

Pages Homes Limited

Amherst Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 October and 1 November 2016 and was unannounced. Amherst Court provides accommodation and personal care for up to 15 people who have mental health conditions. Some people may also have alcohol or substance misuse problems. There were 14 people living at the home at the time of our inspection.

We carried out an unannounced comprehensive inspection of this service on 8 and 10 September 2015. Three breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check they had followed their plan and to confirm that they now met legal requirements.

The home had a 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.

At this inspection, we found that some improvements had been made. However, we found the provider had breached different regulations and continued to remain requires improvement in other areas of practice. The provider did not ensure there were enough staff on duty to keep people safe. People were not supported to be involved in their community and there was a risk that people may become isolated. Recruitment practices were not robust and people's care plans required further development to ensure they were detailed enough. Although the registered manager had made improvements to the quality of care, they were limited in the amount of work they could do in this area because of the lack of support and resources from the provider.

At this inspection, we found the provider had not made any improvements to their recruitment practices. Although most of the appropriate pre-employment checks were completed before staff started working for the provider, there continued to be gaps in the information asked for by the provider.

At the inspection in September 2015 we identified other areas of practice that required improvement to make sure people were as safe as possible. This included assessing and managing the risk to people's safety, and staff's understanding of how to report any safeguarding concerns. Individual risk assessment and management practices had improved and each person had a review of the possible risks to their safety. Person centred risk management plans had been put in place. However, the management plans continued to lack enough detail to enable staff to keep people as safe as possible so the provider must continue to develop their practice in this area. Staff had completed training in safeguarding adults and knew how to recognise the signs of abuse and what to do if they thought someone was at risk.

At the inspection in September 15 we found that while care workers demonstrated they had the skills to meet people's needs effectively, they were not well supported with training, supervision and appraisal. Most

training needed refreshing and supervision and appraisals had not been completed regularly. The provider did not have a schedule in place for when this should happen. At this inspection we found the provider had supported and encouraged staff to complete a variety of training. This included safeguarding, medicines management and risk assessment. Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with mental health problems. Staff gave us positive feedback about the training and support they received.

At the last inspection we found the provider's quality monitoring systems were not accurate, and had not identified areas of practice that required improvement. The registered manager had made improvements to the quality monitoring systems. However, they were limited in the amount of improvements they could make because the provider did not offer enough support or resources to the service. Feedback about the registered manager was very positive but not for the provider. The provider lacked insight into the views of staff and disagreed with their views when we discussed these with them.

At the inspection in September 2015 we found essential risk assessments had not been completed around the home. This included fire and legionella. At this inspection we found the provider had taken action and the risk assessments had been completed. The provider had either completed the necessary work that had been identified in the assessments, or was in the process of doing so.

The registered manager and staff had a good understanding of the Mental Capacity Act (2015) and understood their responsibilities under the Act. Appropriate Deprivation of Liberty referrals had been made and people were asked for their consent in line with legislation.

People were supported to eat and drink enough and food was homemade and nutritious. People gave us positive feedback about the quality of food but there was mixed feedback about whether or not there was enough choice. People were supported to maintain good health and all of the appropriate referrals were made to health care professionals when required. People's medicines were safely managed, and people were able to self-administer their medicines if they wanted to.

Staff were caring and had a good understanding of the care and support needs of people living in the home. People had developed good relationships with staff and there was a happy and relaxed atmosphere in the home. People had their privacy and dignity protected. Their needs were understood by staff and were met in a caring way. People said they were comfortable to make a complaint, but no one had needed to. Any accidents or incidents that had occurred were well managed by the registered manager.

The registered manager asked for feedback about the service from people and staff. Any feedback received was acted on where possible. There was a complaints procedure in place and the registered manager and staff knew what they should do if anyone made a complaint.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported to be involved in their community and there was a risk that people may become socially isolated. There were not enough staff to meet people needs and keep them safe and recruitment practices were not robust. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe. Not all of the required recruitment checks were completed before staff began work and there were not enough staff to meet people's needs.

