

Ashdale Care Homes Limited

Stratford Court

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

Stratford Court is registered to provide personal care and accommodation for up to 30 older people, and a small number of these people were living with dementia. At the time of our inspection 23 people were living at the home, and 2 people were in hospital. The inspection took place on 24 May 2017. The home was previously inspected in May 2016 and at that time was found to be Good in the key areas of caring and responsive. It was also found to require improvement in the key areas of safe, effective and well led.

There was a registered manager in post who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and their relatives told us that they felt safe with the staff who supported them. Staff were aware of the need to keep people safe and understood their responsibilities to report allegations or suspicions of poor practice. Assessments had been undertaken to identify any potential risks to people and guidance was available for staff to follow to minimise those risks. These records were not well maintained and this may pose a risk to people's safety. Moving and handling transfers were carried out in a safe manner. Medicines were being given as prescribed and stored safely.

Staff were provided with training, but we could not be sure how this was kept up to date. Staff told us that they had received an induction when they commenced working at the home, and safe recruitment practices were in place. People were provided with a good choice of food and were supported to access relevant healthcare professionals when needed.

People were cared for by staff who knew them well and who they described as kind and compassionate. People expressed how they wanted their day to day care to be delivered, but staff did not have sufficient information to apply the principles of the Mental Capacity Act in all instances. People told us that they were treated with dignity and respect, and were supported to maintain their independence.

The provider had begun to consider how to improve and enhance the home to assist people living with dementia. We recommend that the registered manager considers using national guidance about how to improve in this area.

People and their relatives had been involved in the development of their initial care plans, but it was unclear how people continued to have input into their ongoing care planning. People were supported to participate in some social activities. People told us that they felt enabled to raise concerns and complaints and were confident that these would be investigated and acted upon.

People, their relatives and staff described the home as well-led and felt confident in the registered manager.

People told us that they were asked their views about the care and support they received, but not about how the home was run or any improvements they might like to see. The registered manager did not have systems in place to monitor and improve the quality and safety of the service provided. The home uses CCTV and further consideration about its use is needed. We recommend that the registered manager considers national guidance in relation to this matter.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who were aware of safeguarding procedures and knew what action to take if they suspected abuse.

People were supported by enough staff to meet their needs and by a consistent staff team.

People were supported by staff to take their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were not supported by a service that fully implemented the principles of the Mental Capacity Act.

People received care by knowledgeable and competent staff.

People had sufficient food and drink of their choice.

People were supported to access healthcare professional input from outside the service to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who people considered were kind and caring.

People were treated with dignity and respect, and their independence maintained.

People expressed how they wanted their own care provided and told us that staff listened.

Is the service responsive?

Good ●

The service was responsive.

People were initially involved in planning their care but only relatives contributed to the reviewing of their care and support needs.

There were some activities to help people meet their social needs.

People were confident that any complaints made would be responded to.

Is the service well-led?

The service was not well-led.

There were no effective procedures in place to monitor the quality and safety of the service.

People were not actively involved in developing the service.

People, their relatives and staff spoke positively about the registered manager and the way the home was led.

Requires Improvement 

Stratford Court

Detailed findings

Background to this inspection

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

This inspection took place on 24 May 2017 and was unannounced. The visit was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at the information we had about this provider. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was returned within the timescale requested. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We asked the local authority and Health Watch if they had any information to share with us about the care provided by the service. Appropriate notifications had been sent by the registered provider. All this information was used to plan what areas we were going to focus on during the inspection.

At the time of the inspection 23 people were living at the home and two people were in hospital. We met and spoke with eight of the people who lived 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 to us. We also spent time observing day to day life and the support people were offered. We spoke with five relatives of people and one visiting health care professional during the inspection to seek their views. In addition we spoke at length with the registered manager and five care staff. After the inspection we spoke with two health care professionals on the telephone.

We sampled records including two people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered provider's quality assurance and audit records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

At our last inspection in June 2016 we rated the service as, "requires improvement" under the key question "Is the service safe?" This was because the risks people faced had not been well assessed or kept under review, and equipment within the home had not been checked to make sure it stayed safe. At this inspection we found the required improvements had been made.

All the people we spoke with described how they felt safe living at the home. One person we spoke with told us, "The whole atmosphere feels safe, I feel secure." Another person told us, "I feel safe as I know that I can press my buzzer and someone will come." A relative told us, "My [relative] is very safe here." Everyone we spoke with told us they felt that any concerns they raised would be dealt with well.

