needs. One relative said, "Staff are adequately trained. They are intelligent and have a lot of knowledge." Members of staff agreed that they had the training to carry out their roles effectively. Training courses covered areas such as autism awareness, behaviour and conflict management, physical intervention and epilepsy. One member of staff said, "If we notice a training need the manager will take steps to provide it."

People who were at risk of becoming anxious and distressed had clear behavioural support plans and risk assessments in place, to guide staff in how to support the person. Staff understood possible triggers of behaviour and how to support people safely when they were anxious and distressed. One person liked to have their wardrobes and drawers locked at all times, this was detailed in their behavioural support plan, it was explained to us by a member of staff, and we observed this in practice. A relative said, "I have seen a marked improvement in (their family member's) behaviour since moving to the home."

People were supported by staff who had regular supervisions (one to one meeting) with the registered manager. The supervisions gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. One member of staff explained they are asked supportive questions by the registered manager in supervisions, such as, "How are you getting on? How are you managing with the clients? Do you feel confident?" Supervisions and team meetings had been used to set questions to aid staff learning on best practice. Members of staff felt supported by the registered manager who involved them in the running of the service.

People were not always able to make their own choices and decisions about their care. We looked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were followed. Family members lacked legal authority to make decisions on behalf of people but worked in collaboration with an Independent Mental Capacity Advocate (IMCA) during best interest meetings where appropriate. An IMCA is involved when a vulnerable person who lacks mental capacity needs to make a decision about serious medical treatment, or accommodation. They offer help to people make decisions in their best interest. The IMCA had been involved with medical treatment for one of the people at Courthill Care Home.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff said mental capacity is, "The ability for anyone to make an informed decision." Throughout the inspection people were

asked by staff if they consented to care and support before it was given to them. For example, people were asked if they wanted to take their medicines before they were administered.

All people living at Courthill Care Home had their freedom restricted to keep them safe. The front door and kitchen door were locked, people were subject to constant supervision and some people had 'as required' medication. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for a care home are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the manager had made the necessary DoLS applications to the local authority. At the time of the inspection one of these applications had been granted and the other five were still being processed by the local authority. Whilst they waited for them to be agreed staff supported people in line with the application that had been made. On the day of the inspection the home received a visit from a DoLS officer, who was processing one of the applications.

People's nutritional needs were met. People were encouraged to learn new skills including making hot drinks and preparing meals. People had a meal of their choice at a time that suited them. People were supported by attentive staff who gave enough time for them to eat and enjoy their meals and checked if they wanted more. Staff were aware of people's dietary needs and preferences. The four week rolling menus were planned with the involvement of people during tenants meetings. Menus were varied and during the inspection we saw alternatives being offered. A compliment from a relative stated, "The food is great."

We observed lunch on the day of the inspection, which people enjoyed as they were seen eating all the food they had chosen. We observed staff encouraging people to maintain their independence during mealtimes but saw that they stepped in with practical support when needed. For example, a member of staff was seen to help cut a person's food when this was requested and staff were observed prompting another person to eat more slowly and chew their food more. When we spoke to a relative they explained that due to the food on offer at the home their family member had been effectively supported to reduce their weight and cholesterol, which they said had a great impact on the person's overall health and wellbeing.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, opticians or doctor. People had annual health reviews with their GP and their medicines were reviewed at least annually. People with more specialised health needs had been referred to appropriate health care professionals. For example, a person with epilepsy had input from a neurologist, consultant psychiatrist and an advanced nurse practitioner.

People had health action plans, which help monitor the health input they receive. People's care plans included information that enabled staff to monitor the well-being of the person, information included communication passports and pain profiles which detailed how people would react if they were experiencing pain. Each person also had hospital passports with their information if they needed to go to hospital so consistent care could be given.

Good

Is the service caring?

Our findings

A person said, "I am happy here." Relatives praised the family atmosphere of the home. One relative said, "I am very impressed with the kind and patient care. Staff have nice personalities. It's just a nice happy little home."

We saw positive messages about the home in the compliment file. The care was described as, "Excellent," in one of them and in another, "Cheerful friendly atmosphere," was highlighted. An advocate we spoke to described the home as, "Very positive." The advocate praised the, "Calming environment" which they said played a role in the positive results made for a person who could display behaviours that challenge. A care professional used the word, "Homely" to describe Courthill Care Home.