Risks to individuals and the environment were assessed and managed, but risk management plans for individuals needed further development.

Staff knew how to recognise the signs of abuse, and what they should do if they thought someone was at risk

Incidents and accidents were well managed and people's medicines were safely administered, stored and disposed of.

Requires Improvement ●

Is the service effective?

The service was effective. The provider ensured that staff were properly supported with training, supervisions and appraisal.

The registered manager and staff understood their responsibilities under the Mental Capacity Act (2005) and people were asked for their consent in line with legislation.

People were well supported to have enough to eat and drink and maintain good health.

Good ●

Is the service caring?

The service was caring. The registered manager and staff had taken action to make sure people were treated with kindness and compassion. Staff were respectful and caring.

People had their privacy and dignity protected. People's needs were understood by staff and they were met in a caring way.

Good ●

Is the service responsive?

The service was not always responsive. Although people's care plans were detailed and focused on them as an individual, the provider did not ensure people were supported to achieve their identified goals. Staff made sure people were involved in making

Requires Improvement ●

decisions about their care as much as they were able.

People were not well supported to take part in meaningful therapeutic activities. There was a risk they may become socially isolated.

There was an appropriate system in place to manage complaints. There had been no recent complaints made.

Is the service well-led?

The service was not always well led. Although the registered manager and provider had made improvements, the provider did not ensure they continued to offer the support and resources the service needed to ensure people experienced good quality care.

Quality monitoring process were in place, records and policies were accurate and up to date and all of the registration requirements were met.

The registered manager had an understanding of their role and responsibilities and was taking action to make improvements to the quality of service.

Requires Improvement ●

Amherst 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 20 October and 1 November 2016 and was unannounced. The inspection team consisted of one inspector, a specialist mental health advisor 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 care service.

Before this inspection we looked at and reviewed all the current information we held about the service. This included notifications that we had received. Notifications are events that the provider is required by law to inform us of. We also looked at information we hold about the service including previous reports, safeguarding notifications and investigations, and other information that was shared with us. The provider had completed 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.

We spoke with nine people who use the service, four members of staff, the registered manager and the nominated individual who is also the provider and owner of the home. We reviewed the care records and risk assessments for four people who use the service, the medicines administration records (MAR) for three people, recruitment records for three staff, and the training and supervision records for all staff currently employed at the service. We reviewed quality monitoring records, policies and other records relating to the management of the service.

Is the service safe?

Our findings

At the inspection in September 2015 we found there was a risk that people would not receive care in a safe way because the provider did not properly assess the risks to people's safety or do all that was reasonably practicable to mitigate such risk. This included no legionella or fire risk assessment, poor maintenance of fire exits, and poor incident and accident analysis. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made and the requirements of the regulations had been met, but there were still areas of practice that required improvement.

At the last inspection we also identified several other areas of practice that required improvement to make sure people were as safe as possible. This included assessing and managing the risk to people's safety, staff's understanding of how to report any safeguarding concerns and recruitment practices. While we found the registered manager and provider had taken action to improve practice in some of these areas, we found two new breaches of the regulations for staffing levels and recruitment practices. The service remains requires improvement in this domain.

There were not enough staff to meet people's needs and keep them safe. Three of the people we spoke to said there were not enough staff on duty at night. One person said, "I think they're short staffed at night, only one on." The provider employed one waking night staff between 10pm and 7am. They had not considered how the member or staff would be able to support all of the people living in the home in the event of a fire or other emergency. People mentioned they were unable to get a drink or go outside for a cigarette at night when they wanted to because there was only one person on duty.