Staff we spoke with knew the risks associated with each person's care. These included risks associated with food and drink and support people may have needed in relation to their specific health concerns. Staff told us that they had received training in how to safeguard people and records we looked at confirmed this. Staff we spoke with shared examples of what they would report to their managers or external agencies if required. We saw that assessments had been carried out to identify risks to people's health and their physical and emotional well-being. Where risks had been identified, people's care plans described how staff should minimise those risks and what equipment and actions staff should take to support people safely. On the records we looked at risks had been reviewed and kept up to date with changing needs. We noted however that the information contained within the care records was difficult to find and not well ordered. There were several examples of information being hard to locate and we brought this to the attention of the registered manager who acknowledged our concerns about accessing current information. In one instance the registered manager was unable to find records relating to how one person was supported with behaviours that might be considered concerning. The registered manager told us of their plans to rectify this situation.

We found that people were kept safe within the home environment. We noted that areas of environmental safety such as home maintenance and servicing of equipment was up to date and were all done in a timely manner. We saw that the outdoor area was appropriate for people with reduced mobility, and that people could move around the home and outside in safety. We observed some moving and handling of people during our inspection. We saw staff supporting people with the use of equipment that was specific to their needs. Staff took great care to ensure they supported people safely to prevent the risk of injury to the person. Staff interacted well with people, and explained what was happening and made sure they were constantly reassured. This meant that people were supported to move safely and with the least amount of distress. Staff we spoke with gave us a clear account of what they would do in emergencies to ensure people received safe and appropriate care.

There was a system to record accidents and incidents, and we noted that if people had fallen this was recorded on their individual records. Staff and the registered manager told us that any incidents were discussed at staff handover. We saw that for one person who had experienced a series of falls, safety measures had been put in place. These included interventions by medical professionals, more regular monitoring by staff and the use of a sensor mattress to alert staff to when the person was getting out of bed.

All these actions help reduce the likelihood of the person injuring themselves in the future. All the staff we spoke with had accurate and current knowledge of the people they supported and their care needs. We noted that the records of accidents were not formally analysed by the registered manager. The home kept its own records relating to accidents and they also told us of their system of returning information about accidents every three months to the local authority. At this time they considered any patterns or trends of accidents and falls within the home.

People, their relatives and staff we spoke with consistently told us that they felt there were enough staff available to meet people's individual support needs. A person who lived at the home told us, "When I press my buzzer, it does not take long for someone to come to me." Another person said, "I think that there is enough staff but they are always so busy." One relative we spoke with said, "The staffing is fine here, people don't wait much, there are enough staff." On the day of the inspection we observed there were enough staff available to respond to people's needs in a timely manner. The registered manager told us that they did not use agency staff and that any absences were covered by permanent staff. This meant that people would be supported appropriately by staff who knew them well. A health care professional we spoke with told us that the home was well-staffed and that they had no concerns relating to people's safety. People were supported by sufficient numbers of staff.

Staff told us they had received a good induction when they began to work at the home. Records we looked at showed that staff received a detailed induction and had initially worked alongside more experienced staff so they were supported to learn about people's individual needs. One member of staff told us, "Staff have a good induction and shadow [work alongside experienced staff], they have their DBS (police check) and references." Prior to staff commencing in their role, we saw that pre-employment checks had been undertaken. These included obtaining appropriate references and criminal record or DBS checks. We saw and staff confirmed that these checks had been undertaken before they started to work at the home, which meant that people were protected by the registered managers' safe recruitment practices.

People we spoke with told us that staff helped them with their medicines and made sure they had them when required. One relative told us, "They give my relative medication and they don't forget." We observed people being supported to take their medicines and saw that people were supported with patience and understanding. We looked at the medicine administration record (MAR) for two people who lived at the home. We noted that the MAR charts and balances of people's medicines were accurate and up to date.

We saw that all medicines were stored safely and had been ordered in time to make sure that people did not run out of their prescribed medication. The medicines were administered by staff who were trained to do so, and staff we spoke with knew people's specific conditions and how to support people to take their medication in line with their care plans. We saw that guidance for the administration of 'as required' medicines were available for staff to follow. We found that medicines had been administered to people safely.

Is the service effective?

Our findings

At our last inspection in June 2016 we rated the service as, "requires improvement" under the key question, "Is the service effective?" This was because people could not be sure staff had specific knowledge to support their needs, and not all staff understood how to apply the Mental Capacity Act (MCA).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

Where people were considered to lack capacity to make certain decisions there was no evidence that best interest meetings had been held to support people with their decisions. The registered manager told us that they had not considered holding meetings with others also involved in the lives of people who may lack mental capacity in order to identify how to provide care which would be in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions of authorisations to deprive a person of their liberty were being met. We found some DoLS applications had been submitted to the supervisory body by the registered manager where restrictions on peoples care had been identified. Some of these applications had been authorised and others were waiting to be considered. We saw that there was a system in place to make sure the authorisations were reapplied for in a timely manner.