Our observations showed there was a caring culture amongst all staff and staff demonstrated they knew people well. During the inspection we saw that staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of staff. They were seen smiling and communicating happily often with good humour.

Staff did not rush people; they took time to engage with them in a meaningful way. A member of staff was observed giving a person time to ask questions about their approaching dentist appointment. This was seen to reduce the person's anxiety and was done in a very natural calm and caring way. When this person came back from a dentist the registered manager took the time to ask them how the appointment went. Again this was a natural and caring conversation, which the person was very much involved in.

People were supported to express their views and be actively involved in decision making about their care. Staff were observed asking people questions able their day to day support needs. Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them if they had interpreted their mood or needs correctly. On occasions, we saw staff using actions and objects of reference to help reinforce their verbal communication. An object of reference is any object which is used to represent an item, activity, place, or person and aid understanding for someone with non-verbal communication skills. This also helped the person feel included. During lunch a person was shown choices of puddings to choose from. Another person used their own form of Makaton signs to communicate, which staff were aware of and understood.

Staff involved people in the day to day running of the home, for example, laying the table, washing up, making cups of tea and preparing meals. People were actively involved in making choices about the decoration of their rooms, which gave a caring feel to the home. One person said, "I really like my room."

A theme of respect and treating people as individuals was demonstrated by staff practice throughout our inspection. Staff were positive role models for promoting people's privacy and dignity. A member of staff said, "Dignity and respect is about acceptable standards of care. It's about respecting wishes." Another member of staff said, "Whatever we are doing we need to ensure dignity, respect and privacy is maintained." This member of staff went on to inform us staff achieved this by, "Following care plans and communicating

with people." We observed this happening throughout the day.

During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events and those in their lives that were important to them. Music was very important to one person and they had a keyboard in their room, which they were actively encouraged to play.

Relatives said they always felt welcomed at the service. One relative said, "We can visit anytime." Another relative said that they like to pop in without giving any warning, which they said is welcomed by the registered manager.

Requires Improvement

Is the service responsive?

Our findings

Relatives said that the home was responsive and consistently praised the staff, care and the service provided. One relative said, "The focus is on all the residents. They all get the support they need."

In a recent service survey one of the relatives praised the, "Excellent care and activities" the home provided. Despite this sometimes scheduled activities did not take place. Daily notes highlighted a person, who loved going swimming, had not been swimming in over a month. When asked, the registered manager said she was not aware of this but said she would ensure this activity was reinstated immediately.

Although people had the company of staff during the inspection no one was offered in-house activities that were tailored to their individual preferences. We observed three people were in the lounge for long periods of time without being engaged with anything they were interested in. We saw that the television was on but when we were present no one appeared to be watching it. As no meaningful in-house activities were being offered people were at risk of becoming bored.

We recommend that the home reviews in-house activities for people.

Activities were offered outside the home which included walks and pampering. There were organised social events with other nearby care homes. An advocate praised them, because they, "Help maintain (longstanding) friendships." There was an annual holiday to the Isle of Wight that people, relatives and care professionals spoke about positively.

People were involved in planning their care. People had regular care review meetings with their keyworkers who communicated with them through prompts and gestures which reflected individual communication needs. For example, visual material and objects of references were used to aid decision making for people who could not verbally communicate. If people wanted them to be relatives were also involved in their care planning and reviews of support.

Before people moved into the home a comprehensive assessment of people's needs was completed with relatives and health professionals supporting the process where possible. One person's assessment included an assessment of support needs, best interest decisions, and transition plan. A relative said the registered manager had taken time to meet with them as part of their family member's transition to the home to gain a greater understanding of their support needs. The relative said, "I know that they have taken on board the information I told them."

The assessment process meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified in the initial assessment. Our observations and people's daily notes showed support was being offered in line with care plans.

People's choices and preferences were documented and staff were able to tell us about them without

referring to the care plans. There was information concerning people's likes and dislikes and the delivery of care. For example, one person enjoyed eating hot curries and another person liked making cups of tea, which staff knew and followed. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them, which staff were seen to understand and follow.

As well as having a positive behavioural support plan, which detailed how staff were to respond if a person was feeling anxious and distressed one person also had a 'good day' support plan. This plan detailed what needed to be in place for this person to have a good day. We saw staff supporting the person in line with this plan during the inspection. For example, giving the person clear explanations and time to process what had been said.