Another person told us about the difficulty they were having with a specific aspect of their personal care. They said they needed assistance with this but, "They're short staffed" and, the person had not been able to complete their preferred personal care routine "For over two weeks." Staff told us there were not enough care workers on duty during the day for them to spend time with people in meaningful conversation or activity. Staff felt their time was very limited and they only had enough time to complete tasks around the home such as cleaning, cooking or completing paperwork. One care worker said, "We don't have enough staff to do meaningful activities." When discussing tasks around the home another member of staff said, "There are two support workers this morning who are really good and they are wasted doing cleaning." The registered manager had discussed employing a cleaner with the provider but they said, "Staff have plenty of time." The registered manager said that due to low staff numbers it was, "Impossible to do what we want to do, which is to look after people." This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found recruitment practices were not robust. At this inspection we found the provider had not made any improvements to their practice in this area. Although most of the appropriate pre-employment checks were completed before staff started working for the provider, not all of them were. All of the records contained evidence of a disclosure and barring service (DBS) check. This is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people

from working with vulnerable groups. There were minor omissions in some of recruitment checks. Two staff records showed gaps in employment history, and one did not have satisfactory evidence of a staff members conduct or reason for leaving in previous employment, when this had been health or social care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual risk assessment and management practices had improved since the last inspection. Each person had a review of the possible risks to their safety and new, person centred risk management plans had been put in place. However, the management plans continued to lack enough detail to enable staff to keep people as safe as possible. The registered manager had received training in assessing risk and had developed the use of 'ABC' charts at the home. An ABC chart is a direct observation tool which can be used to collect information about events that occur within a person's environment that may trigger behaviours that can cause the person or those around them anxiety. The registered manager and staff were now able to identify some of the risks to people's safety and make the link between identifying the risk and putting plans in place to minimise the risk as much as possible. The registered manager acknowledged they were in the process of further developing risk management plans and would continue to do so.

At the last inspection we found risks to the environment were not always well managed. A legionella risk assessment and fire risk assessment not been completed. We also found fire exit doors that were not secure or could pose a risk to people who may self-harm. On the first day of the inspection the registered manager could not find evidence of a legionella risk assessment being completed. We asked the provider to send us evidence as soon as possible after the inspection regarding the legionella risk assessment. This showed an assessment had been completed but it had taken the provider over a year from our last inspection to complete the work. The provider was in the process of putting in place a system to ensure all the appropriate checks were made in future. We also found the provider had completed a fire risk assessment and recommended work had been completed. This included repair of fire exits and replacement of internal fire doors.

People told us they felt safe living in the home. One person said, "Yes I like it here, I'm looked after. Good staff. Yes I feel safe at night, I can lock my door." Another person commented, "The staff make me feel safe here." People were protected from potential abuse. Staff and the registered manager had a good understanding of what they needed to do to safeguard people. One care worker told us, "People are 100% safe." Staff knew about the different types of abuse and were clear about how to recognise if a person was at risk. All of the staff knew what they should do if they were ever concerned a person was at risk. Staff clearly described what they would do, such as reporting concerns to the registered manager, senior staff, or the local safeguarding authority. Staff were confident the registered manager would act on any concerns raised. Staff had received training in safeguarding adults and there were plans in place to make sure this was regularly updated.

Incidents and accidents were reported, investigated and analysed. The registered manager completed an investigation of each incident. Trends were monitored by the provider so any themes could be identified and action taken to prevent the same incident from being repeated. Staff felt confident to report any incident, and knew the registered manager would deal with it appropriately.

People's medicines were managed so they received them safely and people were able to self-administer their medicines if they wanted to. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff could not administer medicines unless they had been trained and there was a policy in place to support staff to safely administer medicines. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had an assessment of their needs and a plan was in place to help staff identify when people might need their PRN medicines. There was a safe

procedure for storing, handling and disposing of medicines.

Is the service effective?

Our findings

Amherst Court was inspected in September 2015 and was rated as requires improvement. This inspection took place on 10 October and 1 November 2016 and was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements.

