Care Quality Commission

Pear Tree Care Limited

Pear Tree Lodge

Inspection report

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Hampshire
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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 28 and 29 January 2015. It was unannounced. At the time of our inspection the location was called Pear Tree Lodge. The provider has since changed its name to Blossom House.

At our previous inspection in July 2014 we found Pear Tree Lodge was not meeting minimum standards in relation to people who did not have capacity to make certain decisions about their care and support. On this occasion we found improvements had been made but the improvements were not sufficient to meet minimum standards according to the regulations.

Pear Tree Lodge provided personal care and accommodation for up to 31 older people. At the time of our inspection there were 28 people living at the home. The registered manager told us they were all living with dementia. Accommodation was arranged on two floors in a combination of single and shared rooms. Shared areas of the home included a lounge, dining room, quiet lounge, conservatory and enclosed garden.

Summary of findings

Procedures for the storage and administration of prescribed creams and ointments did not make certain these medicines were kept safely and people received them as prescribed. Other medicines were stored, handled and recorded safely.

The provider had taken steps to make sure staff knew how to protect people against the risk of abuse and avoidable harm. Risk assessments were in place. They were designed to protect people without restricting their freedoms, but they were not always up to date and followed. People did not always receive care and support according to the plans designed to protect them against risks.

There were enough staff to care for people safely, and the provider carried out the required checks before staff started work.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found Pear Tree Lodge to be meeting the requirements of the DoLS. Where people lacked capacity to make certain decisions, staff were not guided by the principles of the Mental Capacity Act 2005 to ensure decisions were made in the person's best interests.

People were supported by staff whose skills and knowledge were not kept up to date by timely and relevant training. Staff were not well supported by a system of supervision and appraisal, but informal support was available to them.

People were supported to maintain a healthy diet. They had access to healthcare services when they needed them.

People's privacy and dignity were not always respected when they had a visit from a healthcare professional. Staff did not always make sure people had their own clothing in their wardrobe.

Staff engaged with people in a caring way, took time to engage with them and were attentive to their needs. Staff encouraged people to be involved in decisions about their care and support.

People did not always receive care that was responsive to their needs. Their care plans and assessments were not always complete and kept up to date when their needs changed.

People could take part in a variety of leisure activities and entertainments, but these did not always reflect their individual interests and hobbies.

The registered manager and staff listened when people raised concerns. The majority of people's complaints were dealt with and improvements made to the service they received.

There was a homely, happy and informal atmosphere at Pear Tree Lodge. However the management style was informal and lacked structure. Processes to monitor and assess the quality of service provided were not effective.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we told the provider to take at the end of the full version of this report. We also made a recommendation with respect to respecting people's privacy and dignity.

Summary of findings

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.

Some medicines were not stored and recorded in a way that ensured people's safety.

People were protected from the risk of abuse and avoidable harm.

Risks to people's safety were assessed but actions to reduce them were not always taken.

There were enough suitable staff to look after people safely.

Requires Improvement

Is the service effective?
The service was not always effective.

Staff were not supported by an effective system of training and professional development.

People's capacity to make certain decisions was not assessed in line with the principles of the Mental Capacity Act 2005.

People were encouraged to eat and drink enough, and their health and welfare were promoted by access to healthcare providers.

Requires Improvement

Is the service caring?
The service was not always caring.

People's privacy and dignity were not always promoted.

Staff had developed caring relationships with people who used the service.

People were supported to express their views and take part in decisions about their care and support.

Requires Improvement

Is the service responsive?
The service was not always responsive.

People's care and support was not always responsive to their needs and their care plans and assessments were not always kept up to date.

People had access to leisure activities but these did not always reflect their individual interests and preferences.

In most cases the service responded to people's experiences, concerns and complaints.

Requires Improvement

Is the service well-led?
The service was not always well led.

Requires Improvement

Summary of findings

Internal systems to monitor the quality of care provided were not effective.

There was an informal, cheerful and homely culture at the home.

Not all staff members responded to the registered manager's informal style of leadership.