Staff we spoke with however told us that they would stop people from leaving the premises to keep them from harm. All the staff we spoke with did not know who was to be lawfully deprived of their liberty and who was not. Staff comments included, "I really don't know who is on a DoLS," and, "I don't think I'd let people out...I don't look in the files really, I don't know where the DoLS is recorded." A further staff member told us, "All the people with mobility issues could not go out." Staff did not have an understanding of which people needed to be deprived of their liberty for their safety, or who needed to be allowed to leave the premises if they so wished.

During our inspection we saw and heard that staff asked people's permission before supporting them, and people told us that they were offered choices. One person said, "I can stay in my room if I want to." Another person said, "They ask my opinion and I make my own decisions." It was clear from discussions with people and staff that people were regularly asked to consent to their day to day care. It was less clear however how people who might be considered to lack capacity were involved in decisions about their care plans and how they were to be supported to be involved.

People were cared for by staff who had been trained to complete their roles and one staff member said, "We are good on staff training here." The registered manager was aware that staff had to be trained to the level of the Care Certificate [a nationally recognised set of standards used for induction training of new staff] as part of beginning to work at the home. No staff had undertaken this qualification as all staff had existing qualifications that exceeded it. One staff member said, "We don't do the care certificate, new staff go straight onto NVQ 2." We saw that staff received on-going training in areas such as safeguarding, manual handling and fire awareness. However it was not clear when these training courses had been refreshed, as the registered manager could not provide us with dates of when the training had been completed. We also found that the majority of staff had not completed training in other key areas such as dementia awareness and health and safety. We found that staff had some gaps in their knowledge and skills.

During our last inspection we found that while staff supported people with compassion and standard health care was good, there were no specialist care plans or resources in place to support people who might have more complex health and social care needs. At this inspection we found that this had not improved. At the time of the inspection no one was living at the home who required specific types of support, but the registered manager told us that they planned to offer that support if it was needed by a person, for example if their condition deteriorated. We spoke with the registered manager in relation to this who told us they did not have any plans in place to increase the skills and knowledge of the staff team or themselves to be able to offer support to people with complex needs. A health professional we spoke with said, "I think there is a need for staff to understand dementia better, they could not cope with more complex needs."

Discussions with the registered manager identified that there were no competency assessments being carried out, including administering medication competencies. This meant that there were no formal systems in place to assess and monitor staffs skills and knowledge. However, due to the small nature of the home and the daily involvement of the registered manager, they advised that staff were often observed in their daily practice to ensure they put their knowledge and skills into practice. This process was not formalised however and feedback was not given to staff about their performance.

Staff we spoke with told us that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. One member of staff told us, "I have supervision every two or three months." We observed that staff participated and contributed to handovers between shifts to facilitate continuity with peoples care and provide the best possible outcomes for people. The registered manager had suitable management on-call rotas in place to support staff when they required advice and guidance when they were absent from the building.

People we spoke with told us that they had a choice of meal each day and could choose what they preferred. One person living at the home told us, "The food is very good and nutritious, plenty of veg and we have choices. If you don't like the choices and you tell them in time, they would do you something else." Another person said, "I have a condition where I cannot eat green vegetables, they understand and offer me other foods and they vary the meals." A relative told us how the home was very good at boosting the nutritional intake for people such as adding ice-cream in their relatives' milkshakes. We saw that the choice of food was offered verbally to people during the morning and then at lunch time they were presented with their meal. Staff confirmed that if someone wanted a different choice at that time they would try to accommodate that. We saw that food was hot, well presented and there were different options available. We observed staff supporting people at their own pace with their meals. Throughout the inspection we saw that hot and cold drinks were being offered to people indicating that staff knew the importance of hydration. Staff we spoke with had a good understanding of people's dietary and hydration needs. This indicated that people had a good range of nutritious food and drink that they enjoyed.

People who currently lived at the home were supported to access a range of health care support which included, district nurses, GPs, and speech and language therapists. One person told us, "We see health professionals, the doctor, chiropodist, optician and dentist is available and the hairdresser comes in for those who need her." Another person said, "If you need the doctor, they come straight away." We saw that care plans contained dates and outcomes of health care visits, and detailed regular contact with health professionals as each person required. Staff we spoke with had a good understanding of how to support people currently living at the home to maintain good health.

Is the service caring?