A member of staff said, "We make sure the care we provide puts the people at the centre." An advocate agreed with this by saying the support provided was, "Very person centred. The service is flexible. The service fits the people rather than the people fitting the service."

Feedback from people and their relatives was sought. People were supported by independent parties to fill in a satisfaction survey. The results were very positive. All next of kin had completed a recent service survey that focused on all aspects of their visit to the home. The surveys included questions such as, were they welcomed to the home, were staff approachable and were staff actively supporting people. The survey also gave an opportunity for relatives to comment on their overall feedback on the home. All questions were answered as 'Very good.' The registered manager informed us that if there were concerns that were raised then an action plan would be implemented to improve the service provided. As no concerns had been raised there was not an action plan.

The home had a regular residents meeting. In the last meeting the complaints procedure was discussed so people had a clearer understanding of their rights and how to complain. Relatives were made aware of their family member's rights by staff who had an understanding of the organisation's complaints procedure. Relatives knew how to raise complaints and concerns on behalf of people. All relatives we spoke to said they had never needed to make a complaint. One relative said, "I haven't even needed to complain about small issues like an untidy bedroom." There had been no complaints in the last year. The registered manager informed us that if a complaint was received they would be taken seriously by the provider and used as an opportunity to improve the service.

Requires Improvement

Is the service well-led?

Our findings

People and relatives spoke of the service in high regard. Despite this quality assurance systems were not effective and failed to pick up on shortfalls. Quality checks were in place for care records and health and safety. Although the checks ensured that tasks were completed on time there was nothing in place to review and assess the quality of this work and to make improvements. Due to the lack of robust quality assurance systems the registered manager was unaware of some issues that impacted on people's lives. For example, the registered manager had failed to pick up on significant patterns and trends of a person's epileptic seizures; she did not have the overview of in-house activities on offer and she was not aware that one person had not taken part in their favourite activity for a month. A robust monitoring system would have identified this. This lack of managerial oversight put people at risk of not receiving the support they needed.

The provider understood there was a gap in the quality monitoring of the home. The provider information return (PIR) submitted in November 2015 stated that they were planning to introduce an area manager role to help monitor the quality of the service and support the registered manager. The provider had not recruited to this role and no action had been taken address this.

Failure to assess the quality of the service is a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014.

The service had a positive culture that was friendly and caring. Relatives told us that the registered manager and staff know people well. This was made evident on the day of inspection. To aid this culture people were invited to join the monthly team meetings, which gave them the opportunity to make comments and feedback on the support they receive and the direction of the service.

The registered manager told us about the home's missions and values of 'providing excellent support to clients with well trained staff.' Staff we spoke to understood the values and ensured people received kind and compassionate care. In line with their mission and values the home had supported members of staff to complete diplomas in social care.

Staff were involved in the running of the home. Team meetings were used in an effective way to concentrate on important themes when they arose such as the implications of the mental capacity act on people. Staff were given the opportunity to raise concerns in these meetings, which were followed up my management.

The registered manager worked regularly with people and had a shared understanding with members of staff of the key challenges, achievements, concerns and risks, which were highlighted in their provider information return (PIR). For example, ensuring that training offered continued to meet the changing needs of people. The registered manager explained she utilised staff supervisions and team meetings to ensure she is on top of this.

Throughout the inspection people felt comfortable approaching the registered manager with questions they had about their support. The registered manager gave time to answer these requests. We observed this

interaction reduced people's anxiety.

Relatives and staff felt that they could approach the management team with any problems they had. Members of staff agreed that the registered manager was approachable. Relatives told us that the registered manager was always on hand and visible in the home. One relative said, "I can always contact her. Even on the weekend." The registered manager interacted well with people and was observed giving people time to have a chat. People responded well to her and were pleased to see her.

The management team had an inclusive manner about them and communicated well with people and relatives. Observations on the day showed that the registered manager communicated clearly and effectively with people and understood their individual needs. All relatives we spoke to agreed that communication with the home was good. One relative said, "The registered manager keeps us informed."

The registered manager understood their legal responsibilities. They sent us notifications about important events at the home and their PIR explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effective.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 (2a) There was a lack of robust quality assurance systems in place. This lack of managerial oversight put people at risk of not receiving the support they needed.