Pear Tree Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 28 and 29 January 2015 and was unannounced. Two inspectors carried out the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

People who used the service were not always able verbally to share with us their experiences of life at Pear Tree Lodge because of the nature of their conditions. We therefore spent time observing the care and support they received in shared areas of the home. We used the Short Observational Framework for Inspection (SOFI) for two periods. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with six visitors and relatives. We also spoke with the registered manager and eight members of staff including the deputy manager, a senior care assistant, care assistants, the activities coordinator, the cook and a housekeeper.

We looked at the care plans and associated records of six people. For four of these people we compared the care they received with their plans and assessments. We reviewed other records, including the provider's internal checks and audits, training records, activities logs, staff rotas, accidents, incidents and complaints, and four staff records. In the days following the inspection the provider sent us training records containing information not available on the two days of our visit.

Requires Improvement

Is the service safe?

Our findings

People's relatives were confident their family members were safe. One said, "I am happy [name] is safe. The staff are really good with her. She doesn't like assistance during personal care. She isn't forced to do things." Another person's relative told us, "The staff are very kind. I'm happy that she is safe." A third relative said, "I visit every day. I have never seen anything I would be concerned about."

People were not always protected against risks associated with the storage and administration of medicines. Creams and ointments were kept in individual, named boxes in the laundry room. The same boxes were used for clothing and other belongings, such as razors. There was a fan in the laundry room, but the temperature was not recorded. This meant we could not be assured medicines were kept safely according to the manufacturer's guidelines. We discussed this with the registered manager who told us storage space was available for creams and ointments elsewhere.

The provider's procedures were that creams and ointments prescribed for people were recorded on their medicines administration records (MAR). Two of the six MARs had not been completed with respect to prescribed creams and ointments being applied. Staff told us the instructions for applying them were normally "as directed by the GP". Body maps were not in use to show staff exactly where creams and ointments were required. We could not be assured people received their creams and ointments as prescribed.

These findings constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other medicines were kept safely and securely in a locked area of the home. Procedures were in place for the ordering, administration and disposal of medicines. Tablets were supplied in blister packs and all the MARs we looked at were completed with respect to tablets. If people declined their prescribed medicines, the reasons were noted.

Staff were aware of the importance of protecting people from avoidable harm and abuse. They knew about the risk of abuse, the different types of abuse, the signs to look out for, and how to report it if they had any concerns. They told us they had not seen anything which caused them concern, but were confident the registered manager would deal with it promptly and effectively if they raised a concern. They knew about outside agencies they could contact. They were aware of how to report concerns and confident they would be able to do so if the need arose.

The registered manager kept records which showed safeguarding adults was included in the training considered mandatory by the provider. These records showed nine out of 31 staff had received this training recently. It was not clear from the records when the other staff had last had the training. The training was scheduled for these staff members in March 2015.

The provider worked with other agencies to protect people from abuse or avoidable harm. The registered manager was aware of their responsibilities to report any safeguarding concerns. There had been two incidents in the previous year. They had both been investigated in cooperation with the local authority safeguarding team. Actions had been taken to prevent future incidents of the same sort and to protect people.

Risk assessments were in place for aspects of people's care such as medicines, falls and mobility equipment. These included a description of the risk, actions to control or manage the risk and an estimate of how likely they were to occur and how much they would affect the person if they did. Where possible risks were reduced in ways that did not restrict people's freedoms. For instance if a person was at risk of falls, they had hip protectors to reduce the risk of injury if they fell. However staff did not always follow the guidance in the risk assessments. One person's care plan stated "Prone to falls, uses a walking stick." We did not observe the person using a walking stick during our visit. We noted that the person had a falls risk assessment in place. This recorded that the person was at high risk of falls, and that staff should, "Ensure the person is observed at all times and physically assisted when mobilising." However, we saw the person in the home's hallway during the evening of our visit. There were no staff present in the hallway at the time.

Assessments were in place for risks associated with the building and environment. These included control of substances hazardous to health (COSHH), electricity, fire and the garden. People had individual evacuation plans to show how they would be supported in the event of an emergency to leave the building safely. When a large number of people living at the home had been poorly, the

Requires Improvement

Is the service safe?

registered manager had taken steps to close the home to visitors and bring in additional staff. The provider had plans and took action to keep people safe in the event of an emergency.