Our findings

All of the people we spoke with were positive about the caring nature of the registered manager and the staff team. One person living at the home told us, "The staff are caring and they treat me with respect." Another person said, "This is a home that cares and not a care home." Relatives we spoke with said, "I can't fault the staff, they are very kind and caring," and another relative commented, "All the people are looked after beautiful." A health care professional told us, "[The staff] know their residents very well, they are very caring."

We saw during the inspection that staff spent time with people and interacted well with them. One person told us, "Staff would sit and talk to you." We observed that staff were caring and compassionate towards people. For example, during our inspection people chose to sit outside in the sunshine and staff supported them with sun wear and sun cream to ensure their comfort and safety. Some of the people who used the service were living with dementia, and staff were patient and kind when supporting them. Our observations showed us that staff had a good understanding of people's needs and preferences in relation to the way their care and support was provided.

People told us and records showed that the registered manager asked people how they liked to be cared for and supported when they first moved into the home. This demonstrated people had been given choices and had made their own decisions about things that were important to them before they moved in. We saw that regular reviews took place to ensure their care remained relevant to them. One person told us, "My daughter is involved in planning my care." Care plans were developed with the person and their relatives to identify the person's likes, dislikes and individual preferences. One relative said, "The staff knows mum's likes and dislikes."

People however gave us mixed responses to how involved they felt in their care. One person said, "They never ask my opinion on activities or food choices and there are no meetings but the staff sit and talk to you. If you want something they would get it for you." Other comments from people included, "They don't ask you if you want the music on, they just put it on," and another person told us, "They definitely know how to look after me, they ask my opinion and I make my own decisions." We found that while care reviews took place, not all people were as actively involved in their care as they could reasonably be expected to be.

We saw that people's privacy and dignity was respected. One person we spoke with told us, "Our privacy is maintained, if they [the staff] want to speak to you they would take you to somewhere private." Staff told us how they ensured people's privacy and dignity were maintained; for example shutting doors when they were delivering personal care and covering people's legs when they were being hoisted. We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way. People were encouraged and supported in daily living activities and told us they were happy. We noted that most people spent their days in the communal areas of the home whilst some people chose to stay in their bedrooms for part of the day. People's choices about where they wanted to be were respected.

We saw people were supported to maintain their independence. A relative told us, "Mum can make her own decisions regarding her care they support her to maintain her independence." Staff explained how they promoted independence and comments included, "We remind people about what goes next with their care and help them remain independent, we build up their confidence." and, "We make sure people can do as much as they can for themselves."

People told us their family and relatives could visit when they wanted to but the home preferred family not to visit at mealtimes if possible. One person told us, "Visiting is restricted; they prefer visitors not to come at mealtimes." This preference helped to ensure that people ate their meals uninterrupted and that staff supported people consistently with their food.

We checked staff's understanding of confidentiality and looked at how records were stored. Staff could describe ways in which they kept people's personal information confidential, and we saw that storage of information was secure. This practice meant people could be confident that their personal information was kept safe.

Is the service responsive?

Our findings

People we spoke with were happy with the care they received and told us they felt listened to and their opinions respected on a day to day basis. When asked people were not able to tell us if they felt involved in their care plans. However relatives told us that they had been involved in the care planning process when people moved into the home, and that relatives continued to be involved in the reviews of their care. One relative said, "I know about the care plan and we attend 6 monthly reviews." Another relative told us, "Mum's care is reviewed often and I am involved in that." A member of staff told us, "The care plans are reviewed with the relatives."

Care plans we reviewed were centred on the person and contained pertinent information about their life including people's health needs. We saw care plans included descriptions and information about people's preferences and personal choices. We did not see from the records that people had been continually involved in the care planning process but we noted that staff knew their preferences and choices well.

A small number of people who lived at the home were living with dementia. The environment of the home did not support people living with dementia. Signage was not present throughout the home to help people orientate their way to lounges and toilets. We did note however that the registered manager had begun to address this issue by putting pictures of people on their bedroom doors. There were no points of interest for people in various places within the home or items that might be of interest for people living with dementia left for them to access, such as therapy dolls or reminiscence items. We recommend that the registered manager considers using national guidance in relation to making improvements in this area.

We saw that the home had a daily programme of activities that was offered to people to take part in if they wished. The activities included games to help concentration and hand skills and also memory and sense stimulation. During our inspection we saw that activities were offered to people, but that very few people chose to join in. People gave us mixed feedback about what they did. One person said, "There are no stimulating activities, it's boring so I read." However another person said, "I am not bored, I am always doing something." The registered manager did not have a process of asking people what activities they wanted and feedback was not sought from people as to how they enjoyed certain things, or if they wanted changes. The registered manager told us that feedback was gained informally from people and by observing how much people appeared to enjoy themselves. A relative told us, "More activities would be good." Staff described to us how they struggled to get people motivated to join in. We found that the home had an activities programme but it was not always reflective of the interests of some of the people who lived there.

