

Mr John Graham Haslam & Mrs Jennifer Mary
Bailey

Across The Bay

Inspection report

479 Marine Road East
Morecambe
Lancashire
LA4 6AF

Tel: 01524410625

Date of inspection visit:
09 February 2016
12 February 2016

Date of publication:
06 April 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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 unannounced inspection took place on 09 and 12 February 2016.

Across the Bay is registered to accommodate 24 older people and is situated in Morecambe. The home faces the sea front and is close to Happy Mount Park. Other amenities such as shops and the post office are nearby. The home is a four-storey building and a passenger lift is available to access all the floors. Communal facilities include two lounges on the ground floor and a dining room on the lower ground floor. There were twenty two people living at the home on the day of inspection.

There was a registered manager in place. 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 service was last inspected on 24 September 2013. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

At this inspection carried out in February 2016, feedback from relatives and visitors was consistently positive. People who lived at the home spoke highly about the quality of service provision on offer. Staffing levels were conducive to meet people's needs. We observed staff being patient with people and meeting their needs in a responsive manner.

Arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Staff had a sound knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. However processes in place were inconsistent to ensure all safeguarding alerts were communicated to the Care Quality Commission (CQC.) This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Robust recruitment procedures were in place to ensure staff were correctly vetted before being employed. Staff retention was good and people said they benefited from staff who knew them well

Suitable arrangements were in place for managing and administering medicines. Regular audits of medicines were carried out by staff.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. Feedback from health professionals was positive. Systems were in place to monitor and manage risk.

Detailed care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from

appropriate professionals as and when required.

Feedback on the quality of food provided was positive. People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to people between meals.

The registered manager had implemented a range of quality assurance systems to monitor the quality and effectiveness of the service provided.

The registered provider kept a detailed log of all accidents and incidents which had occurred at the home. However during the course of the inspection we identified two serious injuries that had not been reported, as required to the Care Quality Commission. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The home provided a variety of social activities for people who lived at the home to keep them occupied and entertained.

Staff were positive about the way in which the home was managed. They confirmed they were supported by the registered manager and the registered provider. The registered manager placed an emphasis on ensuring staff were appropriately trained and received regular updates.

The registered manager had adopted an open culture within the home and had built links with the local community and other providers in the area. This allowed good practice to be shared.

Staff described teamwork as "Good." Staff, people who lived at the home and their relatives all described the home as a good place to live.

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 who lived at the home told us they felt safe.

Processes were in place to protect people from abuse. The provider had robust recruitment procedures in place and staff were aware of their responsibilities in responding to abuse.

Suitable arrangements were in place for management of all medicines.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Is the service effective?

Good ●

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. People who lived at the home told us their nutritional and health needs were met.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

Staff were caring.

People who lived at the home, relatives and visitors were positive about the staff who worked at the home.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

The registered manager ensured there was a wide range of social activities on offer for people who lived at the home. Social activities were extended out to relatives and families.

Is the service well-led?

Requires Improvement ●

The service was sometimes well led.

The registered manager had good working relationships with the staff team. Staff, relatives and professionals all commended the skills of the manager.

Regular communication took place between management, staff and people who lived at the home as a means to improve service delivery.

However, the registered manager failed to have systems in place to ensure all notifiable incidents were reported to the Care Quality Commission.

Across The Bay

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 09 and 12 February 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We also contacted the local authority we received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with five staff members at the home. This included the registered manager and four staff who provided direct care.

We spoke with seven people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of people who lived at the home.

We spoke with three relatives and one health care professional to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files relating to six people who lived at the home and recruitment files belonging to four staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of people who lived there.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. Feedback included, "I'm happy and safe here." And, "I feel safe living here, even though my door is unlocked at night time I don't feel uncomfortable."

The four relatives and visitors we spoke with were complimentary about the standard of care provided. One person said, "They always put safety of residents first." Another person told us, "My [relative] is safe here."

Staff told us safety of people who lived at the home was paramount. One staff member said, "If we can keep people safe that is fine. If we can't then we will look at how best that person can be supported."

We looked at how safeguarding procedures were managed by the provider. We did this to ensure people were protected from any harm. The registered manager told us all staff received regular safeguarding training to keep abreast of safeguarding matters.

Staff told us they had completed safeguarding training. Staff were able to describe the different forms of abuse. They were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. One staff member said, "The first thing I would do would be to report it to a manager." Another member of staff said, "I would report it. Definitely. I would tell my manager or Care Quality Commission (CQC) if the manager never listened."