Most visitors and relatives thought there were enough staff to support people safely. However one relative told us they had seen occasions when there was no member of staff in the shared lounge because the staff on duty were all assisting people elsewhere. Most staff members considered the levels of staff as set out in the staff rotas were adequate to enable them to support people in a safe manner. One mentioned it could be difficult to manage their workload if colleagues were absent or off sick, but it did not have an impact on the people being supported. During our periods of observation all the people we observed had interactions with staff. Staff carried out their duties in a calm and professional way.

Staff rotas showed the number of care workers on duty ranged from five during the day shift to three or two during the night shift. Housekeeping and catering staff were in addition to this. There were also general and kitchen assistants who gave additional support during meal times. The registered manager told us the staffing levels planned were sufficient. Two night staff had recently left and were being covered by agency staff. Records showed the necessary checks were completed before staff started work. Systems were in place to make sure people were supported by staff suitable to work in a care environment.

Requires Improvement

Is the service effective?

Our findings

People's relatives were satisfied their family members received effective care and support. One commented in a survey questionnaire, "The standard of care is good. I am confident [name] is well looked after." Another person's relative told us, "Some of the staff are excellent." During our observations we saw the majority of interactions people had with staff were positive. They were able to provide support which led to good outcomes for people. Relatives were complimentary about the meals provided. One said, "The food is OK. We've eaten there at a Christmas party and on an open day. The food was lovely." Another person's relative told us, "The food is quite nice. They give me a meal when I'm there. I think [name] has put weight on, but that is good as she needed to."

However, we found staff were not consistently supported by a training programme which ensured their skills and knowledge were kept up to date. Two members of staff who were experienced in adult social care when they joined Pear Tree Lodge were satisfied with the induction they received. However, the induction they described was not structured and did not refer to any recognised induction standards. One said, "I was shown how to use the equipment and shadowed staff. The induction involved me walking around the home and shadowing medications six times."

Staff who administered medicines had not received formal training. They told us they had watched colleagues, and read the provider's policies and procedures. They had then been supervised before they were signed off to administer medicines on their own. One said they had asked for pharmacy training which had been agreed but had not happened yet. Another member of staff had requested training which had not been arranged. Staff had received training in moving and handling, but could not recall the last time topics such as infection control and safeguarding adults had been covered.

Records available during the inspection showed the provider had identified ten training topics as mandatory, but ten staff had done none of them, and no member of staff had done more than three. Information sent after the inspection, which the registered manager said was more accurate, showed ten out of 31 staff had completed moving and handling in 2014, eight had done safeguarding adults training, six fire safety and first aid, five had done infection control training, and two health and safety. Staff did not receive timely training in all the topics identified as mandatory by the provider.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been in post less than a year, and had not undertaken any annual appraisals, but we saw preparations were in place to schedule them. Staff had had appraisals with the previous manager. The manager told us their aim was for each staff member to have a supervision meeting every six weeks. Records showed in total six supervision meetings had been carried out in the previous six months, with no individual staff member having more than one supervision in that time.

However staff told us they felt supported by informal contact with the registered manager, the deputy manager and head of care. Those we spoke with had not had a formal supervision recently, but there was always a senior member of staff available if they had a question or concern.

At our previous inspection on 10 July 2014 we found the provider was not meeting legal requirements where people lacked capacity to make certain decisions. The provider sent us an action plan and told us they would meet minimum standards in this area by December 2014. On this occasion we found improvements had been made but we still found concerns.

The provider had assessed everybody living at Pear Tree Lodge in relation to the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people using services by ensuring if there are any restrictions on their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The provider had applied to the local authority for DoLS, and had received authorisation for three people who needed to have their liberty restricted in some way for their own safety. However, the information about this had not been added to people's care plans.

There were no records to show the principles of the Mental Capacity Act 2005 or a best interests process were followed

Requires Improvement

Is the service effective?

where people lacked capacity with respect to other decisions. The Act provides a legal framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves.