People and relatives we spoke with were aware of how to make a complaint. One person said, "I know how to make a complaint but never had to." Another person said, "I would go to the owner if I had a complaint." We saw that the registered manager had a complaints procedure and that the policy was available for people to use. Staff told us this was given to people when they first moved into the home. The registered manager told us that the home had not received any formal complaints, and that any concerns were dealt with quickly and informally. We saw however that the home had received 12 compliments in the last year. Comments included, "Thank you for all the love and kindness shown to [my relative]." and "You are all very

special people." We found that the registered manger had a robust system in place for people and their relatives to access if they were not satisfied with any part of the service they were receiving.

Is the service well-led?

Our findings

At our last inspection in June 2016 we rated the service as "requires improvement" under the key question, "Is the service well led?" This was because records that underpinned peoples care and risks they might face were not all up to date or reflective of peoples current needs. During this inspection we found that while this had improved further improvements were still needed. We also found that there continued to be no effective quality assurance processes in place.

The registered manager told us that they still did not have any processes in place for monitoring and improving the quality of the service. The registered manager told us that there was no quality assurance system and we found that records were difficult to find and in some cases inconsistent in their guidance to staff. The service did not have processes for measuring its delivery of care against current guidance. While we were told that audits of medication had been undertaken these were not recorded. We found that the provider did not have robust systems to audit, monitor and improve the quality of the service within a timely manner.

The registered manager told us that they spoke regularly with people and people's relatives to seek their views on an informal basis. Everyone we spoke with confirmed this. However there were no systems in place to record these views. We saw a survey that some people had completed and noted that any issues raised had been immediately addressed on an individual basis. However there was no analysis of the survey, and the provider had not demonstrated an open culture where ideas and views were sought and welcomed as a way of continuously improving the service. There were no meetings that had been organised to encourage people and their relatives to voice their opinions. This meant that the registered manager used feedback to identify actions for individuals but had have missed opportunities to improve the quality of the service provided overall.

People's feedback indicated that they did not feel involved in the running of the home. One person said, "There are no meetings or questionnaires, and they don't ask my opinion." Another person said, "We used to have meetings but not now." A relative told us, "I have not filled in surveys or attended meetings." A member of staff said, "We don't really involve people in anything other than their own care." When we discussed this with the registered manager they told us that they did not actively seek people's opinions about the service or if any improvements could be made. We found that people were not actively involved in developing the service.

The provider had not ensured that an effective system was in place to monitor the service and to drive up improvements within the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that CCTV systems were fitted in some communal areas within the home. The registered manager advised us it was primarily used to enhance the security and safety of premises and to protect the safety of people. The registered manager told us that where people may have been deemed to lack capacity to make an informed decision about the use of CCTV in communal areas no formal process had been undertaken by

the provider to gain that consent. We were advised that people's consent had been sought verbally for the use of CCTV, but these opinions had not been recorded. We also found that due care had not been taken about the surveillance of people who may lack mental capacity. Posters and notices advising visitors of its use were not evident within the building. We recommend that the registered manager considers national guidance in relation to the use of CCTV within care homes.

All the people living at the home and their relatives told us that they felt the home was well run. One person told us, "The owners are approachable and kind, everything is clean and well looked after." A relative said, "We love it and we couldn't have chosen better. They are caring and treat [my relative] like a person." One health professional we spoke with told us that they thought the home was well-led by the registered manager, and said "They are very supportive of people and the staff are all lovely."

People knew who the registered manager was and were comfortable talking with her. One person said, "If the manager has time she will sit and speak to you." Another person said, "The service is well managed and very clean." The registered manager was knowledgeable about the people and the service. We saw that they took an active role in the running of the home, taking part in shifts and being very present in the communal areas. During our visit we saw that she was visible in the home and interacted positively with people, their relatives and staff.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place. We also saw an effective system for reporting any safeguarding incidents to the local authority and that information was displayed within the home regarding safeguarding procedures. The registered manager told us they would take the necessary actions to report abuse to the Local Authority and the Care Quality Commission.

Staff told us and records confirmed that the leadership was consistent. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that they received regular supervision with their manager and attended staff handover meetings. All the staff we spoke with told us that the registered manager was supportive, approachable and felt they were listened to. One staff member told us, "The managers are really approachable." Another member of staff said, "The managers are brilliant, very supportive."

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
Treatment of disease, disorder or injury	There were no effective processes in place to assure the quality of the service and to drive continuous improvements.