We saw evidence when safeguarding concerns were raised, the registered manager had dealt with the concerns to promote and maintain the safety of people involved.

We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. There were three staff members responsible for delivering care on both days of inspection. There was also a cook, a cleaner and management presence at the home.

Staff members told us staffing levels had improved since the registered manager had been appointed. They said staffing levels were good and allowed them to take their time when supporting people. One staff member said, "We are not rushed. There is no pressure on us. We can spend time and talk with people." During the inspection staff had time to sit with people to discuss their needs. Staff were not rushed carrying out their duties and responded to people in a timely manner.

The registered manager told us they regularly reviewed staffing levels to ensure they met need. They told us staffing had recently increased when it was recognised staffing levels were not meeting the needs of people who lived at the home. The registered manager said they were planning to use data from the new nurse call bell system to inform them of staffing need.

The registered provider had an out of hours on call system in place. Staff said they were happy with the on call system and were confident management would support them if required. The registered provider did not use agency staff but had a bank of their own casual staff to cover in emergencies. This allowed for

consistency of staffing.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Records maintained showed full employment checks had been carried out prior to staff commencing work. The registered manager kept a record of the interview process for each person and ensured each person had two references on file prior to an individual commencing work. One of which was the person's last employer. The registered manager told us they verified the authenticity of references by phoning referee's for confirmation.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health and social care. It provides employers with information relating to people's criminal convictions. A staff member who had recently been recruited confirmed they were subject to all checks prior to being able to commence work.

We looked at how medicines were managed within the home. Medicines were stored securely within a trolley which was secured when not in use. Storing medicines safely helps prevent mishandling and misuse. Tablets were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis". Controlled drugs were kept in a separate controlled drug cabinet to meet legislative requirements.

We observed medicines being administered to two people. Medicines were administered to one person at a time. Staff asked people to consent to taking the medicines and then observed people taking medicines before signing for them.

Medicines Administration Records belonging to each person had a photograph upon them so the person could be identified prior to medicines being administered. They clearly detailed any known allergies of the person. This minimised any risks of people being administered medicines which may cause harm.

The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so. Staff carried out regular checks to ensure the person was competent to self-administer medicines.

The registered manager carried out regular observations of staff administering medicines to ensure they were competent to do so. The registered manager kept a record of all observations made.

Although medicines were stored appropriately, people's creams and ointments were stored in containers and were left exposed in people's bedrooms. One person who lived at the home informed us security in bedrooms could sometimes be compromised as one person wandered into rooms. We discussed this with the registered provider and they took action to ensure all creams and ointments were removed from sight and stored securely.

During the course of the inspection we undertook a visual inspection of the home. We did this to ensure it was adequately cleaned and appropriately maintained. The home was free from odours and was clean and tidy.

On the first day of inspection the home was in the process of having new carpets fitted in the communal lounge and hall. On the second day of inspection we noted the flooring under the new carpet was uneven

and could be a slip, trip and fall hazard. We pointed this out to the registered manager. The registered provider immediately called the contractor out to remedy the uneven flooring.

Sinks had thermostatic valves on them to prevent people from scalding. We checked the water temperature in several bedrooms and one bathroom. The water temperature was comfortable to touch. We saw evidence frequent water temperature checks were taken and recorded by staff. We looked at windows and noted restrictors were fitted. This prevented any risk of people falling from windows at height.

Equipment used was appropriately serviced and in order. Patient hoists and fire alarms had been serviced within the past twelve months. There were maintenance records which showed gas safety and electrical compliance tests had been carried out and certification was up to date.

We looked at accidents and incidents that had occurred at the home. The registered manager kept a central record of all accidents and incidents. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date. Staff members on shift at the time of the accident were responsible for completing the forms.

Is the service effective?

Our findings

People who lived at the home praised the standard of care provided. One person said, "Staff will call a doctor for me if I am not well." Another person said, "It's better here than being at home. We get looked after."

Relatives told us they were reassured their relative's needs were met by the provider. They said they did not have to worry about care provided. They were consulted with and updated regularly when there were changes to their relative's health. One relative said, "They always call me if there are any changes to my [relatives] health." Another person said, "The service is fantastic. I am happy because [relative] is happy."

A health professional we spoke with had no concerns about care and were confident the registered provider could effectively meet people's health needs. The health professional explained they visited the home frequently and had good relationships with the staff team.

Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. A variety of assessments were in place to assess people's nutritional needs, fluid needs, tissue viability and mobility needs. Assessments were reviewed monthly and outcomes were recorded after each reassessment. Changes in assessed were recorded within a person's care plan.

People who lived at the home had regular appointments with general practitioners, dentists, chiropody and opticians. People were supported to hospital appointments when required. Health professional input was recorded in people's care notes. Relatives said staff were proactive in managing people's health and referring people in a timely manner. When there had been concerns about one person's health a meeting was held with relatives to discuss this.

We looked at how people's nutritional needs were met at the home. People's weights were recorded on a monthly basis. When people were at risk of malnourishment referrals were made to the dietetics service. When people were under nourished the registered provider supported people by ensuring appropriate supplements were available. Fluid and food charts were maintained for people at risk of malnutrition. One person had been discharged from the dietician as they had gained weight with the support of the registered provider.

The registered manager told us they did not have a constrictive budget for food and was permitted to buy whatever was required. They told us they had an account with a local butcher and if someone made a request staff could go along and purchase whatever the person requested.

We asked people who lived at the home about the foods on offer. People we spoke with were happy about the quality and choice of foods available. One person said, "The food is very nice. I can't complain about the food. Its sufficient, if you want more you just ask." Another person said, "I get looked after here, the food is very good."

Relatives said the food was good. They told us they were invited to eat with people when they visited. One relative described the food as, "Terrific."

We observed lunch being served in the dining room. The dining room was pleasant, to enhance the experience of eating. Tables were decorated with linen tablecloths and napkins. Lunch was not rushed and people were offered a variety of choices. The cook was not present on the days of inspection and there was another staff member standing in. The registered manager told us the cook was aware of people's individual needs and preferences and used this information when meal planning. They kept a list of allergen information when planning food.

People who required specialist equipment to assist them with eating were supplied with the equipment as required. This promoted people's independence and dignity. Drinks were served at meal times too. People who requested tea were given their own teapots to make their own cups of tea. One person had their own china cup. A selection of drinks and snacks were offered throughout the day in between mealtimes. Fresh fruit was served during the mornings.

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

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. Care records maintained by the provider addressed people's capacity and decision making. We noted a capacity assessment had been carried out for one person. It determined the person did not have capacity to manage their own health condition. A best interests meeting was then carried out to determine how the health condition would be managed.

We spoke with staff to assess their working knowledge of the MCA. All staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We spoke with the registered provider about the Deprivation of Liberty Standards. (DoLS.) The registered manager told us all staff including themselves had completed DoLS training. The registered manager had a good understanding of DoLS. Applications had been made to deprive people of their liberty when required.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Training was provided by a variety of methods including externally sourced trainers and in house. We were shown a fun quiz the registered manager had developed for staff to complete. The registered manager said they liked to keep training fun and upbeat.

The registered manager maintained a training matrix to show what skills staff had and where training was required. Training for the next twelve months had been planned and organised. They told us they used this to ensure there were suitable numbers of trained staff on duty at all times.

Records demonstrated all staff employed for twelve weeks or more had undertaken mandatory training.

This included person centred care, food hygiene, health and safety, MCA & DoLS, moving and handling. The service had started undertaking six steps and end of life training.

We saw there had been an isolated incident where a person had displayed some behaviour which challenged. The registered manager acted immediately and sourced training to support staff should the matter arise again. This was done to protect staff and people who lived at the home and equip staff with the required skills to deal with it effectively.

Staff told us they were more than happy with the training offered by the registered manager. They said training enabled them to carry out their role proficiently.

We spoke with a member of staff who was recently employed to work at the home. They told us they worked supernumerary alongside other members of staff on the commencement of their employment until they felt comfortable in the role. They said management were very supportive of them during the induction period.

We spoke to staff about supervision. Staff confirmed they received regular supervision. Staff said the managers had an open door policy and they were not afraid to discuss any concerns they may have in between supervisions. We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

Is the service caring?

Our findings

People were consistently complimentary about staff providing care at Across the Bay. One person said, "Everyone is so kind. My [relative] couldn't have picked me a nicer place to live." Another person said, "Staff look after us fantastically. They don't talk at you, they talk to you."

Relatives spoke highly about the dedication of staff. One relative said, "Staff are really caring." Another said, "Staff are really thoughtful."