Staff we spoke with were uncertain about people who lacked capacity and if they were deprived of their liberty. They did not recall having relevant training. Records showed seven members of staff out of 31had received training in mental capacity.

Care plans and other records showed some people were considered to lack capacity to make certain decisions. One person's physical and social assessment record stated, "Due to lack of capacity [name] requires assistance to administer her medication." The same person had a record of a decision to decline resuscitation in the event of heart failure This stated the decision had been discussed with a family member as they lacked capacity. Another person's records showed some decisions were made after consultation with a family member although their care plan stated they could communicate clearly and could make some decisions, for instance whether to have a flu vaccination.

The lack of recorded evidence demonstrating the proper application of the Mental Capacity Act 2005 was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain a healthy diet. People had three meals a day, and choices were offered. The cook was aware one person preferred their main meal in the evening, and accommodated this preference. Hot and cold drinks and snacks were available at other times if people wanted them. Equipment such as plate guards and adapted beakers were available to help people maintain their independence at meal times. Staff helped people, for instance by cutting up their food if they wanted them to.

People living with diabetes received an appropriate diet. There were no people with other dietary needs or cultural preferences concerning their food. A dietician had visited the home to advise staff. If staff were concerned about a person's intake of food or fluids, they kept records. Checks were made on people's weight every month. The provider made sure people were supported to eat and drink enough.

People had access to healthcare services. A person's relative said, "They always let me know if the doctor's been." Staff told us there was no problem arranging visits in the home by healthcare professionals such as GPs, community nurses and dentists. Arrangements were made if people needed to attend clinics outside the home. The registered manager described how they phoned ahead if one person had an appointment. This person was at risk of becoming anxious in an unfamiliar setting and they arranged for any waiting time to be as short as possible. The provider took steps to ensure people's health and welfare needs were met.

Requires Improvement

Is the service caring?

Our findings

All the relatives we spoke with were positive about the care their family member received. For example, one person's relative told us, "They are very kind. They have a chat with her. She always looks clean and well dressed." Another person's relative said, "The staff are really good with her. They seem caring. When she came home from hospital they were really good with her. [Name] tells me the staff are lovely."

We observed staff were attentive to people's clothing and appearance and were concerned if they appeared to be uncomfortable. Interactions between staff and people showed staff respected people as individuals and were not focused solely on the task in hand. People's facial expressions and body language suggested they responded positively to staff, and their mood improved during and after these interactions.

During our inspection a visitor found somebody else's clothing in their relative's wardrobe. They told us this was a frequent problem. Records of feedback from other relatives showed other people had experienced the same problem. The registered manager was aware of it, but had not found a way to make sure people's clothing was kept separate. People were at risk of not wearing their own clothes which compromised their dignity.

During our inspection a community nurse visited a person to check their wound dressing. This visit took place in the shared lounge. Staff put a screen round their chair, but the screen did not provide complete privacy. People sitting nearby and their visitors could hear what was being said. Staff told us the person preferred not to move unnecessarily so it was normal for the nurse to see them in the lounge.

Staff told us they were able to respect people's privacy and dignity by assisting with their personal care in their rooms. Where people shared rooms, they had consented to share. Screens were available in shared rooms to give a level of privacy. We saw staff were sensitive to people's privacy and suggested they helped them move to the quiet lounge if they needed a calmer atmosphere.

We recommend that the provider review practices to ensure people's privacy and dignity are respected and promoted.

Staff established caring relationships with people. They checked frequently if people needed assistance or reassurance. This included people who were in their rooms as well as people in the shared lounge. They made eye contact when speaking with them, and made efforts to make sure people understood what they said. One person was asleep at lunchtime. Staff woke them gently. Another member of staff noticed a person did not have their glasses. They went to get them, and the person became more involved in what was going on in the lounge.

Staff helped people to move about the home in a way that promoted their independence. They gave people time and space to move around, showed them where hand rails had been installed and which direction they should go. One person said they were getting "wobbly" while moving through the home. A staff member reassured them, and said, "I've got you." Staff told us they had time to talk with people and "get off the conveyor belt". They appreciated being able to get to know people and their families. People were supported by staff who treated them as individuals.