At the inspection in September 2015, we found the provider had not ensured that all appropriate training, supervision and appraisals were up to date for staff, and there was no schedule in place for when this training would be completed. These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

People received effective care because staff were well supported with training, supervision and appraisal. One person said, "Well the staff are outstanding" and, "They're very professional." Staff were supported and encouraged to complete a variety of training including safeguarding, risk assessment, and medicines administration. Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with mental health problems. Staff told us how the improved training and supervision had helped their practice and improved the quality of care they were able to give to people. Comments included, "It was really helpful" and, "I really enjoyed it."

Training had been effective and staff discussed individual's care and behavioural needs and how to manage them properly. We saw staff putting this knowledge into practice while we were in the home. Staff were good at understanding people's needs. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People trusted the staff to support them and we could see people were happy.

Staff benefited from regular supervision and appraisal. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables staff to ensure they provide effective care to people who use the service. Supervision meetings were meaningful, and topics discussed included people's care needs and goals as well as the staff member's individual work place needs. There was a robust schedule in place to make sure that the improvements made in supporting staff were maintained in the future.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff explained the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests.

The registered manager was able to explain when a DoLs referral would be necessary and appropriate DoLs referrals had been made to the relevant authorities. The service was currently considering involving an

Independent Mental Capacity Advocate (IMCA) to provide continuing support for an individual. IMCAs are a legal safeguard for people who may lack the capacity to make specific important decisions such as where they live. People were asked for their consent by staff. We heard staff using phrases like, "Would you like" and "Do you want to..." Staff then gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication.

People were supported to have enough to eat and drink and to maintain a balanced diet. Food was homemade and nutritious. Although people gave us positive feedback about the quality of the food, views about choice was mixed. One person said about the food, "Yes it's good here and we get a good choice" and another, "Usually very good food, no not really a good choice." Two people commented about the timings of meals and said the evening meal was too early; one said, "I think supper is too early, it could be later as we have a big lunch." We discussed this with the registered manager and they said they encouraged everyone to be involved in food choices but some people declined to be involved in this activity. They would also discuss meal timings with people. People were able to have an alternative meal if they did not like the food available at a particular meal. Staff ensured people had access to drinks throughout the day and food and fluid intake was monitored, and appropriately recorded if it were needed.

People were supported to maintain good health and had access to healthcare services. People were supported to see their GP or mental health professional if they needed to. People told us they were supported to attend other appointments such as the dentist or GP. One person had difficulty accessing dental care, and the registered manager had made sure they found an alternative dental service that could meet the person needs. Two people's health had deteriorated suddenly between the two days of the inspection. Staff identified this quickly and all of the appropriate action was taken. Both people were admitted to hospital quickly. One person became unwell during the inspection. Staff took the right action quickly and reassured the person while the GP was called. When we spoke with the person later in the day, they said they were feeling much better.

Is the service caring?

Our findings

At the inspection in September 5015, we found the provider had not ensured that people had their privacy and dignity protected, and people were not always involved in making decisions about their care. At this inspection we found that improvements had been made and the people now experienced care that was good.

People were cared for by staff who were kind and considerate. Comments from people included, "The staff are very good to me here." Their individual needs were understood by staff, and staff made sure they met people's needs in a caring way. One person told us, "I talk to the staff and they listen," People had established good relationships with staff and we could see by the way they spoke and their body language that people were happy and relaxed in the home. People experienced a good level of care and support that promoted their wellbeing. Staff spoke to people in a natural and age appropriate way. They were respectful and encouraging when supporting people.

At the last inspection we found people's privacy and dignity was not always maintained. One person said they did not have a key to their room so they could not lock it. Another person said they did have a key to their room, however, staff had at times left the door to their room open when they cleaned. We found the provider had taken action and now everybody was able to lock their bedroom door if they wanted to and staff made sure they closed doors after they had been into people's rooms. People were always asked for their permission before staff went into their rooms or discussed their care needs, and everyone we spoke to said they were treated with respect. One person said about staff, "Yes total respect, they always knock on my door."