We observed positive interactions throughout the inspection between staff and people who lived at the home. Staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. One person was being nursed in bed; staff told us they ensured the person had regular visits from staff to ensure they were not isolated or in need.

We observed general interactions between staff and people who lived at the home. Staff took time to sit with people and engage in conversation. We observed one staff member undertaking a group activity with people. The staff member worked hard to engage all people in the activity. When people were reluctant to take part the staff member encouraged them to participate.

Staff turnover at the home was low. This promoted consistency in care and people were supported by staff who knew them well.

Staff showed an interest in people who lived at the home. We overheard one staff member asking a person about their life history. They took time to listen to the person and asked questions about their experiences. On another occasion we overheard a staff member talking to a person in a foreign language. This person had roots in another country and had a second language. The staff member was using their communication skills to develop and maintain the person's culture.

People were treated with patience. We observed one person being supported to mobilise. The person was walking slowly using their walking frame. A staff member followed them and offered constant verbal reassurance letting the person know they were there if they needed help. The staff member reassured the person telling them they were doing well and not to worry. We observed one person communicating with staff, the person found it difficult to verbally communicate. Staff gave the person time to say what they wished to say and listened carefully. When they did not understand what the person was trying to say, they apologised and asked them to repeat it. The person happily obliged.

We observed staff laughing and joking with people and they looked comfortable in the presence of staff. People who lived at the home spoke highly of the staff. Two people reflected on relationships with two different staff members and said, "I love them."

Privacy and dignity was addressed. The registered manager told us they had recently installed a new call bell system. The new system had a facility to show when staff were busy attending to people's personal care

to alert others from entering. Staff were expected to use the call bell system to show when they were busy as a means to respect people's privacy.

We observed staff members knocking on people's doors and asking permission to enter rooms. People were given keys to their rooms if they wished to have them. We observed one person being addressed formally rather than using their birth name. This showed people's preferences were considered and met. One staff member said, "I just treat people here like I would my own family."

All the relatives we spoke with commended the service provider on the hospitality provided. Relatives said they were welcome to visit at any time and could have privacy if people wanted it.

Is the service responsive?

Our findings

People who lived at the home told us care provided was person centred and responsive to individual need. One person said, "If there is anything you want they will get it for you." And, "They always involve us." Another person said, "Staff will come and help if I ring my buzzer."

Relatives told us the service was responsive to individual need. One relative said, "My [relative] is always the last to go to bed and the last one to get up in the morning. That's how she likes it." Another person said, "My relative likes football. There are not many people in the home that like football so [registered provider] takes time out to speak to them about it." And, "They have a good quality of life."

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. The registered manager said they had developed activities around the staff rota to ensure staff on duty had the correct skills for carrying out the activities. They explained one member of staff liked exercise so they were always on the shift when the exercise session was taking place. Activities included gentle exercise; sing along sessions, nails and manicures and 'what the papers say.' External entertainers also visited the home.

People who lived at the home told us activities took place. One person said, "There is always something happening." Another person told us they often went out for trips on the homes minibus. One person joked and referred to the registered provider as the minibus driver.

We observed activities taking place throughout the day. On the first day of inspection a sports group attended the home to carry out gentle exercise with people. We observed people laughing and joking and taking part in the activity.

We observed a reminiscence session taking place. The registered manager told us they organised weekly reminiscence boxes to be delivered to the home. People were enthralled, looking at books and old pieces of equipment. They were discussing how they were used. The registered manager said people benefitted a lot from this activity and said, "Younger staff learn from people who live at the home when they are reminiscing."

The home had a communal lounge which was used as a library. We observed people spending time in here reading books. Books from the mobile library were delivered weekly. This allowed people choice and variety.

We looked at care records belonging to six people who lived at the home. Care records were person centred and contained detailed information surrounding people's likes and preferences. People had a personal profile in place which highlighted the key points of their likes, dislikes and important factors to consider when supporting them. Additional supplementary evidence included people's hobbies, interests, life histories and routines. One person used to have a job in a helping capacity. On both days of inspection this person was carrying out tasks they had done in their work. Staff advised this was the person's choice and it created a meaningful activity for this person. This demonstrated the registered provider was committed to

providing personalised care and promoted independence.

Care records demonstrated the registered manager carried out a detailed pre-assessment of each person before they moved into the home. They captured relevant information relating to the care support requirements of the person. This ensured people's needs were documented and met from the onset of the service.