Staff described to us how they involved people in decisions about their care and support. "We ask people about what they would like to wear. We try to keep people in routines. If they don't want to get up we don't force them. We try and give them choices. We have enough time to do tasks and spend quality time with people. We do try and chat with people."

People had choices, for instance about where they had their meals. Staff explained things to them before they assisted and encouraged them. They helped people to be as independent as possible. When they offered to cut up one person's food, they said, "I would rather do it myself." The staff member replied, "No problem."

People's families were involved in discussions about their care and support. One family member said, "I do feel involved in [name]'s care. They ring me about things if they have any queries." A staff member said, "Everything is done through their families." A social worker acted as advocate for one person who had no family. The provider took steps to ensure people and their representatives were involved in decisions about their care and support.

Requires Improvement

Is the service responsive?

Our findings

People's relatives were satisfied the care and support provided met their loved ones' needs. One family member had commented, "No worries – well looked after." Another said, "The standard of care is good." We observed examples of care and support that were responsive to people's needs. Staff offered a person a drink when they started coughing. Staff noticed a person moving cutlery that had been laid for somebody else. They redirected the person and laid out clean cutlery.

However people did not always receive the care and support they needed according to their care plans and assessments. There was an assessment and planning system in place. This included a pre-admission care plan. The pre-admission assessments we viewed had not been signed or dated by staff and did not contain the name of the member of staff who had completed the assessment. None of the pre-admission care plans we viewed were signed or dated by either the person who lived in the home or their family. We asked two people's relatives if they had seen their family member's care plans. One relative told us, "I'm not sure." Another person's relative told us, "I haven't seen a care plan."

All the care plans we saw lacked detail and were not comprehensive. For example, the care records had a "Day in the life" section, where people's routines, likes and dislikes were recorded. Of four records we saw, one record contained a detailed account of the person's preferences. Another person's did not record any information about the person.

Sections of people's care plans had not been signed by the person assessing and in some cases the records were not dated. We saw people's records had monthly review sheets. However, in three of the records we saw people's care had not been reviewed since November 2014. Others had not been reviewed since October 2014. The registered manager told us they were aware people's care plans were in need of attention and they planned to update them.

One person's continence assessment recorded that the person had double incontinence. Staff told us the person was independent and went to the toilet unaided. Staff thought the person's continence assessment might relate to when she wasn't very well. This meant the person's care plan had not been reviewed and kept up to date in recognition of the changing needs of the person.

We noted another person had bruising to their face when we arrived at the home. The registered manager informed us the person had fallen on 25 January 2015. They showed us an accident record had been completed in regard to the person's fall. However, the accident had not been investigated and actions to minimise the risk to the person had not been completed.

The person's care file contained records of three falls where the ambulance service had attended. Their relative confirmed they were prone to falls, and that was one reason they were cared for at Pear Tree Lodge. The relative had been informed of the person's falls.

The person's care plan contained a moving and handling risk assessment. This stated the person had weakness in their legs. There was a specific risk to them, as they were, "Prone to falls, uses a walking stick." We did not observe the person using a walking stick during our visit. They had a falls risk assessment in place. This stated the person was at high risk of falls, and that staff should, "Ensure the person is observed at all times and physically assisted when mobilising." However, we saw the person in the hallway during the evening of our visit. There were no staff present in the hallway at the time. The person had a falls prevention action plan in their file, but this was incomplete and not signed or dated. The person's care and support were not delivered in accordance with their care plan, and the person did not have a completed falls prevention plan in place that would minimise the risk of falls, and ensure their welfare and safety.

People were not always protected against the risk of inappropriate or unsafe care and support by assessments and care planning that met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us people could take part in various leisure activities and entertainments. Something was arranged every day. This included indoor ball games, bingo, arts and crafts, conversation and a quiz. Visiting entertainers, such as "Music for Health" were normally booked at the

Requires Improvement

Is the service responsive?

weekend when the activities coordinator did not work. Staff told us they joined in and had a "sing and dance along with people during activities". We saw staff helping people with puzzles and individual games.