During the inspection we saw some people looked untidy and had stains on their clothes. We discussed this with the registered manager. They said they understood the importance of helping people to be well presented and dressed appropriately, but that they also respected people's choices about their clothes and appearance. For some people it was their choice about the clothes they wore, even if they were stained. The registered manager said they would check people's appearance, and they would be encouraged to change their clothes or get their hair done if they wanted to.

At the inspection in September, we found that people were not fully involved in making decisions about their care. At this inspection we found the registered manager had taken action and had reviewed everyone's care plan. Each person was involved as much as they wanted to be and it was clear in their plan where they had contributed. The registered manager acknowledged that it had been challenging encouraging people to become involved in making decisions, due to their mental health, but that if you chose the right time for each person they might get involved. They said, "You definitely have to pick your moment. Even if they are only involved for a few minutes it's helpful." People had enjoyed being involved in the reviews of their care plans and one person told us they had just read their care plan and, "I'm about to do another one."

People's care plans reflected people's individual needs and the kind approach of staff supported people's

well-being. Staff knew people well and could tell us everything about people including their backgrounds, family history, likes and dislikes. For example, staff knew about when people liked to get up in the morning or how to support people to go to the shops. People were able to make decisions about their day to day care such as when to go out or what activities they would like to take part in. Staff described how they would support people in a person centred way to make day to day choices. People were supported to be as independent as they wanted to be and were free to come and go from the home as they chose. One person told us, "I go shopping... and there are no restrictions as to coming and going. I've come back after 11pm." Another person told us they enjoyed going to pub when they wanted to.

Is the service responsive?

Our findings

At the inspection in September 2015, we found the provider had not ensured that people's care plans were centred on them as a person and people were not involved in regular reviews of their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had taken action to meet the requirements of Regulation 9, but they had breached a different regulation.

People gave us mixed feedback about activities. One person told us they enjoyed, "A sing song with the staff. It's like one big family." Another person said they enjoyed gardening but couldn't get out to the garden centre because there was no transport there. They said there weren't really any other activities offered that they would enjoy taking part in. People and staff told us how much they had enjoyed a Halloween party the night before the end of the inspection. The home was decorated with party decorations and special Halloween food and drink was served. However, this was not something that happened frequently in the home. We asked the registered manager when the last group activity or outing had been organised they said, "About six months ago."

People were not well supported to take part in meaningful or therapeutic activities in the local community or within the home, which could benefit their mental health. Although the home was busy, people and staff were mainly involved in routine day-to-day tasks, such as cooking and making tea. The television was on all day in the background and people did not have the opportunity for some quiet time. When we asked one person if there were any activities available for them to take part in they replied, "No not really. Bingo I think."

The registered manager also confirmed that people were not supported to attend organised or therapeutic activities outside of the home, other than going, "Out and about in town" or shopping. One person said about this, "No we never go on day trips, but you can walk down to the sea." The provider did not have a good understanding of the importance of helping people to be active. They did not recognise that supporting people to take part in a variety of stimulating activities helps them to maintain good mental and physical health. People were not supported to be involved in their community and there was a risk that people may become isolated. These were areas of practice that require improvement.

At the last inspection we found the provider was using a care planning system which was not suitable for use by people with mental health conditions. This led to people's care plans being generic and not centred on them as an individual. The registered manager had worked hard to make sure they had improved practice in this area. A new way of involving people in the assessment and planning of their care needs had been introduced. For example, each person had been involved in writing a section titled 'This is me', where they could record information for staff about 'What I like', 'What I don't like' and 'My daily routine'. Each person's key worker helped them to review their care plan monthly and staff understood some people could find this difficult at times due to their mental health condition. Staff made sure they were encouraged to be involved as much or as little as they wanted to be. A keyworker is someone who works on a one to one basis with a specific person and discusses their care needs and preferences with them.