Care plans were detailed, up to date and addressed a number of communication, mental capacity, medicines, nutrition, pressure care, psychological need, personal hygiene and safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives being involved wherever appropriate, within the care plan. Care plans were reviewed and updated monthly. The registered manager explained they had recently changed the system and were supporting care workers to be involved in reviewing care plans. Care workers told us they were being supported with this process until they felt confident. We saw evidence records were updated when people's needs changed. Needs identified within the care plan were addressed within the individual risk assessments for each person.

The registered provider ensured daily notes were completed for each person in relation to care provided. This information was then fed back into the care plan and risk assessments at the review stage.

The registered manager fostered a culture of open communication and promoted the rights of people who lived at the home. People were encouraged to speak out about the service if they were unhappy with any aspect of the care. People had a service user guide in their room which included a complaints procedure and information relating to the role of the Care Quality Commission (CQC). The complaints procedure was on show in a communal area. People were regularly asked at residents meetings if they had any complaints and were given information at the meetings about the right to complain.

People who lived at the home consistently said they had no complaints about the service. Feedback included, "I've been here three years and I have never had to complain." And, "I've no complaints. They are so kind." And, "I've never had to complain." People knew who to go to should they have wish to make a complaint.

Relatives we spoke with confirmed they currently had no complaints with the service. One said, "I've never complained but I know I could go to [registered manager] if I had any. They are brilliant." Another relative said, "I've no concerns about Across the Bay. I've never had to make any complaints." One relative told us when they had made a complaint it was dealt with appropriately. They said they had every confidence in the registered manager when dealing with it.

When a complaint had been made the registered manager kept a record of the complaint, investigation details and outcomes. The registered manager said they tried to work hard to ensure any concerns are discussed before the manifest into complaints. They said they viewed complaints as a positive way to develop and improve the service.

Is the service well-led?

Our findings

People who lived at the home and relatives were aware of who was in charge as manager. Relatives praised the effectiveness and responsiveness of the management of the home. Relatives described management as "Brilliant." And, "Fantastic."

Prior to the inspection taking place we analysed data held upon our system about the registered provider. We noted the home was at risk of under-reporting incidents which are notifiable to the Care Quality Commission (CQC). During the inspection we viewed accident and incident reports and identified five incidents which had not been reported to the CQC. We looked at the Organisations policies for reporting of incidents and they clearly stated such incidents should be reported to CQC. The registered provider had not followed their policy and had not referred to appropriate regulations. We spoke to the registered manager about these incidents and noted they had taken action but had not reported these incidents. .

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered manager had failed to report notifiable events as stated in the regulations.

The registered manager had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and as well as checks on infection control and legionella. The registered manager told us they carried out quarterly falls audits and as a result of these audits had implemented changes to the home and staffing which has contributed to a decrease in falls.

Staff praised the new registered manager for the ways in which they managed the home, the changes they had implemented and support provided. Staff said the home had improved significantly since they were appointed. One staff member described the registered manager as, "The best manager I have worked with." Another staff member said, "Things are so much more organised." And, "We are appreciated."

Communication between the team was good. The registered manager held quarterly team meetings with varying teams within the home. We saw minutes of meetings held with kitchen staff, senior care staff and night staff. Meetings proactively looked at how improvements within the service could be made. Staff members were openly asked for suggestions for improvement.

Staff described team work as good and one staff member likened the staff team as a "family unit." Another staff member said there was an open culture in the home and acknowledged if mistakes were made staff could openly discuss them with managers without fear of reprisal.

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires were routinely sent out to residents, relatives and staff on an annual basis. The registered manager acknowledged the importance of seeking feedback and said they were unafraid of making changes if they were required. A suggestion had been made by staff to employ a cleaner to give staff more time to care. This had been acted upon and a cleaner was employed. The registered manager had set further targets for the service for the oncoming year as a means to improve.

We viewed certification that demonstrated the registered provider partook in other quality assurance systems. The registered provider had achieved two external quality assurance qualifications relating to provision of residential care and investment in staffing. This showed us the registered provider was committed to providing a high quality service.

The registered manager told us they worked in partnership with other organisation as a means to share ideas and improve practice. They told us they were mentoring staff from other organisations and worked collaboratively with other registered managers. The registered manager attended local provider network meetings to update their knowledge.

The registered manager said communication with the registered provider was good. The registered provider worked at the home and supported the registered manager where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager failed to notify the Commission without delay incidents as required within a timely manner. 18 (2) (a) (ii) 18 (2) (e)