People's relatives told us people enjoyed the activities, although one thought there could be more for people to do. One relative of a person with a visual impairment said, "They do talk to people. She likes people talking to her. They do quizzes, my mum enjoys that. They did ask her about talking books, but she wasn't interested." Another person's relative told us, "They have activities regularly."

The activities coordinator kept a record of when people joined in and how they enjoyed it. They had started to record people's interests and hobbies. One person had been interested in motorcycles. Staff had not found a way to promote or respond to that interest. The records showed they were normally "resting in their room" when other people were taking part in leisure activities. Another person enjoyed bird watching and there were bird posters in their room. However for most people records did not show that the leisure activities available built on or reflected their interests and hobbies.

People's relatives found the provider was responsive if they raised a concern. Two relatives described concerns they made. In both cases staff responded and necessary changes and improvements were made to the person's care and support. One relative who had raised a concern about people's clothes being mixed up found staff listened and were sympathetic. However the provider had not been able to resolve the problem.

The home had a complaints procedure which was on display. The registered manager's complaints file contained one complaint that had been followed up. The provider listened and learned from people's comments and complaints.

Requires Improvement

Is the service well-led?

Our findings

The culture at Pear Tree Lodge was characterised by informality and cheerfulness. Relatives had commented in a quality survey: "Atmosphere good and staff are always happy and obliging" and "Excellent home. Culture and caring exceptional". One staff member described it as "homely and happy, not clinical". Another said, "It is a good place. You can't fault the care." The registered manager had a clear vision of a home where people were happy, rejuvenated and valued.

However formal processes designed to make sure the service delivered high quality care were not followed. People were assigned a named key worker who was responsible for coordinating their day to day needs. A list of people's key workers was displayed in the home's office. Staff confirmed this was the current list. When we asked to speak to a key worker on the list, staff told us that key worker was no longer employed. The key worker list had not been updated promptly to ensure staff had the correct information.

People's relatives had completed a service quality survey in October 2014. We reviewed the records which were filed in the registered manager's office. Two of the returns raised concerns about clothing being lost and people's clothing being put away in the wrong rooms. The comments and feedback had not been analysed and no action plan to address the concerns was in place. The manager confirmed this was a frequently raised concern, but they had not been able to address it successfully.

There were no regularly recorded checks or up to date internal audits in place. The registered manager reported to the provider monthly on the home's financial position and occupancy rate. This report did not contain information about the quality of the service and care provided. An internal audit file contained information about past monthly infection control and medication audits, but the last of these had been done in September 2014 and October 2014.

The provider did not operate an effective system to monitor and assess the quality of service provided to people. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management system at the home consisted of the registered manager, a deputy manager, head of care, and senior care assistants. The registered manager had an informal management style and they liked to spend time on the floor leading by example and personal contact. The last staff meeting was in October 2014. This had been used to communicate the new shift rotas. There were no records of meetings between senior staff and the registered manager. We saw frequent contact on a day to day basis, but some staff told us they would prefer more structure and organisation. Other staff members appreciated the "hands on" approach to management, found the home "nicely run" and appreciated an informal "thank you" when their work was appreciated by the manager.

Staff found the registered manager and senior staff members approachable, supportive and available. They felt there was good team work, and people received good quality care and support. The manager appreciated they had a strong team and sought ways to keep them motivated and feeling valued.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user, and did not design care with a view to achieving service users' preferences and ensuring their needs were met. The care and treatment of service users did not always meet their needs. Regulation 9 (1) (b) and (3) (a) and (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not act in accordance with the Mental Capacity Act 2005 where service users were unable to give consent because they lacked capacity to do so. Regulation 11 (1) and (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not assess the risks to the health and safety of service users of receiving care and did not do all that was reasonably practicable to mitigate any such risks. The registered person did not manage medicines in a proper and safe manner. Care was not provided in a safe way for service users. Regulation 12 (1) and (2) (a) (b) and (g)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not operate effective systems or processes to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) and 2 (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not receive such appropriate training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a)