Although people had expressed what they would like to do to maintain their levels of independence in their care plan, we did not always see this being put into practice. For example, two people told us how they enjoyed cooking but were not able to access the kitchen. One person said, "No I don't cook but I would like too. I used to..., it would be good for my independence." Some people had specific goals in their care plans, such as improving communication, it was not clear what staff needed to help people achieve these goals. Although the registered manager had ensured the service now met the requirements of this regulation, there were areas of practice that were still being developed so the provider remains requires improvement in this area.

We asked people if they had ever needed to make a complaint. One person told us, "No, and it wouldn't worry me about complaining if I had something to complain about." The provider had a complaints procedure in place, which staff were aware of and knew how to use. The registered manager knew what they should do to support a person who uses the service to make a complaint and how to manage a complaint properly. No formal complaints had been raised with the provider.

Is the service well-led?

Our findings

At the inspection in September 2015, we found the provider had not supported the registered manager with proper training to support them in their role. There were also areas of practice that required improvement, including out of date policies, inaccurate quality audits and incomplete records. At this inspection we found that some improvements had been made, but there were different concerns regarding the provider's leadership of the service. Consequently, the service remains requires improvement for well-led.

The registered manager had taken a proactive approach to making as many improvements to the quality of service as they were able to. However, the provider and owner of the service had not fully supported the registered manager with this. The provider had asked the registered manager to become registered at another home they owned on a short term basis, while a permanent manager was recruited. However, a new manager had not been employed, and the registered manager had to split their time between the two homes. The registered manager told us they were finding it difficult to spend enough time at Amherst Court to ensure they continued with the required improvements identified at the last inspection. Staff also expressed their concerns about the registered manager working at two homes and the lack of support they got from the provider.

All of the staff said the provider spent the majority of their time and effort at the other home, and did not show the same dedication to the people or staff at Amherst Court. Comments from staff included, "Mr. Sri needs to sort out the home," "This place gets neglected" and "He spends all of his time at the other home." We discussed these concerns with the provider. They lacked insight into staff members concerns and said that they did not agree with their comments. This is an area of practice that requires improvement.

The registered manager had developed the quality monitoring system within the home. There was a detailed action plan the registered manager regularly reviewed to ensure quality standards improved. For example, people's involvement in their care plans and staff training. Although this had helped to improve some areas of practice, lack of resources from the provider prevented the registered manager from developing this further. The registered manager had been supported with additional training to support them in their role, including supporting people with mental health conditions, supporting staff to administer people's medicines safely and risk assessment. The training for the registered manager had been effective, and we saw improvements in these areas.

People and staff had opportunities to provide feedback about the service. Regular meetings were held where people could discuss any concerns they may have with the staff team. Staff had regular meetings with the registered manager, both as a team and individually. People and staff said the registered manager had an open door policy and they could give feedback or raise any concerns at any time. They were confident the registered manager would take any feedback seriously and act on it where possible.

Feedback about the leadership of the registered manager was positive from everyone we spoke to. Comments from staff included, "She is the best manager I have ever worked for" and, "You won't get a better manager." Staff were well motivated to provide good care and they aimed to make sure people experienced

a family environment in the home. There was a positive and open culture at the home. Staff said they were comfortable raising any concerns they had and these would be acted on. Where such concerns had been raised, the registered manager investigated and took appropriate action.

The registered manager was able to identify what the key challenges for them and the service were. These included staffing levels and being supported to continue improving the quality of care people experienced. They were concerned that the provider did not share these views, and how they would be able to continue to drive improvement in the future.

All of the registration requirements were met and the provider ensured that notifications were sent to CQC when required. Notifications are events that the provider is required by law to inform us of. Records were kept confidentially and were up to date. Policies we reviewed were all up to date, including safeguarding and whistleblowing.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not ensure recruitment practices were robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure there were enough staff to meet people's needs and keep them safe.